



**FAMILY & HUMAN SERVICES  
COMMITTEE**

**March 10, 2014  
1:00 P.M.**

**651 Pine Street, Room 101, Martinez**

Supervisor Federal D. Glover, Chair  
Supervisor Candace Andersen, Vice Chair

|                          |  |
|--------------------------|--|
| <b>Agenda<br/>Items:</b> | Items may be taken out of order based on the business of the day and preference of the Committee |
|--------------------------|--|

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).
3. CONSIDER the staff recommendations for appointments to the Contra Costa Women's Commission and forward the Committees recommendations to the Board of Supervisors for approval.
4. CONSIDER the staff recommendation for the re-appointment of Sarah Birdwell to Consumer Seat of Any Age - Seat 3 and Gary Gray to Consumer 60 or Older - Seat 1 and the appointment of Barbara Ward to Consumer Seat of Any Age - Seat 4 and Joe Juarez, Jr. to Consumer Under 60 - Seat 2 on the In-Home Supportive Services Public Authority Advisory Committee for terms expiring on March 6, 2018 and forward recommendations to the Board of Supervisors for approval.
5. CONSIDER the staff recommendation for the appointment of Joshua Westbrook to the Workforce Development Board Business Seat #6 for a term expiring on June 30, 2014 and forward recommendations to the Board of Supervisors for approval.
6. CONSIDER the attached staff report, providing input and feedback on the recommendations and directing staff to bring recommendations to the Board of Supervisors.
7. The next meeting is currently scheduled for April 14, 2014.
8. Adjourn

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*The Family & Human Services Committee will provide reasonable accommodations for persons with disabilities planning to attend Family & Human Services Committee meetings. Contact the staff person listed below at least 72 hours before the meeting.*

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*Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Family & Human Services Committee less than 96 hours prior to that meeting are available for public inspection at 651 Pine Street, 10th floor, during normal business hours.*

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*Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.*

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For Additional Information Contact:

Dorothy Sansoe, Committee Staff  
Phone (925) 335-1009, Fax (925) 646-1353  
dorothy.sansoe@cao.cccounty.us



# Contra Costa County Board of Supervisors

## Subcommittee Report

### FAMILY AND HUMAN SERVICES COMMITTEE

3.

**Meeting Date:** 03/10/2014  
**Submitted For:** FAMILY & HUMAN SERVICES COMMITTEE,  
**Department:** County Administrator  
**Referral No.:**  
**Referral Name:** Appointments to the Contra Costa Commission for Women  
**Presenter:** Dorothy Sansoe **Contact:** Dorothy Sansoe

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#### **Referral History:**

On December 6, 2011 the Board of Supervisors adopted Resolution no. 2011/497 adopting policy governing appointments to boards, committees, and commissions that are advisory to the Board of Supervisors. Included in this resolution was the requirement that applications for at large/countywide seats be reviewed by a Board of Supervisor's sub-committee.

#### **Referral Update:**

The Contra Costa Commission for Women has submitted a recommendation for the re-appointment of Phyllis Gordon and the appointment of Argentina Davila-Luevano.

#### **Recommendation(s)/Next Step(s):**

RECOMMEND to the Board of Supervisors the appointment of Argentina Davila-Luevano to At Large Seat 2 and the Re-appointment of Phyllis Gordon to At Large Seat 19 on the Contra Costa Commission for Women with terms expiring on February 28, 20117.

#### **Fiscal Impact (if any):**

Not applicable.

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#### **Attachments**

Memo from CCCW  
Gordon Applications  
Davila-Luevano Application

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## CONTRA COSTA COMMISSION FOR WOMEN

P.O. Box 6695

Concord, CA 94520

E-Mail: [womenscommission@gmail.com](mailto:womenscommission@gmail.com)

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DATE: February 10, 2014  
TO: Family and Human Services Committee

FROM: Julianna Hynes, Contra Costa Commission for Women

SUBJECT: Recommended Appointments to the Contra Costa Commission for Women

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The purpose of this memorandum is to forward to you the following recommendation from the Contra Costa Commission for Women (CCCW):

- Re-Appoint Phyllis Gordon to At Large Seat 19 on the CCCW
- Appoint Argentina Davila-Luevano to At Large Seat 2 on the CCCW

### **Background**

The Contra Costa Commission for Women was formed to educate the community and advise the Contra Costa County Board of Supervisors and other entities on the issues relating to the changing social and economic conditions of women in the County, with particular emphasis on the economically disadvantaged.

The Committee consists of 25 members and one alternate, including:

- Five district representatives; (one from each supervisorial; districts)
- Twenty at large members; and
- One at large alternate.

The five district representatives are nominated for a three year term by each other the five members of the Board of Supervisors. The twenty at large members and one at large alternate are nominated by the CCCW membership committee and forwarded to the full CCCW. All nominated appointments to the CCCW are reviewed by the Family and Human Services Committee (IOC) and referred to the Board of Supervisors for approval. CCCW terms are for three years and they are staggered across the membership. A current CCCW roster, as of February 10, 2014, is attached for your information (Attachment A).

### **Current Status of Appointments**

The CCCW has been recruiting applicants on an ongoing basis to fill the vacant seats.

The membership committee unanimously approved the above recommendation.

As of February 10, 2014 there are 13 at large vacancies. The At Large Alternate seat is also vacant.

If the appointment and re-appointments recommended in this memorandum are ultimately approved, 2 at large seats will be re-filled and 1 at large seat filled. The vacancies remaining after approval would be 13 at large and 1 alternate.

Since May 2004, the CCCW has had extremely limited staff support and no budget provided by the County. However, the CCCW membership committee is continuing its recruiting efforts and plans to fill the remaining vacancies within the next few months.

RECEIVED

JAN 31 2014

Print Form

CLERK BOARD OF SUPERVISORS  
CONTRA COSTA CO.



Contra  
Costa  
County

For Office Use Only  
Date Received:

For Reviewers Use Only:  
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:  
Contra Costa County  
CLERK OF THE BOARD  
651 Pine Street, Rm. 106  
Martinez, California 94553-1292  
PLEASE TYPE OR PRINT IN INK  
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Contra Costa County Women's Commission

At Large Seat #19

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Gordon Phyllis Lucy  
(Last Name) (First Name) (Middle Name)

2. Address: 59 Edgewater Place Pittsburg Ca. 94565  
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: 925.427.1520 925.207.6797 925.207.6797  
(Home No.) (Work No.) (Cell No.)

4. Email Address: flashfg@aol.com

5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma  G.E.D. Certificate  California High School Proficiency Certificate

Give Highest Grade or Educational Level Achieved 15

| Names of colleges / universities attended | Course of Study / Major | Degree Awarded  | Units Completed  |                          | Degree Type              | Date Degree Awarded      |
|---|-------------------------|---|--|--------------------------|--------------------------|--------------------------|
|   |                         |   | Semester   | Quarter                  |                          |                          |
| A) Fullerton College                      | Communication           | Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B)  |                         | Yes No <input type="checkbox"/> <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C)  |                         | Yes No <input type="checkbox"/> <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D) Other schools / training completed:    | Course Studied          | Hours Completed   | Certificate Awarded:<br>Yes No <input type="checkbox"/> <input type="checkbox"/> |                          |                          |                          |

THIS FORM IS A PUBLIC DOCUMENT

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

|   |   |   |
|---|---|---|
| <p>A) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> Feb. 1993 <input type="text"/> Feb. 2014</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p><input type="text"/> 21 yrs. <input type="text"/></p> <p>Hrs. per week <input type="text"/> . Volunteer <input checked="" type="checkbox"/></p>     | <p>Title</p> <p><input type="text"/> Current Co-Chair Women's Commission</p> <p>Employer's Name and Address</p> <p><input type="text"/></p>   | <p>Duties Performed</p> <p><input type="text"/></p> <p>Oversee Board Meetings and Agenda's and Advocacy for the current year.</p>                                   |
| <p>B) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> July 2010 <input type="text"/> Present</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p><input type="text"/> 4 yrs. <input type="text"/> 6 mos.</p> <p>Hrs. per week <input type="text"/> . Volunteer <input checked="" type="checkbox"/></p> | <p>Title</p> <p><input type="text"/> Board Member</p> <p>Employer's Name and Address</p> <p><input type="text"/></p> <p>NACW(National Association of Commissions for Women).</p>                        | <p>Duties Performed</p> <p><input type="text"/></p> <p>Serve as an active voting Board member and co-chaired the National Conference July 23-27,2013</p>            |
| <p>C) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> July 2012 <input type="text"/> Present</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p><input type="text"/> 2 yrs. <input type="text"/> 6 mos.</p> <p>Hrs. per week <input type="text"/> . Volunteer <input checked="" type="checkbox"/></p> | <p>Title</p> <p><input type="text"/> No.Calif. Representative ACCW</p> <p>Employer's Name and Address</p> <p><input type="text"/></p> <p>Association of California Commissions for Women</p>            | <p>Duties Performed</p> <p><input type="text"/></p> <p>Advocate for Women and Girls on the State level</p>  |
| <p>D) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> 1993 <input type="text"/> 2005</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p><input type="text"/> 12 yrs. <input type="text"/></p> <p>Hrs. per week <input type="text"/> . Volunteer <input checked="" type="checkbox"/></p>               | <p>Title</p> <p><input type="text"/> Community Advisory Commission/Chair</p> <p>Employer's Name and Address</p> <p><input type="text"/></p> <p>Community Advisory Commission City of Pittsburg, Ca.</p> | <p>Duties Performed</p> <p><input type="text"/></p> <p>Facilitate monthly meetings and advise City Council on quality of life issues for the City of Pittsburg.</p> |

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7. How did you learn about this vacancy?

CCC Homepage  Walk-In  Newspaper Advertisement  District Supervisor  Other

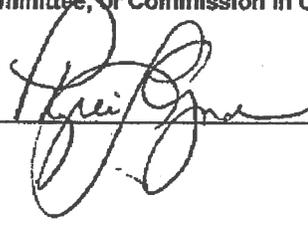
8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No  Yes

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No  Yes

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name:  Date: Jan. 31, 2014

**Important Information**

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: 651 Pine Street, Room 106, Martinez, CA 94553.
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

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**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for  
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution  
no. 2011/55 on 2/08/2011 as follows:**

**IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY**

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;

NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:
  1. Mother, father, son, and daughter;
  2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
  3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
  4. First cousin;
  5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
  6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
  7. Registered domestic partner, pursuant to California Family Code section 297.
  8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
  9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

**THIS FORM IS A PUBLIC DOCUMENT**



**Contra  
Costa  
County**

**For Office Use Only**  
Date Received:

**For Reviewers Use Only:**  
Accepted Rejected

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CLERK OF THE BOARD  
651 Pine Street, Rm. 106  
Martinez, California 94553-1292  
**PLEASE TYPE OR PRINT IN INK**  
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Contra Costa Commission for Women  
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

At Large Seat 3  
PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Davila-Luevano, Argentina  
 (Last Name) (First Name) (Middle Name)

2. **Address:** 3001 Kodiak Street, Suite 129, Antioch, CA 94531  
 (No.) (Street) (Apt.) (City) (State) (Zip Code)

3. **Phones:** 925 813-2178 (cell)  
 (Home No.) (Work No.) (Cell No.)

4. **Email Address:** aaluevano@aol.com

5. **EDUCATION:** Check appropriate box if you possess one of the following:

High School Diploma  G.E.D. Certificate  California High School Proficiency Certificate

Give Highest Grade or Educational Level Achieved: 16 years - See attached Resume

| Names of colleges / universities attended                                       | Course of Study / Major | Degree Awarded  | Units Completed   |         | Degree Type | Date Degree Awarded |
|---|-------------------------|---|---|---------|-------------|---------------------|
|   |                         |   | Semester  | Quarter |             |                     |
| A) University of Texas At El Paso   | BSW - Child Welfare     | Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> |   |         | BSW         | 1985                |
| B)  |                         | Yes No <input type="checkbox"/> <input type="checkbox"/>            |   |         |             |                     |
| C)  |                         | Yes No <input type="checkbox"/> <input type="checkbox"/>            |   |         |             |                     |
| D) Other schools / training completed:<br>MSW & Bachelor's in Criminal Justice! | Course Studied          | Hours Completed   | Certificate Awarded:<br>Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> |         |             |                     |
|   |                         | 20 & 6 units  |   |         |             |                     |

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|--|---|--|
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7. How did you learn about this vacancy?

CCC Homepage  Walk-In  Newspaper Advertisement  District Supervisor  Other

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If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No  Yes

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Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

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  2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
  3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
  4. First cousin;
  5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
  6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
  7. Registered domestic partner, pursuant to California Family Code section 297.
  8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
  9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

## BIOGRAPHY OF ARGENTINA DÁVILA-LUÉVANO

Argentina Dávila-Luévano is the President and CEO of California Leadership Institute a nonprofit civic and charitable organization promoting full employment, jobs, health care and academic excellence in our communities, cities and schools. She currently serves as Lieutenant Governor for Division 26 of Kiwanis International and is the former President and current member of the Kiwanis club of the Delta-Antioch and a member of the Kiwanis Club of Brentwood. She currently serves on the following Boards and Commissions: Contra Costa Commission for Women -- served as Treasurer (1999); Democratic Party of Contra Costa County Central Committee -- Elected Delegate; East County Democrats for Action --Treasurer (2002); Coalition for Concerned Medical Professions; Center for Education & Information Services and Asociación Latina de Asistencia.

She was born in Nicaragua, immigrating to the United States. Her career has taken her to at risk communities directing programs at The Family Place in Washington, DC, Mission Neighborhood Centers, Seniors & Head Start Programs S.F. & Foundation for Early Childhood Education in Watts, Compton, Hollywood, Pomona, Downtown & East Los Angeles. She worked for Texas Key Programs in Houston & Job Corps in El Paso, Oakland & Contra Costa County. Her Federal complaint alleging discrimination resulted in a sweeping change in policy for disabled Job Corp Applicants. She was a Social Worker in Emergency Response & Foster Placement. She worked for STAND! Against Domestic Violence, Concord, California & Rape Victims in El Paso, TX.

Argentina is an accomplished Civil Rights Leader having served as Secretary with National LULAC Educational Service Center, Treasurer with the Women's Commission & California State Director. She is the recipient of LULAC National Dr. Anita Del Rio Award for Latina Leadership & Women's Advocacy, she was inducted into the Women's Hall of Fame, Puerto Rico. At the local LULAC level she worked in many capacities providing services to the community.

Moreover, Argentina was an appointee to, the Workforce Investment Board of Contra Costa County & Workforce Investment Board -- Youth Council Committee (2000); San Francisco Senior Services Plan Task Force (1994); Advisory Committee to the Blue Ribbon Commission on National & Community Services in the City & County of San Francisco (1994).

She previously served on, The National Women's Political Caucus of Contra Costa County -- Administrative Treasurer (2001), El Paso Mental Health & Mental Retardation -- Rape & Crisis Outreach Counselor (1997); Latinos for Citizenship, Leadership & Civic Duty -- Founding Member -- Washington DC (1996); Latino Civil Rights Task Force -- Board Member, Washington, DC (1996); Creating Opportunities for Parent Empowerment (1996); New Ventures in Leadership -- American Society on Aging, San Francisco (1995) & Muni Accessible Services to Seniors -- Advisory Committee, San Francisco (1994).

Argentina is happily married to Angel G. Luévano and the proud parent of 5 children, Jeffrey, Tanya, Joel, Gabriel & Marisol. There are 11 grandchildren in her marriage!

**Argentina Davila- Luevano**

~~4525 Steed Way~~

~~Antioch, CA 94509~~

~~925 522-0324~~

**AA Luevano@aol.com - E-mail Address**

**OBJECTIVE: Full Time Position in a Social Services Agency.**

### **HIGHLIGHTS OF QUALIFICATIONS**

- Past employment provided management and supervisory experience and skill acquisition.
- Handled sensitive issues such as; cultural differences, hostile clients, and personal safety.
- Represented the needs of frail elderly, at risk youth, children, developmentally delayed and the physically challenged, before administrative and judicial system.

### **EMPLOYMENT:**

**STAND! Against Domestic Violence—Bilingual CalWORKS Domestic Violence Liaison—2001 to present.** Provided case consultation to Employment and Human Services Department personnel with the goal of building their capacity to respond effectively to domestic violence issues. Provided technical assistance and expertise on the availability and use of waivers; application of the County Domestic Violence protocol; effective intervention strategies, and developing, assessing and maintaining methods of delivery.

**DESI Job Corps Admissions for Women—Admissions Counselor—1999 to 2001.** Performed outreach and admissions services within an assigned territory; Recommended advertising for admissions; Ensured applicant arrival to assigned Centers; Provided overall orientation to potential applicants; Collected and verified documentation to determine eligibility; Ensured acceptance and safety of arrival; Established personal contact with referral source agencies, organizations and community support agencies; Maintained an active agency and organization referral source list; Provided follow up on all prospective students awaiting assignment and ensuring that applicants maintained interest in program; Acted as liaison with public and private service agencies; Maintained accountability of property, adhered to safety practices and performed safety inspection in areas of responsibility.

**Department of Social Services—Emergency Response—Family Maintenance & Reunification—Permanency Planning—Antioch & Hercules, CA—Social Casework Specialist I—1997 to 1999. Department of Social Services—Foster Placement—San Jose, CA—Child Welfare Worker I—1985 to 1988.** Demonstrated experience, skills and knowledge in the following: articulation of laws, policies, and administrative procedures related to a variety of social work programs; testified in support of written court reports and cases; provided the Juvenile Court with socioeconomic needs of children and their families; prepared case records, documents and correspondence; applied established principles and proven techniques of problem solving to a variety of complex social service functions; conducted and evaluated social studies to determine needs, and identified problems; developed treatment plans for categories of psychological, physical, sexual and neglected or abused children.

**The Family Place, Inc.—Mt. Pleasant Site—Washington D.C.—Center Director—1995 to 1997.** Directed a Drop in Family Resources and Support Center designed for low income expectant parents and families with children.

zero to three. Programs embraced guidelines for Family Support Practices set by The Family Resource Coalition. Services combined comprehensive social and support services with a psycho-educational and skills building format; acted as Interim Executive Director (two centers--three and a half months--Budget \$700,000); supervised sixteen FT, five PT and approximately sixty volunteers and interns.

**Mission Neighborhood Centers, Inc.--Capp Street Senior Center--San Francisco, CA--Director Senior Services--1992 to 1995.** Developed grant proposals, \$200,000 budget oversight and overall program management for four hundred seniors; catalyst for center renovation, and fund raising over \$300,000; supervised six supportive staff and approximately one-hundred volunteers; integrated over thirty developmentally challenged adults and seniors.

**Mission Neighborhood Centers, Inc.--Mission Head Start--San Francisco, CA--Program Specialist II--1991 to 1992.** Coordinated a Social Services Program for FIVE Head Start sites, serving two hundred and eighty children and their families on annual basis; program phases included a home based and special needs component; supervised two FT Social Worker.

**Foundation for Early Childhood Education, Inc.--Los Angeles, CA--Social Service Coordinator--1990 to 1991.** Developed, implemented and coordinated programs and plans with a multi disciplinary team providing support services to one thousand children and their families as required by Head Start Program Standards, Program embraced six districts, Pomona, South Central, Watts, Hollywood, East and Downtown LA; supervised five FT Social Workers.

**CIVIC:**

**CALIFORNIA: National Women's Political Caucus of Contra Costa County--Administrative Treasurer--2001 to present; Workforce Investment Board of Contra Costa County--Member--Appointed by Board of Supervisors--2000 to 2001; WIB--Youth Council Committee--Member--2000 to 2001; Contra Costa Commission for Women--Treasurer--Appointed by Board of Supervisors--1999 to Present; Alameda and Contra Costa Hispanic Chamber of Commerce--Member--1999 to Present; Commission for National and Community Service--Commissioner--appointed by Supervisor Barbara Kauffman--1994 to 1995; Senior Services Task Force--Member--appointed by Supervisor Susan Leal--1994 to 1995; Muni Accessible Services to Senior--Advisory Committee Member 1994 to 1995; New Venture in Leadership, sponsored by the American Society on Aging--Mentee--1995 to 1995.**

**TEXAS: El Paso Mental Health and Mental Retardation--Rape and Crisis Outreach Counselor--1997 to 1985.**

**WASHINGTON DC: Latinos for Citizenship, Leadership and Civic Duty--Founding Member--1996 to 1997; Latino Civil Rights Task Force--Board Member 1996 to 1997. Creating Opportunities for Parent Empowerment--Board Member--1996 to 1997.**

• **EDUCATION:**

**University of Texas at El Paso--BSW--1985.**

**Jose State University, CA--completed 24 units towards M.S.W--1986--1988.**



# Contra Costa County Board of Supervisors

## Subcommittee Report

### FAMILY AND HUMAN SERVICES COMMITTEE

4.

**Meeting Date:** 03/10/2014  
**Submitted For:** FAMILY & HUMAN SERVICES COMMITTEE,  
**Department:** County Administrator  
**Referral No.:**  
**Referral Name:** Appointments to the IHSS Public Authority Advisory Committee  
**Presenter:** Dorothy Sansoe                      **Contact:** Dorothy Sansoe,  
925-335-1009

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#### **Referral History:**

On December 6, 2011 the Board of Supervisors adopted Resolution no. 2011/497 adopting policy governing appointments to boards, committees, and commissions that are advisory to the Board of Supervisors. Included in this resolution was the requirement that applications for at large/countywide seats be reviewed by a Board of Supervisor's sub-committee.

#### **Referral Update:**

The In-Home Supportive Services Public Authority (IHSS) Advisory Committee has submitted recommendations for the re-appointment of Sarah Birdwell to Consumer Seat of Any Age - Seat 3 and Gary Gray to Consumer 60 or Older - Seat 1 and the appointment of Barbara Ward to Consumer Seat of Any Age - Seat 4 and Joe Juarez, Jr. to Consumer Under 60 - Seat 2.

#### **Recommendation(s)/Next Step(s):**

RECOMMEND to the Board of Supervisors the re-appointment of Sarah Birdwell to Consumer Seat of Any Age - Seat 3 and Gary Gray to Consumer 60 or Older - Seat 1 and the appointment of Barbara Ward to Consumer Seat of Any Age - Seat 4 and Joe Juarez, Jr. to Consumer Under 60 - Seat 2 on the In-Home Supportive Services Public Authority Advisory Committee for terms expiring March 6, 2018.

#### **Fiscal Impact (if any):**

Not Applicable

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#### **Attachments**

[Reappointment Memo](#)  
[Birdwell Application](#)  
[Gray Application](#)  
[Appointment Memo](#)





**Contra Costa County  
IHSS Public Authority  
500 Ellinwood Way, Suite 110  
Pleasant Hill, CA. 94523**

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TO: Family and Human Services Committee  
FROM: *Jan Watson*  
Jan Watson, Executive Director  
DATE: February 25, 2014  
SUBJECT: IHSS Public Authority Advisory Committee Reappointment:  
**Sarah Birdwell**, Consumer Seat of Any Age – Seat 3  
  
IHSS Public Authority Advisory Committee Reappointment:  
**Gary Gray**, Consumer 60 or Older – Seat 1

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**Current Status/Request:**

Consumer Seat of Any Age – Seat 3 is up for reappointment

Sarah Birdwell, Consumer Seat of Any Age – Seat 3 representative for the Public Authority Advisory Committee, is requesting reappointment to a second term. Her current term expires on 3/6/14 and if reappointed her new term will expire in March 2018. Ms. Birdwell has been an active member of the committee, serving as Chair in 2013.

Consumer Seat 60 or Older – Seat 1 is vacant

Gary Gray formerly occupied Consumer Under 60 – Seat 2 which will be declared vacant due to Mr. Gray's age of 60. Mr. Gray is requesting appointment to Consumer 60 and Older – Seat 1. The terms for both seats expire on 3/6/14. If appointed to Consumer 60 and Older – Seat 1, Mr. Gray's new term would expire in March 2018. Mr. Gray has been an active and productive member of the committee.

Both members up for reappointment are advocates for seniors and persons with disabilities and have given the Public Authority invaluable suggestions and guidance on IHSS program policies and procedures.

**Outreach:**

Public Authority Advisory Committee consumer vacancies have been announced to the IHSS Program units at EHSD, at consumer and provider orientations and trainings, and via the distribution of recruitment flyers located in the Public Authority lobby. Vacancies are also posted on the Contra Costa County website.

**Recommendation:**

I recommend Sarah Birdwell and Gary Gray for additional terms: Ms. Birdwell to remain in her current seat and Mr. Gray to be appointed to the Consumer 60 or Older – Seat 1.

Thank you for your consideration in this matter. I look forward to hearing from you regarding your recommendation. I can be reached at 925-363-6671 or via email.



Contra  
Costa  
County

For Office Use Only

Date Received:

For Reviewers Use Only:

Accepted Rejected

**BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION**

MAIL OR DELIVER TO:

Contra Costa County  
CLERK OF THE BOARD  
651 Pine Street, Rm. 106  
Martinez, California 94553-1292

PLEASE TYPE OR PRINT IN INK

(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

IHSS Public Authority Advisory Comm Consumer Seat of Any Age - Seat 3  
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION PRINT EXACT SEAT NAME (if applicable)

1. Name: Birdwell Sarah Jacqueline  
(Last Name) (First Name) (Middle Name)

2. Address: 7011 Sunne Ln #202 walnut creek CA 94597  
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: 925 954 1418 925 639 0077  
(Home No.) (Work No.) (Cell No.)

4. Email Address: sbirdwell.ihss@gmail.com

5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma  G.E.D. Certificate  California High School Proficiency Certificate

Give Highest Grade or Educational Level Achieved BFA

| Names of colleges / universities attended | Course of Study / Major | Degree Awarded  | Units Completed  |         | Degree Type | Date Degree Awarded |
|---|-------------------------|---|--|---------|-------------|---------------------|
|   |                         |   | Semester   | Quarter |             |                     |
| A) <u>DVC</u>                             | <u>Liberal Arts</u>     | Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> |  |         | <u>AA</u>   | <u>5/01</u>         |
| B) <u>CCA</u>                             | <u>Graphic Design</u>   | Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> |  |         | <u>BFA</u>  | <u>5/05</u>         |
| C)  |                         | Yes No <input type="checkbox"/> <input type="checkbox"/>            |  |         |             |                     |
| D) Other schools / training completed:    | Course Studied          | Hours Completed   | Certificate Awarded:<br>Yes No <input type="checkbox"/> <input type="checkbox"/> |         |             |                     |

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

|   |  |  |
|---|--|--|
| <p>A) Dates (Month, Day, Year)<br/> <u>From</u>      <u>To</u><br/> <input type="text" value="10/08"/> <input type="text" value="present"/><br/>         Total: <u>Yrs.</u>    <u>Mos.</u><br/> <input type="text" value="5"/>    <input type="text" value="4"/><br/>         Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p> | <p>Title<br/> <input type="text" value="Board President"/><br/>         Employer's Name and Address<br/> <input type="text" value="ILR"/><br/> <input type="text" value="1800 Gateway Blvd"/><br/> <input type="text" value="Concord CA"/></p> | <p>Duties Performed<br/> <input type="text" value="oversee agency"/><br/> <input type="text" value="Set policies &amp; procedures"/><br/> <input type="text" value="Fundraising"/></p> |
| <p>B) Dates (Month, Day, Year)<br/> <u>From</u>      <u>To</u><br/> <input type="text"/>    <input type="text"/><br/>         Total: <u>Yrs.</u>    <u>Mos.</u><br/> <input type="text"/>    <input type="text"/><br/>         Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>  | <p>Title<br/> <input type="text"/><br/>         Employer's Name and Address<br/> <input type="text"/></p>  | <p>Duties Performed<br/> <input type="text"/></p>  |
| <p>C) Dates (Month, Day, Year)<br/> <u>From</u>      <u>To</u><br/> <input type="text"/>    <input type="text"/><br/>         Total: <u>Yrs.</u>    <u>Mos.</u><br/> <input type="text"/>    <input type="text"/><br/>         Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>  | <p>Title<br/> <input type="text"/><br/>         Employer's Name and Address<br/> <input type="text"/></p>  | <p>Duties Performed<br/> <input type="text"/></p>  |
| <p>D) Dates (Month, Day, Year)<br/> <u>From</u>      <u>To</u><br/> <input type="text"/>    <input type="text"/><br/>         Total: <u>Yrs.</u>    <u>Mos.</u><br/> <input type="text"/>    <input type="text"/><br/>         Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>  | <p>Title<br/> <input type="text"/><br/>         Employer's Name and Address<br/> <input type="text"/></p>  | <p>Duties Performed<br/> <input type="text"/></p>  |

7. How did you learn about this vacancy?

CCC Homepage  Walk-In  Newspaper Advertisement  District Supervisor  Other

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No  Yes

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No  Yes

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name: Sarah Budwell Date: 2/19/14

### Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for  
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution  
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;

NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.

II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:

1. Mother, father, son, and daughter;
2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
4. First cousin;
5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
7. Registered domestic partner, pursuant to California Family Code section 297.
8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



Contra  
Costa  
County

For Office Use Only

Date Received:

For Reviewers Use Only:

Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County  
CLERK OF THE BOARD  
651 Pine Street, Rm. 106  
Martinez, California 94553-1292  
PLEASE TYPE OR PRINT IN INK  
(Each Position Requires a Separate Application)

RECEIVED

FEB 25 2014

RECEIVED

FEB 20 2014

ISS PUBLIC AUTHORITY

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

THSS Public Authority Advisory Committee  
Consumer 60 or older-Seat 1

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: GRAY GARY Norris  
(Last Name) (First Name) (Middle Name)

2. Address: 1613 Everett Street El Cerrito CA 94530  
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: 510-234-5278 609-954-2558  
(Home No.) (Work No.) (Cell No.)

4. Email Address: Norris19@ATT.NET

5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma  G.E.D. Certificate  California High School Proficiency Certificate

Give Highest Grade or Educational Level Achieved: B.A. College Degree

| Names of colleges / universities attended | Course of Study / Major | Degree Awarded<br>Yes No <input type="checkbox"/> <input type="checkbox"/> | Units Completed |  | Degree Type | Date Degree Awarded |
|---|-------------------------|--|-----------------|--|-------------|---------------------|
|   |                         |  | Semester        | Quarter  |             |                     |
| A) Southern Ill. Univ. - Carbondale       | History                 | <input checked="" type="checkbox"/> <input type="checkbox"/>               |                 |  | BA          | 1978                |
| B)  |                         | Yes No <input type="checkbox"/> <input type="checkbox"/>                   |                 |  |             |                     |
| C)  |                         | Yes No <input type="checkbox"/> <input type="checkbox"/>                   |                 |  |             |                     |
| D) Other schools / training completed:    | Course Studied          | Hours Completed  |                 | Certificate Awarded:<br>Yes No <input type="checkbox"/> <input type="checkbox"/> |             |                     |

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

|  |   |   |
|--|---|---|
| <p>A) Dates (Month, Day, Year)<br/>         From <u>June</u> To <u>Aug</u><br/>         Total: Yrs. <u>  </u> Mos. <u>  3  </u><br/>         Hrs. per week <u>  3  </u>. Volunteer <input checked="" type="checkbox"/></p> | <p>Title<br/> <u>Teacher</u><br/>         Employer's Name and Address<br/> <u>Mount Holly Cerebral Palsy Center High Street Mt Holly, NJ 08046</u></p>        | <p>Duties Performed<br/> <u>Teaching History To Disabled Adults</u></p>                             |
| <p>B) Dates (Month, Day, Year)<br/>         From <u>Jan 98</u> To <u>Dec 81</u><br/>         Total: Yrs. <u>  3  </u> Mos. <u>  </u><br/>         Hrs. per week <u>  12  </u>. Volunteer <input type="checkbox"/></p>      | <p>Title<br/> <u>Attendant Referral Serv</u><br/>         Employer's Name and Address<br/> <u>Center For Ind. Living Telegraph Ave Berkeley, Ca 94530</u></p> | <p>Duties Performed<br/> <u>Disabled Attendant Services To <del>At</del> Disabled Community</u></p> |
| <p>C) Dates (Month, Day, Year)<br/>         From <u>80 April</u> To <u>88 Oct</u><br/>         Total: Yrs. <u>  8  </u> Mos. <u>  </u><br/>         Hrs. per week <u>  12  </u>. Volunteer <input type="checkbox"/></p>    | <p>Title<br/> <u>Disabled Assistant</u><br/>         Employer's Name and Address<br/> <u>Oakland A's Baseball Team Hegerbuser Road Oskl, Calif 94602</u></p>  | <p>Duties Performed<br/> <u>Disabled Services For Disabled Fans At Games</u></p>                    |
| <p>D) Dates (Month, Day, Year)<br/>         From <u>  </u> To <u>  </u><br/>         Total: Yrs. <u>  </u> Mos. <u>  </u><br/>         Hrs. per week <u>  </u>. Volunteer <input type="checkbox"/></p>                     | <p>Title<br/> <u>  </u><br/>         Employer's Name and Address<br/> <u>  </u></p>   | <p>Duties Performed<br/> <u>  </u></p>  |

7. How did you learn about this vacancy?

CCC Homepage  Walk-In  Newspaper Advertisement  District Supervisor  Other

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No  Yes

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No  Yes

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name:  Date: 2-21-14

**Important Information**

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4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

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Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution  
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;

NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.

II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:

1. Mother, father, son, and daughter;
2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
4. First cousin;
5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
7. Registered domestic partner, pursuant to California Family Code section 297.
8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



Contra Costa County  
IHSS Public Authority  
500 Ellinwood Way, Suite 110  
Pleasant Hill, CA. 94523

---

TO: Family and Human Services Committee  
FROM: *Jay Watson*  
Jay Watson, Executive Director  
DATE: February 20, 2014  
SUBJECT: IHSS Public Authority Advisory Committee Appointments:  
**Barbara Ward**, Consumer Seat of Any Age – Seat 4  
**Joe Juarez, Jr.**, Consumer under 60 – Seat 2

---

**Current Status/Request:**

Consumer Seat of Any Age – Seat 4

IHSS consumer Ms. Barbara Ward has been recommended by the Advisory Committee to be appointed to the Consumer of Any Age - Seat 4. Ms. Ward has been active in her community for many years and is aware of the challenges faced by IHSS recipients. If appointed, Ms. Ward's term would expire in March 2018. Her application is attached to this memo.

Consumer under 60 – Seat 2

IHSS consumer Mr. Joe Juarez, Jr. has been recommended by the Advisory Committee to be appointed to the Consumer under 60 – Seat 2. Mr. Juarez has a graduate degree in Counseling Psychology and is an advocate for persons with disabilities. He is also aware of the challenges faced by IHSS recipients. If appointed, Mr. Juarez's term would expire in March 2018. His application is attached to this memo.

**Outreach:**

Public Authority Advisory Committee consumer vacancies have been announced to the IHSS Program units at EHSD, at consumer and provider orientations and trainings, and via the distribution of flyers located in the Public Authority lobby. Vacancies are also posted on the Contra Costa County website.

**Recommendation:**

I recommend that Ms. Ward and Mr. Juarez be appointed to the Advisory Committee seats as listed above. Both candidates will be excellent additions to the committee.

Thank you for your consideration in this matter. I look forward to hearing from you regarding your committee's recommendation. I can be reached at 925-363-6671 or via email.

2:00 pm  
2/11/2014



Contra  
Costa  
County

For Office Use Only  
Date Received:

For Reviewers Use Only:  
Accepted Rejected

**BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION**

MAIL OR DELIVER TO:  
Contra Costa County  
CLERK OF THE BOARD  
651 Pine Street, Rm. 106  
Martinez, California 94553-1292  
PLEASE TYPE OR PRINT IN INK

(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

PUBLIC AUTHORITY ADVISORY

Consumer of any age Seat 4

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

RECEIVED  
NOV 08 2013  
MISS PUBLIC AUTHORITY

1. Name: WARD (Last Name) BARBARA (First Name) JEAN (Middle Name)

2. Address: 375 (No.) PRESIDIO LANE (Street) APT. 166 (Apt.) PITTSBURG (City) CA (State) 94565 (Zip Code)

3. Phones: 925-432-0734 (Home No.) (Work No.) (Cell No.)

4. Email Address: \_\_\_\_\_

5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma  G.E.D. Certificate  California High School Proficiency Certificate

Give Highest Grade or Educational Level Achieved: COLLEGE BA DEGREE

| Names of colleges / universities attended                      | Course of Study / Major           | Degree Awarded<br>Yes No <input type="checkbox"/> <input type="checkbox"/> | Units Completed |         | Degree Type   | Date Degree Awarded |
|--|-----------------------------------|--|-----------------|---------|---|---------------------|
|  |                                   |  | Semester        | Quarter |   |                     |
| A) <u>CA COLLEGE OF ART</u>                                    | <u>FINE ART CERAMICS</u>          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        |                 |         | <u>BA</u>   | <u>MAY 1991</u>     |
| B) _____   | _____                             | Yes No <input type="checkbox"/> <input type="checkbox"/>                   |                 |         |   |                     |
| C) _____   | _____                             | Yes No <input type="checkbox"/> <input type="checkbox"/>                   |                 |         |   |                     |
| D) Other schools / training completed:<br><u>LANEY COLLEGE</u> | Course Studied<br><u>MILINERY</u> |  | Hours Completed |         | Certificate Awarded:<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                     |

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

| A) Dates (Month, Day, Year)   | Title  | Duties Performed  |
|---|--|---|
| From <u>    </u> To <u>    </u><br>1979      1994<br>Total: Yrs. <u>15</u> Mos. <u>    </u><br>Hrs. per week <u>VARY</u> Volunteer <input checked="" type="checkbox"/>                                  | CHAIRPERSON<br>Employer's Name and Address<br>OAK COMMUNITY ORG.<br>"OCO"            | CHAIRPERSON<br>FOR ALLENDALE<br>COM. Conduct Meetings,<br>ATTEND CITY COUNCIL<br>Address Concerns,<br>Report to OCO.<br>VOTER REGISTRATION                      |
| B) Dates (Month, Day, Year)<br>From <u>    </u> To <u>    </u><br>1979      1988<br>Total: Yrs. <u>    </u> Mos. <u>    </u><br>Hrs. per week <u>    </u> Volunteer <input checked="" type="checkbox"/> | CHAIRPERSON<br>Employer's Name and Address<br>MANZINITA CENTER<br>ADVISORY COMMITTEE | Hold Meetings,<br>CHAIR PARTIES<br>and EVENTS FOR<br>COMMUNITY.   |
| C) Dates (Month, Day, Year)<br>From <u>    </u> To <u>    </u><br>1983      1994<br>Total: Yrs. <u>    </u> Mos. <u>    </u><br>Hrs. per week <u>    </u> Volunteer <input type="checkbox"/>            | Receptionist<br>Employer's Name and Address<br>BWOD - OAKLAND<br>BWOPC - OAKLAND     | Developed a Reference<br>book for location and<br>Nos. to aid Women in<br>Housing, Food, Children,<br>Clothing Needs, Health<br>questions<br>VOTER REGISTRATION |
| D) Dates (Month, Day, Year)<br>From <u>    </u> To <u>    </u><br>1979      1995<br>Total: Yrs. <u>    </u> Mos. <u>    </u><br>Hrs. per week <u>    </u> Volunteer <input type="checkbox"/>            | CHAIRPERSON<br>Employer's Name and Address<br>ALLENDALE COMMUNITY<br>OAKLAND         | CHAIR MEETINGS,<br>BRING INFO. RE:<br>CRIME, SCHOOLS,<br>SAFETY AND<br>RECREATION IN<br>THE NEIGHBORHOOD.   |

7. How did you learn about this vacancy?

CCC Homepage  Walk-In  Newspaper Advertisement  District Supervisor  Other

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No  Yes

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No  Yes

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name: Barbara Ward Date: Nov. 4, 2013

### Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for  
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution  
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;

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1. Mother, father, son, and daughter;
2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
4. First cousin;
5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
7. Registered domestic partner, pursuant to California Family Code section 297.
8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



Contra  
Costa  
County

For Office Use Only  
Date Received:

For Reviewers Use Only:  
Accepted Rejected

**BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION**

MAIL OR DELIVER TO:

Contra Costa County  
CLERK OF THE BOARD  
651 Pine Street, Rm. 106  
Martinez, California 94553-1292

PLEASE TYPE OR PRINT IN INK  
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

IHSS PUBLIC AUTHORITY ADVISORY COMMITTEE  
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

CONSUMER SEAT 4 Under 60 Seat 2  
PRINT EXACT SEAT NAME (if applicable)

1. Name: JUAREZ, JR JOE R  
(Last Name) (First Name) (Middle Name)

2. Address: 2063 CARDIFF DRIVE PITTSBURG CA 94565  
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: 510-684-6377 (cell)  
(Home No.) (Work No.) (Cell No.)

4. Email Address: PSYCHVATO@YAHOO.COM

5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma  G.E.D. Certificate  California High School Proficiency Certificate

Give Highest Grade or Educational Level Achieved GRADUATE DEGREE

| Names of colleges / universities attended | Course of Study / Major       | Degree Awarded  | Units Completed  |         | Degree Type | Date Degree Awarded |
|---|-------------------------------|---|--|---------|-------------|---------------------|
|   |                               |   | Semester   | Quarter |             |                     |
| A) JOHN F KENNEDY UNIVERSITY              | COUNSELING PSYCHOLOGY         | Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 90      | MA          | JUNE 1999           |
| B) UC BERKELEY                            | PSYCHOLOGY AND SOCIAL WELFARE | Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> | 120  |         | BA          | MAY 1995            |
| C)  |                               | Yes No <input type="checkbox"/> <input type="checkbox"/>            |  |         |             |                     |
| D) Other schools / training completed:    | Course Studied                | Hours Completed   | Certificate Awarded:<br>Yes No <input type="checkbox"/> <input type="checkbox"/> |         |             |                     |

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

|   |  |  |
|---|--|--|
| <p>A) Dates (Month, Day, Year)<br/>                 From <u>    </u> To <u>    </u><br/>                 08/03      06/04<br/>                 Total: Yrs. <u>    </u> Mos. <u>    </u><br/>                 10<br/>                 Hrs. per week <u>VARY</u> . Volunteer <input checked="" type="checkbox"/></p>        | <p>Title<br/>                 Practicum Intern<br/>                 Employer's Name and Address<br/>                 SJUSD White House Counseling Center<br/>                 6147 Sutter Avenue<br/>                 Carmichael, CA 95608</p>   | <p>Duties Performed<br/>                 Offered face-to-face counseling to children and their families ranging in age from 6-18</p>   |
| <p>B) Dates (Month, Day, Year)<br/>                 From <u>    </u> To <u>    </u><br/>                 07/01      06/03<br/>                 Total: Yrs. <u>    </u> Mos. <u>    </u><br/>                 1      11<br/>                 Hrs. per week <u>VARY</u> . Volunteer <input checked="" type="checkbox"/></p> | <p>Title<br/>                 MFT Intern<br/>                 Employer's Name and Address<br/>                 Yolo County Department of Alcohol,<br/>                 Drug &amp; Mental Health Services<br/>                 500 JEFFERSON BLVD SUITE B<br/>                 WEST SACRAMENTO CA</p> | <p>Duties Performed<br/>                 Provided individual face-to-face weekly counseling to self-referred, culturally diverse, dually diagnosed adults.</p>   |
| <p>C) Dates (Month, Day, Year)<br/>                 From <u>    </u> To <u>    </u><br/>                 07/00      08/01<br/>                 Total: Yrs. <u>    </u> Mos. <u>    </u><br/>                 1      1<br/>                 Hrs. per week <u>9</u> . Volunteer <input checked="" type="checkbox"/></p>     | <p>Title<br/>                 Substance Abuse Counselor<br/>                 Employer's Name and Address<br/>                 The Salvation Army—Adult<br/>                 Rehabilitation Center<br/>                 601 Webster Street<br/>                 Oakland, CA 94612</p>                 | <p>Duties Performed<br/>                 Provided individual face to face weekly counseling to court mandated and self-referred culturally diverse, adult males in early recovery (30 days or less).</p> |
| <p>D) Dates (Month, Day, Year)<br/>                 From <u>    </u> To <u>    </u><br/>                 01/98      03/00<br/>                 Total: Yrs. <u>    </u> Mos. <u>    </u><br/>                 2      2<br/>                 Hrs. per week <u>VARY</u> . Volunteer <input checked="" type="checkbox"/></p>  | <p>Title<br/>                 MFT Trainee/MFT Intern<br/>                 Employer's Name and Address<br/>                 JFK Community Counseling Center<br/>                 380 Civic Drive<br/>                 Pleasant Hill, CA 94523</p>   | <p>Duties Performed<br/>                 Offered face-to-face counseling to individuals, couples, families and children.</p>   |

7. How did you learn about this vacancy?

CCC Homepage  Walk-In  Newspaper Advertisement  District Supervisor  Other

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Sign Name: Joe R. Juarez Date: 1/15/14

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4. First cousin;
5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
7. Registered domestic partner, pursuant to California Family Code section 297.
8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



# Contra Costa County Board of Supervisors

## Subcommittee Report

### FAMILY AND HUMAN SERVICES COMMITTEE

5.

**Meeting Date:** 03/10/2014  
**Submitted For:** FAMILY & HUMAN SERVICES COMMITTEE,  
**Department:** County Administrator  
**Referral No.:**  
**Referral Name:** Appointments to the Workforce Development Board  
**Presenter:** Dorothy Sansoe                      **Contact:** Dorothy Sansoe,  
925-335-1009

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#### **Referral History:**

On December 6, 2011 the Board of Supervisors adopted Resolution no. 2011/497 adopting policy governing appointments to boards, committees, and commissions that are advisory to the Board of Supervisors. Included in this resolution was the requirement that applications for at large/countywide seats be reviewed by a Board of Supervisor's sub-committee.

#### **Referral Update:**

The Workforce Development Board has submitted a recommendation for the appointment of Joshua Westbrook to the Business Seat #6.

#### **Recommendation(s)/Next Step(s):**

RECOMMEND to the Board of Supervisors the appointment of Joshua Westbrook to the Business Seat #6 on the Workforce Development Board.

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#### **Attachments**

*No file(s) attached.*

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# Contra Costa County Board of Supervisors

## Subcommittee Report

### FAMILY AND HUMAN SERVICES COMMITTEE

6.

**Meeting Date:** 03/10/2014  
**Submitted For:** FAMILY & HUMAN SERVICES COMMITTEE,  
**Department:** County Administrator  
**Referral No.:** 107  
**Referral Name:** Laura's Law  
**Presenter:** Dave Schneider **Contact:** Dave Schneider

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### **Referral History:**

The Assisted Outpatient Treatment Demonstration Project Act (AB 1421), known as Laura's Law, authored by Assembly Member Helen Thomson, was signed into California law in 2002 and is authorized until January 1, 2017. Laura's Law is named after a 19 year old woman working at a Nevada County mental health clinic. She was one of three individuals who died after a shooting by a psychotic individual who had not engaged in treatment.

AB 1421 allows court-ordered intensive outpatient treatment called Assisted Outpatient Treatment (AOT) for a clearly defined set of individuals. In order to be eligible for AOT an individual must meet the following criteria:

- Must be 18 years or older
- Must be suffering from a SMI (W&I 5600.3)
- Unable to survive safely in community without supervision
- History of lack of compliance with treatment, evidenced by either:
  - Hospitalized/incarcerated 2 or more times in last 36 months in forensic or MH unit of State or local correction facility due to mental illness
  - Demonstrated violent behavior towards self or others in the last 48 months
- Offered and refused treatment on a voluntary basis
- Condition must be deteriorating
- Assisted Outpatient Treatment (AOT) is considered the least restrictive treatment
- AOT is needed to prevent relapse or further deterioration
- Will benefit from AOT

AB 1421 specifies that any of the following -- an adult with whom the person resides; a parent, spouse, sibling or child of person (18 or older); the director/designee of the mental health treatment facility or residential facility where the person is/was receiving treatment; a licensed mental health treatment provider; or a law enforcement officer (including probation/parole) – may request the County Mental Health Director to file a petition with the superior court for a hearing to determine if the person should be court ordered to receive the services specified under the law. The County Mental Health Director or his licensed designee is required to perform a clinical investigation, and if the request is confirmed, to file a petition to the Court for AOT.

If the court finds that the individual meets the statutory criteria, the recipient will be provided intensive community treatment services and supervision by a multidisciplinary team of mental health professionals with staff-to-client ratios of not more than 1 to 10. Treatment is to be client-directed and employ psychosocial rehabilitation and recovery principles. The law specifies various rights of the person who is subject of a Laura's Law petition as well as due process hearing rights.

If a person refuses treatment under AOT, treatment cannot be forced. The Court orders meeting with the treatment team to gain cooperation and can authorize a 72 hour hospitalization to gain cooperation. A Laura's Law petition does not allow for involuntary medication.

AB 1421 requires that a county Board of Supervisors adopt Laura's Law by resolution to authorize the legislation within that county. AB 1421 also requires the Board of Supervisors to make a finding that no voluntary mental health program serving adults or children would be reduced as a result of implementation. A lack of funding and ongoing controversy over forcing individuals with mental illness into treatment has led most counties to decide against enacting. Nevada County is the only county that has fully implemented Laura's Law. Several counties are providing alternative services designed to prevent involuntary interventions or alternative models of AOT.

The Legislation Committee requested that this matter be referred to Family and Human Services Committee for consideration of whether to develop a program in the Behavioral Health Division of the Health Services Department that would implement assisted outpatient treatment options here in Contra Costa County. The Legislation Committee recommended that staff develop a proposal in 90 days for FHS consideration.

On July 9, 2013, the Board of Supervisors referred the matter to the Family and Human Services Committee for Consideration.

**Referral Update:**

On October 16, 2013 the Family and Human Services Committee (FHS) considered information from the Health Services Department, Behavioral Health Division. The FHS provided direction and feedback to staff and directed staff to return in February 2014 with a recommendation. Due to scheduling issues, the FHS did not convene in February, therefore, the report is being brought forward today.

**Recommendation(s)/Next Step(s):**

CONSIDER the attached staff report, provide input and feedback on the recommendations and direct staff to bring recommendations to the Board of Supervisors.

**Fiscal Impact (if any):**

There is an, at present, undetermined fiscal impact should the recommendations be approved by the Board of Supervisors. A three to six month period is required to determine what the financial impact are to Behavior Health, Superior Court, District Attorney, Public Defender, Sheriff.

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**Attachments**

AB 1421 AOT Staff Reort

Laura's Law Functional Outline

Families Alternative Report Statement to Workgroup

Susan Medlin's Alternative Recommendations

Public Comment - All Documents Submitted by AOT Committee Members

California Counties News Article

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**To:** Family and Human Services Committee

**From:** Cynthia Belon, Behavioral Health Director  
by: David Seidner, Mental Health Program Manager

**Date:** March 10, 2014

**Subject:** Memorandum on Board of Supervisor Request for Recommendation on AB 1421, Assisted Outpatient Treatment

---

**Background**

At the Family and Human Services Committee meeting on October 16, 2013, Behavioral Health requested additional time for the AOT Work Group to develop recommendations related to AB1421 Assisted Outpatient Treatment. Steven Grolnic-McClurg, the Mental Health Director at that time, resigned his position December 13, 2013. David Seidner, Mental Health Forensic Program Manager, assumed the responsibilities of chairing the work group. The activities of the workgroup have included additional review of literature, review of other AOT efforts, initial attempts to engage consumers on their knowledge of Contra Costa County Behavioral Health services, and solicited input at regional community presentations.

In an initial attempt to engage consumers with a variety of experiences within the Behavioral Health system, work group members Susan Medlin, Office of Consumer Empowerment Coordinator, and Douglas Dunn, family member, conducted outreach interviews to consumers in diverse settings. Consumers were interviewed at a shelter, a crisis residential program, a dual diagnosis residential program, and a secured treatment facility. The majority of consumers understood the array of services available, and attributed their participation in voluntary care to the support of family members and Behavioral Health staff. This process assisted the work group to develop strategies for collecting additional consumer feedback. Behavioral Health will continue to gather input from consumers and family members.

The work group heard a presentation from Douglas Dunn, who shared a family perspective on AOT. Dr. Charles Saldanha, chief psychiatrist for Contra Costa Regional Medical Center, presented on the topic of Anosognosia (defined as a condition in which a person who suffers certain disabilities seems unaware of the existence of his or her disability.) Matt Schuler, Assistant Sheriff, Lt. Mike Evans of the Sheriff's Office, and Lt. Robin Heinemann of the Concord Police Department led a discussion to explore possible collaboration with law enforcement agencies regarding AOT services.

In addition to the above, Behavioral Health held three presentations on Assisted Outpatient Treatment in the three regions of the county. Notification of these presentations were posted on the Behavioral Health Web site, and sent to the Mental Health Commission, National Alliance on Mental Illness (NAMI), and service providers. Attendance at the public presentations was nominal; however, the majority of attendees provided feedback endorsing AOT services in this County.

### **Recommendations**

The following recommendations are directed at addressing service needs of individuals with psychiatric disabilities who are currently not receiving County mental health services, may be marginally engaged with their care provider, or are reluctant to utilize services offered. The recommended strategies are to provide outreach, enhanced caregiver access and integration, and an AOT pilot program.

#### **1. Outreach and Engagement**

Engage individuals with psychiatric disabilities who do not seek treatment or who have disengaged from treatment by:

- a. Piloting a program similar to San Diego County's In-Home Outreach Team (IHOT) to provide home or community-based support, engagement activities, and education to consumers/potential consumers, family members, and their caregivers.
- b. Establishing an outreach line specifically for calls from caregivers who are concerned about the deteriorating mental health of their loved one. Phone line referrals may result in outreach teams meeting with consumers and their supports to provide information, referral and linkage to services.

#### **2. Educate and Coordinate with the Consumer's Support Network**

Improve the mechanisms for family members, caregivers, and support networks to provide input into the process of care by:

- a. Developing an AOT welcome packet for each consumer and their support system which contains a brochure identifying the levels of care potentially available, and a short description of the indicators for qualifying for AOT. The welcome packet may include a list with contact information of the care team for each consumer, i.e. clinic program staff. The welcome packet may also include educational information that describes potential symptoms of decompensation that would indicate a need to contact staff for support. The Welcome packet will also be available on the Behavioral Health Web site.
- b. Piloting a behavioral health navigator position (a peer or family member) in each adult clinic to assist consumers and family members in accessing needed care.
- c. Partnering more fully with NAMI Family-to-Family through the navigator positions.

- d. Co-facilitating multi-family groups at each adult clinic that offer psychoeducation and support.

**3. Pilot an Assisted Outpatient Treatment Program**

An AOT pilot may provide the ability to involve consumers in care who do not respond to attempts at outreach and engagement, choose to not enter care, have a serious psychiatric disability, and are at risk for hospitalization. This program will serve a maximum of ten (10) consumers, and develop and track clinical and cost measures that will be used to evaluate program success in increasing consumer outcomes and reducing costs. Please see attached “Laura’s Law (AB1421) A Functional Outline” from the State of California Department of Health Care Services Web site.

**Next Steps**

Behavioral Health has had preliminary discussions with the Contra Costa Superior Courts, the Public Defender, and County Counsel regarding potential cost and impact on attorney and court activities. The Behavioral Health Division understands that the Board will need input from these Departments that will be affected by the implementation of a pilot AOT Program prior to issuing a final order. We will therefore await further direction from you before developing a budget and staffing recommendations.

Attachment

# Laura's Law (AB 1421)

## A Functional Outline

### ***Assisted Outpatient Treatment Investigations***

Only the county mental health director, or his or her designee, may file a petition with the superior court in the county where the person is present or reasonably believed to be present. The following persons, however, may request that the county health department investigate whether to file a petition for the treatment of an individual:

- 1) Any adult with whom the person resides;
- 2) An adult parent, spouse, sibling, or adult child of the person;
- 3) If the person is an inpatient, the hospital director;
- 4) The director of a program providing mental health services to the person in whose institution the person resides;
- 5) A treating or supervising licensed mental health treatment provider; or
- 6) The person's parole or probation officer.

On receiving a request from a person in one of the classes above, the county mental health director is required to conduct an investigation. The director, however, shall only file a petition if he or she determines that it is likely that all the necessary elements for an AOT petition can be proven by clear and convincing evidence. The availability of assisted outpatient services for the anticipated length of the order (up to six months) must be established by the court before ordering assisted outpatient treatment. Thus a county mental health director who does not believe the requisite qualified services are available is precluded from filing a petition.

### ***Assisted Outpatient Treatment Criteria***

A person may be placed in assisted outpatient treatment only if, after a hearing, a court finds that all of the following have been met. The person must:

- 1) Be eighteen years of age or older;
- 2) Be suffering from a mental illness;
- 3) Be unlikely to survive safely in the community without supervision, based on a clinical determination;
- 4) Have a history of non-compliance with treatment that has either:
  - A. Been a significant factor in his or her being in a hospital, prison or jail at least twice within the last thirty-six months or;
  - B. Resulted in one or more acts, attempts or threats of serious violent behavior toward self or others within the last forty-eight months;
- 5) Have been offered an opportunity to voluntarily participate in a treatment plan by the local mental health department but continues to fail to engage in treatment;
- 6) Be substantially deteriorating;
- 7) Be, in view of his or her treatment history and current behavior, in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would likely result in the person meeting California's inpatient commitment standard, which is being:
  - A. A serious risk of harm to himself or herself or others; or
  - B. Gravely disabled (in immediate physical danger because unable to meet basic needs for food, clothing, or shelter);
- 8) Be likely to benefit from assisted outpatient treatment; and
- 9) Participation in the assisted outpatient program is the least restrictive placement necessary to ensure the person's recovery and stability.

Any time spent in a hospital or jail immediately prior to the filing of the petition does not count towards either the 36 or 48-month time limits in criterion No. 4 above. In other words, if an individual spent the two months prior to the filing in a hospital, the court can then look back 38 months (36+2) to see if he or she meets criterion No. 4(A).

### ***Petition for Assisted Outpatient Treatment***

The petition must state: (1) that the person is present or believed to be present within the county where the petition is filed; (2) all the criteria necessary for placement in AOT; (3) the facts supporting the belief that the person meets all the criteria (4) that the subject of the petition has the right to be represented by counsel.

The petition must be accompanied by an affidavit of a licensed mental health treatment provider designated by the county mental health director stating that either:

- 1) The licensed mental health treatment provider examined the person no more than ten days prior to the submission of the petition, believes that the person meets the criteria for assisted outpatient treatment, recommends assisted outpatient treatment, and is willing to testify at the hearing; or
- 2) The licensed mental health treatment provider, or his or her designee, made appropriate attempts no more than ten days prior to the filing of the petition to examine the person and the person refused, has reason to suspect the person meets the criteria for assisted outpatient treatment, and is willing to examine the person and testify at the hearing.

The court must fix a date for a hearing on the petition that is no more than five days (excluding weekends and holidays) after the petition is filed.

Continuances will only be allowed for good cause. Before granting one, the court shall consider the need for an examination by a physician, or the need to provide assisted outpatient treatment expeditiously.

### ***Notice of Hearing***

The petitioner must cause a copy of the petition and notice of the hearing to be personally served on the person who is its subject. The petitioner also has to send notice of the hearing and a copy of the petition to:

- 1) The county office of patient rights; and
- 2) The current health care provider appointed for the person, if known.

**Note: The person subject to a petition may also designate others to receive adequate notice of the hearings.**

### ***Right to Counsel***

**The person who is subject to the petition has the right to be represented by counsel at all stages of an AOT court proceeding. If the person elects, the court shall immediately appoint a public defender or other attorney to oppose the petition. If able to afford it, the person is responsible for the cost of the legal representation on his or her behalf.**

### ***Settlement Agreements***

After an AOT petition is filed but before the conclusion of the hearing on it, the person who is the subject of the petition may waive the right to a hearing and enter into a settlement agreement. If the court approves it, a settlement agreement has the same force and effect as a court order for assisted outpatient treatment.

The settlement agreement must be in writing, agreed to by all parties and the court, and may not exceed 180 days (note – initial orders by a court after a hearing are for a period of up to six months, which can be a few days longer). The agreement is conditioned upon an examining licensed mental health treatment provider stating that the person can survive safely in the community. It also must include a treatment plan developed by the community-based program that will provide services to the person.

After entering a settlement agreement, a court designates the appropriate county department to monitor the person's treatment under, and compliance with, the settlement agreement. Only the court can modify settlement agreements, but either party may request a modification at any time during the 180-day period.

### ***Assisted Outpatient Treatment Hearing***

The court will hear testimony and, if advisable, examine the person (in or out of court). The testimony need not be limited to the facts included in the petition.

If the person fails to appear at the hearing and appropriate attempts to elicit attendance have failed, the court may conduct the hearing in the person's absence. However, the court is prohibited from ordering AOT unless a physician who has reviewed the available treatment history of the person and personally examined him or her no more than ten days before the filing of the petition testifies in person at the hearing.

If the person is present at the hearing but has refused and continues to refuse to be examined and the court finds reasonable cause to believe the allegations in the petition to be true, it may order the person be taken into custody and transported to a hospital for examination by a licensed mental health treatment provider. Absent the use of the inpatient hospitalization provisions of California law, the person may be kept at the hospital for no more than 72 hours.

Any person ordered to undergo assisted outpatient treatment who was not present at the hearing at which the order was issued may immediately petition the court for a writ of habeas corpus, which is a judicial challenge asserting that, under these circumstances, the person does not meet the eligibility criteria for AOT. Treatment under the order may not commence until that petition is resolved in another hearing.

If after hearing all relevant evidence, the court finds that the person does not meet the criteria for assisted outpatient treatment, the court will dismiss the petition.

If the court finds, by clear and convincing evidence, that the person meets the criteria for assisted outpatient treatment and there is no appropriate and feasible less restrictive alternative, the court may order the person to receive assisted outpatient treatment for up to six months.

### ***The Treatment Plan***

In the assisted outpatient treatment order, the court shall specify the services that the person is to receive. The court may not require any treatment that is not included in the proposed treatment plan submitted by the examining licensed mental health treatment provider. The court, in consultation with the county mental health director, must also find the following:

- 1) That the ordered services are available from the county or a provider approved by the county for the duration of the court order;
- 2) That the ordered services have been offered on a voluntary basis to the person by the local director of mental health, or his or her designee, and the person has refused or failed to engage in treatment;
- 3) That all of the elements of the petition have been met; and
- 4) That the treatment plan incorporated in the order will be delivered to the county director of mental health, or his or her appropriate designee.

## ***Renewals***

If the condition of the person requires an additional period of AOT, the director of the assisted outpatient treatment program may apply to the court prior to the initial order's expiration for an additional period of AOT of no more than 180 days (initial orders are for a period of up to six months, which can be a few days longer). The procedures and requirements for obtaining a renewal order are the same as for obtaining an initial order.

## ***Early Release from Assisted Outpatient Treatment***

There are two methods by which someone under an order can establish that he or she no longer meets the eligibility criteria and should be released from an AOT order:

- 1) No less than every 60 days the director of the assisted outpatient treatment program is required to file an affidavit with the court stating that the person still meets the criteria for placement in the program. Although not explicitly stated in the statute, this presumably means that anyone who does not meet the criteria must be released from AOT. The person has the right to a hearing to challenge the assessment. If the court finds that the person does not meet the criteria, it will void the AOT order.
- 2) Also, an assisted outpatient may at any time file a petition for a writ of habeas corpus. At the hearing on this petition the court will determine whether or not the person still meets the initial AOT eligibility requirements. If not, the person shall be released from the AOT order.

In either type of hearing the burden of proving that the AOT criteria are still met is on the director.

## ***Remedy for Non-Compliance with Assisted Outpatient Treatment***

A licensed mental health treatment provider can request that one of certain designated classes of persons (peace officers, evaluation facility attending staff, members of mobile crisis teams, and other professional persons designated by the county) take a person under an AOT order to a hospital to be held for an up to 72-hour examination to determine if he or she meets the criteria for inpatient hospitalization (*i.e.*, that the person is a danger to self/others or gravely disabled because of a mental illness).

The treatment provider may only make such a request on determining that:

- 1) The person has failed or refused to comply with the court-ordered treatment,
- 2) Efforts were made to solicit compliance, and
- 3) The person may need involuntary admission to a hospital for evaluation.

Any continued involuntary retention in the evaluating facility beyond the initial 72 hours must be pursuant to the California Code's provisions for inpatient hospitalization. A person found not to meet the standard for involuntary inpatient hospitalization during the evaluation period and who does not agree to stay in the hospital voluntarily must be released.

Failure to comply with an order of assisted outpatient treatment alone is not sufficient grounds for involuntary civil commitment. Neither may such non-compliance result in a finding of contempt of court.

## ***Rights of Persons Subject to Petitions and Orders for Assisted Outpatient Treatment***

A person subject to a petition for assisted outpatient treatment has the right to:

- 1) Retain counsel or utilize the services of a court-appointed public defender;
- 2) Adequate notice of the hearings;
- 3) Have notice of hearings sent to parties designated by the person;

- 4) Receive a copy of the court-ordered evaluation;
- 5) Present evidence, call witnesses, and cross-examine adverse witnesses;
- 6) Be informed of his or her right to judicial review by habeas corpus;
- 7) Not be involuntarily committed or held in contempt of court solely for failure to comply with a treatment order;
- 8) Be present at the hearing, unless he or she waives this right;
- 9) Appeal decisions, and to be informed of his or her right to appeal; and
- 10) Receive the least restrictive treatment deemed appropriate and feasible.

# Families Alternative Report to Contra Costa County Assisted Outpatient Treatment Workgroup Recommendations

1

Executive Summary and Thoughts for Consumers to Ponder

Douglas Dunn and Sharon Madison-Family Representatives

We are most thankful that, after 8 months of work, the workgroup has recommended badly needed county Behavioral Health system improvements. In particular, we appreciate and strongly support the establishment and robust MHSAs / county BHSD funding of:

1. County In-Home Outreach Team and treatment engagement phone line. This “plug” a major gap in family and consumer behavioral health services identified by the workgroup.
2. Educating and Coordinating with the Consumer’s Support network. In particular, hiring a Behavioral Health Navigator at each adult clinic would greatly help care givers and/or family members better “navigate” the county system to help consumer loved ones receive better care.

However, we disagree with the 3<sup>rd</sup> recommendation for a small 10 person Laura’s Law “pilot program” and an intimated 6-9 month implementation timeline. Summarized below are results of our comprehensive proposal for a full 45 person county program. Unlike a tenuous “pilot,” **a Laura’s Law program implemented July 1, 2014 would immediately do the following:**

- Greatly reduce threat of violence to the public by completely psychotic seriously mentally ill (SMI) persons.
- **Could be funded by a combination of MHSAs and BHSD budget dollars.** There is nearly \$55 million unspent available dollars as of June 30, 2013, which exceeds the cumulative recommended Prudent Reserve amounts by over \$8 million for the 5 MHSAs programs.
- **Reduce** associated hospitalization, out-of-county conservatorship placement, and jail detention costs by nearly \$5 million annually, and ongoing state hospital costs by over \$5.7 million annually; thus actively encouraging ongoing voluntary service programs expansion of nearly \$10.7 million annually.
- Require FSP multi-discipline “accountability of care” reporting transparency that would quickly correct the inadequate county oversight of mental health service delivery, spending, and MHSAs programs.
- Provide a kind, helpful civil rights “guiding hand” to help SMI persons who do not know they are ill to receive sustained, badly needed “community recovery” treatment.

By contrast, a 10 person pilot program (see attached Pilot program spreadsheets, pp. 1-3):

- Would only “touch the surface” violence threat to the public by completely psychotic SMI persons.
- Reduce hospitalization, out-of-county conservatorship placement, and jail costs from a range of \$1,008,683 to \$1,154,034 while likely incurring costs of approx. \$568,500-\$650,000 for a program savings of only \$364,000-\$485,000.
- Increase variable per client cost of care services from a range of \$25,000-\$48,000 up to \$65,000 because of a much smaller number of persons served.
- Only slowly correct the inadequate “responsiveness of care” and records reporting and oversight problems that currently plague county mental health services delivery, spending, and MHSAs programs.
- Would not produce enough data to show the effectiveness of treatment outcomes. The results for the 10 people selected, whether positive or negative, may not be representative of the population Laura’s Law is intended to serve. Therefore, it would not inform the issue of whether to enlarge the program.

## Side by Side Laura's Law Programs Comparison

| Full Laura's Law Program  | Pilot Laura's Law Program   |
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We have this proposal available for those who wish to carefully study it. In the meantime, we have thoughts for our consumer friends to ponder as we work together to come up with solutions that will benefit them, as well as families, who also daily live with the reality of mental illness. More than anything else, we all want sustained, meaningful recovery for as many consumers as possible. Therefore, we ask that all involved consider the following thoughts:

### **Thoughts for Consumers to Ponder**

Mental health consumers often oppose Laura's Law because they fear it begins the "slippery slope" of out-of locked facility "forced medication;" thus, erasing their small, incremental hard won gains for self-determination from a society still influenced by the stigmatizing legacy of "lifetime state hospital confinement" decades ago. The mantra in the mental health consumer movement is, "Nothing about us without us." As the parents of consumers and friends with a growing number of consumers, we agree. Laura's Law does, indeed, directly affect the consumer.

However, countless parents, siblings and friends of our consumer loved ones have often helplessly watch them spiral uncontrollably downward with each brain damaging psychotic break. Their impaired brain "wiring" will not let them comprehend that they are ill. Such consumers often end up either in the "revolving door" of endless hospitalizations and conservatorships, the criminal justice system, homelessness, or as disabled "wards" of the state. Laura's Law and similar Assisted Outpatient Treatment (AOT) laws offer such persons the "last treatment chance in the community" to "get their life back."

For consumers' friends and families, Laura's Law is a kind "guiding hand," even if a judicial order is involved, to help their loved have an intensive community treatment centered opportunity without forced medication for a healed and recovered life. With many guaranteed civil rights, Laura's Law offers the ability to grasp recovery without the legally and emotionally restrictive environment of 4C and places such as Crestwood-Angwin, the jail, Napa State Hospital, or the "prison" of homeless. That is why consumers' friends and families support a full 45 person county Laura's Law program implemented as soon as possible.

March 4, 2014

To: Family and Human Services Committee, Contra Costa County Board of Supervisors  
CC: William B. Walker, M.D., Contra Costa Health Services Director  
Cynthia Belon, Director Behavioral Health Care Services

From: Susan Medlin, AOT Workgroup Member

RE: Alternative Suggestions regarding the AOT Workgroup Recommendation to the Family and Human Services Committee

Honored Supervisors:

I am a member, with lived experience, of the Assisted Outpatient Treatment Workgroup. It is in this capacity as a work group member that I make an alternative suggestion to you. While I greatly support the use of voluntary services, I am reluctant to endorse the creation of assisted outpatient treatment without the involvement of those who would use those services.

I support the recommendation of the AOT Work Group to offer voluntary services through one or more In-Home Outreach Teams (IHOT), a model used in San Diego, followed by placement into outpatient voluntary services that best meet their needs. Voluntary services, when combined with values and guidelines that support and empower individuals in implementing the wellness strategies of their choice, such as those services provided by Mental Health Services Act funding, have been shown to be effective in helping people engage in their own recovery. In fact, outcomes for people served by the IHOT model in San Diego for the calendar year 2012 show that “of the 73 participants who have transitioned from the Outreach to the Engaged Phase, 19.2% (n=14) have already successfully connected with additional services and supports through IHOT staff involved and concluded their active involvement in the IHOT program.” Thus, this voluntary outreach strategy has been shown to help people who are resistant to using mental health services to engage in treatment.

I also support education efforts that engage folks who use our services, in order to utilize their lived experience, feedback, and ideas to guide the effort to reach out to people who are resistant to using mental health services. However, involving the people who are using our services is not enough. I strongly encourage you to speak with as many people as possible, who would meet the criteria for assisted outpatient treatment, before you decide on a course of action. I believe that we will not be successful at engaging people who do not want to be engaged, until we invite them to talk with you about what services would or would not help them to participate in their own recovery. In order to do this, I suggest that we provide accommodations that will get people to the table:

- Posting and distributing flyers and information on when assisted outpatient treatment will be discussed, including Board of Supervisors' meetings and committees (Many consumers do not have access to information posted on the Internet.)
- Transportation to and from these meetings
- Collaborating with Patient Rights' Advocates, providers, and consumer-run groups to find people who would meet the criteria for assisted outpatient treatment
- Engaging people leaving hospitals and jails, and holding more focus groups in locked facilities
- Utilizing the experiences of people who have personal lived mental health experiences by having peer providers facilitate consumer groups

Surely, the experience of other counties, such as the public outcry at the Alameda County Board of Supervisors meeting, for and against assisted outpatient treatment, gives one pause to consider that there are many viewpoints about assisted outpatient treatment, one of which we have left out in this debate: the perspective of the very people who would be most affected by your decision. I have hope that you will consider this suggestion, and bring everyone into the conversation.

## **Families Alternative Report to Contra Costa County Assisted Outpatient Treatment Workgroup Recommendations**

Douglas Dunn and Sharon Madison-Family Representatives

### **Outline**

- **Page 1:** Outline and Glossary
- **Pages 2 & 3:** Executive Summary and Side-by-Side Comparison
- **Page 4:** Quick Facts--Nevada County Laura's Law Program
- **Part 1:** Pages 5-13: Public Safety and Contra Costa Tragedies
- **Part 2A:** Pages 14-18: Laura's Law Accountability for Care Reporting Transparency
- **Part 2B:** Pages 19-20: Laura's Law Developments Outside Contra Costa County
- **Part 3A:** Page 21: Laura's Law Civil Rights Provisions
- **Part 3B:** Pages 22-28: Consumer Outreach Report and Thoughts for Consumers
- **Part 4:** Pages 29-36: Financial Funding Assumptions and Analysis
- **A. Laura's Law Excel Spreadsheets Financial Analysis:**
  1. Full Laura's Law Program Financial Analysis: pages 1-5
  2. Pilot Laura's Law Program Financial Analysis: pages 1-5
- **B. Financial Analysis Attachments**
  1. Attachment 1: EF1 to Mental Health Report June, 2013 (4C inpatient data)
  2. Attachment 2: Pages 3 & 4: Cost Effectiveness of AOT in CA Civil Sector
  3. Attachment 3: 2012-2013 IMD Utilization Report
  4. Attachment 4: CCC 2012-2013 Health Svcs. Dept. Detention Facilities Report
  5. Attachment 5: San Mateo County Client Cost of Behavioral Health Care
  6. Attachment 6: Executive Summary, MHCC, May, 2013 Augmented B&C Report
  7. Attachment 7: Breakdown of Current MHSA Unspent Funds at 06/30/2013
  8. Attachment 8: Total PES Visits per Month, 2010-2013
  9. Attachment 9: Contra Costa County Grand Jury 2001-2002 Report #0203
  10. Attachment 10: The Cost of AOT: Can It Save States (and counties) Money?

### **Glossary**

- AOT—Assisted Outpatient Treatment
- ACT—Assertive Community Treatment
- CATIE—Clinical Antipsychotic Trials of Intervention Effectiveness
- CCC—Contra Costa County
- Consumer—User of private or public behavioral health services
- FSP—Full Service Partnership
- IMD—Institute of Mental Diseases
- LL—Laura's Law
- MHRC—Mental Health Rehab. Center
- MHSA—Mental Health Services Act
- NIMH—National Institute of Mental Health
- PES—Psychiatric Emergency Services
- BHSD—Behavioral Health Services Division
- BOS—Board of Supervisors
- PHF—Psychiatric Health Facility
- RTF—Residential Treatment Facility
- SMI—Seriously Mentally Ill
- SNF—Skilled Nursing Facility
- SSI—Supplement Security Income
- STP—Special Treatment Program
- 4C—Psych. Ward of CC Reg. Medical Ctr.

**Note:** In Nevada County and states such as New York and North Carolina with well-developed AOT programs, experience has shown at one person per 25,000 population fits the criteria and benefits from this community type of treatment. Therefore, for Contra Costa County with a 2014 population of 1,125,000, 45 persons qualify for a full Laura's Law program. 4C personnel have recently indicated that 50 persons could easily qualify. Therefore, the following report shows how badly Contra Costa County needs a full 45 person Laura's Law program.

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Quick Facts—Current Full Laura’s Law programs  
Nevada County: 2009-2011: 31 months

**12 mos. Pre-treatment vs. Post-treatment involving 43 unduplicated persons**

- # of Psychiatric Hospital Days: 212 days vs. 76 days = 64.2% decrease
- # of Incarceration Days: 156 days vs. 123 days = 21.2% decrease
- # of Homeless Days: 1,114 days vs. 72 days = 93.5% decrease
- # of Emergency (5150) Interventions: 93 contacts vs. 12 contacts = 87.1% decrease

▶ **Key Indicators: Pre-AOT Post-AOT Savings**

|   |                   |  |                    |
|---|-------------------|--|--------------------|
| ▶ Hospitalization—Pre AOT:  | \$346,950         | <b>Without AOT: Projected Hospital &amp; Jail Costs:</b> |                    |
| ▶ Hospitalization—Post AOT:   | <u>-\$133,650</u> |  | <u>\$1,122,264</u> |
| ▶ Laura’s Law Savings:  | \$213,300         | AOT program cost:  | \$ 483,433         |
| ▶ Incarceration—Pre AOT:  | \$78,150          | Hospital and Jail Costs:                                 | <u>\$ 136,200</u>  |
| ▶ Incarceration—Post AOT:   | <u>-\$2,550</u>   | Total AOT (Laura’s Law) Costs:                           | \$ 618,653         |
| ▶ Laura’s Law Savings:  | \$75,600          | AOT program savings (in dollars):                        | \$ 503,651         |
|   |                   | AOT program savings, percent:                            | 45%                |
| ▶ <b>AOT dollars savings: \$1.81 for every \$1 previously spent on “revolving door” care.</b> |                   |  |                    |

From Michael Heggarty, NV County Behavioral Health Director—November 15, 2011

**Nevada County Court cost savings:** Could not be precisely quantified. However, the Honorable Thomas Anderson, Judge of the Nevada County Superior Court and AOT Court spoke at the December 19, 2013 NAMI-Contra Costa general meeting on Laura’s Law. From his 6 years of AOT judicial experience, Laura’s Law court costs and time, on average, take s¼ of the time and cost involved in LPS Conservatorship hearings. This has been true, even with the small annual number (5) of contested Laura’s Law hearings per year. As a result, the expected budgeted increased court costs have NOT materialized. This is because Laura’s Law is a great LPS Conservatorship “diversion” tool, with far less legal costs and time involved.

**This has tremendous implications for Contra Costa County (CCC).** Unlike rural Nevada County, CCC has a large Out-of-County LPS Conservatorship population, averaging 95-130 for each of the past 14 years. In addition, the Out-of-County Conservatorship costs have more than doubled, from \$5,324,218 in fiscal year 2000-2001 to a likely \$11,666,667 in fiscal 2012-2013.

**A full 45 person CCC Laura’s Law program would:**

- Reduce 4C hospitalization costs by at least: \$2,329,763 / year
- Reduce Out-of County LPS Conservatorship costs by at least: \$2,362,038 / year
- Reduce Out-of-County State Hospital costs, in time, by at least: \$5,770,823 / year
- Reduce Martinez Detention Facility costs by at least \$ 231,045 / year
- **For likely “avoided cost” savings of at least: \$10,693,098 / year**

|  |                    |
|--|--------------------|
| Maximum annual cost: Total FSP-AOT Cost:   | \$1,125,000        |
| Max. BHSD Staff, Svc., and Housing Costs:  | <u>\$ 604,890</u>  |
| <b>Max. MHSA funded Laura's Law costs:</b> | <b>\$1,729,890</b> |
| Maximum Public Defender Costs:             | \$ 223,080         |
| Maximum County Counsel Costs:              | <u>\$ 223,080</u>  |
| <b>Max. CCC BHSD Laura's Law Costs:</b>    | <b>\$ 446,160</b>  |
| <b>Maximum Laura's Law Costs:</b>          | <b>\$2,176,050</b> |

Now, let us turn our attention to the issue of public safety and tragedies involving our SMI loved ones. They powerfully illustrate the desperate need for a full Laura’s Law program.

## Part 1: Public Safety

5

1. "Individuals with schizophrenia and related psychotic disorders are no more violent than general population when they are in treatment and symptoms are well controlled."
2. However, per the NIMH-CATIE study of persons with schizophrenia, symptoms of losing touch with reality (delusions and hallucinations) increase odds of violence nearly 3 times the normal rate.
3. Breaking the cycle of treatment non-compliance caused by severe anosognosia is the key to preventing possible violence.

Cited in *I AM Not Sick, I Don't Need Help*, 10<sup>th</sup> Anniversary Edition (2012), pp. 216-218, Xavier Amador, Ph.D.

What is anosognosia (pronounced ano-sog-no-sea) and how does psychosis (break with reality) affect the brain?

- This big word means that, when a person becomes mentally ill, their brain wiring often becomes impaired, "twisted," or, in severe cases, "broken." As a result, up to 50% of mentally persons, to a varying degree, cannot recognize their brain is seriously mentally ill (SMI). The result is often deficits in the SMI person's frontal lobe and in their brain's executive (processing information and rational reasoning) functioning . This is a scientific fact validated by over 30 major clinical trials over the past 20 years.
- In addition, each psychotic break tends to further damage cognitive brain functions. This is validated by 10 brain imaging and 5 large clinical observation studies over the past 15 years.

These 2 facts corroborate what families of SMI loved ones in this county and around the world have known and experienced for many years. Namely, there is a clear link between lack of insight (impaired capacity for objective self-reflection) and treatment nonadherence, resulting in:

- Far greater illness relapse, and,
- Poorer response to treatment, and,
- "Revolving door" hospitalizations, which often lead to:
- Incarceration, or Victimization, or Violence

Source: *Assisted Outpatient Treatment: Preventative, Recovery-Based Care for the Most Seriously Mentally Ill*, p. 16, *The Resident's Journal, a Publication of the American Psychiatric Association*, Volume 7, Issue 6, June, 2012, Gary Tsai, M.D.

Dr. Fred Frese, Ph.D., Associate Professor of Psychiatry at Northeast Ohio Medical University, is a consumer who has lived with schizophrenia since 1966. He strongly supports AOT laws because they are far preferable to 5150 hospitalizations, incarceration, or hostile street life.

The following pages (3-10) vividly portray the profound public safety risk, extremely high cost of care, as well preventable tragedies resulting from treatment non-compliance by our county SMI consumer loved ones. A full 45 person Laura's Law program beginning July 1 would be a valuable additional "continuum of care" tool to "slow down" and prevent such situations. Our SMI consumer loved ones have been the ultimate victims of a dysfunctional, broken county system of behavioral health care. They, and us, their families, do not prefer a small, tenuous 10 person 1 year pilot program that could take 6-9 months to implement with insufficient funding and reporting requirements. **As the financial section of this report will make clear (Part 4), there is absolutely no reason, whatsoever, not to implement a full 45 person Laura's Law program right away.** The time for "baby steps" is past. Now is the time for county leadership to demonstrate cost-effective, humane help and care for our SMI loved ones!

**Threat of violence and costs of Crisis Stabilization: Contra Costa Examples**

West County Consumer

- Has had numerous hospitalizations, 16 consecutive 1 year LPS conservatorships and is at Napa State Hospital (NSH) with 2 arrests, costing CCC at least \$848K in the past 4 years, \$185K and counting, in the past year alone.

Central County Consumer

- Over a period of 7 years (84 months) - a total of 25 months (a third of his time) spent in long-term facilities costing the county \$400K, \$295K in the past year alone. This consumer was released from a state hospital at the end of last year and would have “dropped through the system hole” had family not been there to actively support him.

East County Consumer

- Person requested right to a firearm after his 1<sup>st</sup> county hospitalization in July, 2007 and had 5 hospitalizations from April, 2012-February, 2013, costing CCC approx. \$160K.
- In July, 2010, in a psychotic rage, this consumer shattered the door frame of his parents’ home, threatening them with incalculable physical harm.
- On July, 20, 2012, his father warned the consumer’s county Case Manger that this consumer was capable of an “Aurora, CO style” massacre. 34 days later, on August 24, this consumer:
  1. Showed up on parents’ doorstep complete psychotic. Father drove this consumer to psych. emergency in Martinez because the local police dept. was too undermanned to respond.
  2. When this consumer fled the car, two CIT trained sheriff’s officers had to taser him to get him into treatment.
  3. Per Case Manager, client’s lack of insight into illness is “severe.”
- From the following documents and pictures, his August, 2012 psychotic break was a profound “public safety” and “quality of life” threat to Contra Costa County.

**July 20, 2012 e-mail to consumer county Case Manager**

Hi again (Case Manager):

In light of the Colorado movie massacre, we trust that, due to \_\_\_\_\_ diagnosis, \_\_\_\_\_ cannot purchase a gun or similar weapons. Because of the anger due to \_\_\_\_\_ "broken/stuck" mind, we fear \_\_\_\_\_ could cause great bodily harm to us and to others if \_\_\_\_\_ ever "got \_\_\_\_\_ hands" on such weaponry.

Thought you should know.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_

# July, 2007 Right to Bear Arms Request

**CONFIDENTIAL**

## PATIENT NOTIFICATION OF FIREARMS PROHIBITION AND RIGHT TO HEARING

### PROHIBITION ADVISEMENT

Pursuant to Welfare and Institutions Code (WIC) section 8103(f), this mental health facility is required to provide notification that you are prohibited from owning, possessing, receiving, or purchasing any firearm for a period of five years from the admission date to this facility. This applies to all persons taken into custody as a danger to themselves or others under the provisions of WIC section 5150.

**YES**      **HEARING REQUESTED AT DISCHARGE**  
 **NO**

Any person subject to these provisions may request a hearing by the Superior Court to provide relief from the firearms prohibition. Upon discharge from the facility, you will be provided the "Request for Hearing for Relief from Firearms Prohibition" form.

The completed form will be forwarded by the mental health facility to the Superior Court in your county of residence unless you request to submit the form to the Superior Court.

### HEARING REQUESTED AFTER DISCHARGE

If a hearing is not requested at the time of discharge from the mental health facility, a single request may be made to the Superior Court during the five-year prohibition period.

To request a hearing after discharge, contact the Department of Justice at (916) 227-3664. The Department of Justice will mail the "Request for Hearing for Relief from Firearms Prohibition" form to you. Please forward the completed form to the Superior Court in your county of residence. The Clerk of the Superior Court shall notify you of the hearing date within 30 days of receipt of the request.

**NO HEARING REQUESTED**

\_\_\_\_\_  
*Patient Signature*

7-31-07  
\_\_\_\_\_  
*Date of Receipt*

ccr mc  
\_\_\_\_\_  
*Discharge Person - Facility Name*

7-31-07  
\_\_\_\_\_  
*Date of Discharge*

*Distribution: White - Patient; Yellow - Facility*

FD 4009B (01/2000)

087-01 52329

## Public Safety Threat of August, 2012 self-imposed Homeless Encampment



Self-imposed homeless encampment discovered August 25, 2012 within 215 feet of nearby elementary school. This consumer had completely “lost touch” with reality. School was already in session when this homeless encampment was discovered.



Elementary school and playground just over 200 feet from self-imposed homeless encampment. School was in session in August, 2012 when this consumer set up his homeless encampment.

Public Safety Threat: August, 2012 self-imposed Homeless Encampment (cont'd)



400 member church within 250 feet of self-imposed homeless encampment, August, 2012.



8-plex apartment complex occupied 24/7 w/in 350 feet of homeless encampment, August, 2012.

Public Safety Threat: August, 2012 self-imposed Homeless Encampment (cont'd)



A public theatre complex w/in 700 feet of homeless encampment, August, 2012.



A public high school w/in 1000 feet of homeless encampment, August, 2012.

## **Seriously Mentally Ill (SMI) Contra Costa County Tragedies**

11

**Date:** 9/2012

**Location:** Walnut Creek, CA

**Summary:** On September 4, 2012, 36-year-old Christopher Boone Lacy, diagnosed with bipolar disorder, shot a California Highway Patrol officer, 37-year-old Kenyon Youngstrom. Youngstrom died the next day. Youngstrom had stopped Lacy for an obscured license plate. Lacy was fatally shot by a fellow officer after Youngstrom was shot.

**Source of Information:** Contra Costa Times, 9/6/12; Monterey County Herald, 9/6/12; CBS Local, 3/21/13

**Record ID:** 2518

**Date:** 8/2011

**Location:** Discovery Bay, CA

**Summary:** On August 27, 2011, Brian Dawson was arrested by police after they were called to his house for reports of yelling and fighting. Dawson's wife was injured but not taken to a hospital. Dawson said he was Bipolar and had been off medication for more than three months because he lost his medical insurance and could not afford to pay \$2,400 for the medication. Prosecutors charged Dawson with misdemeanor spousal battery and child endangerment.

**Source of Information:** Contra Costa Times, 9/22/11

**Date:** 1/2010

**Location:** Bethel Island, CA

**Summary:** On January 28, 2010, Ronald Joseph Reid, an armed and suicidal man, was shot after holding authorities at bay. Reid, 48, had stopped taking medication for an undisclosed mental illness and had at least one prior run-in with police involving a threat to kill himself, the Contra Costa County Sheriff's Office said.

**Source of Information:** Contra Costa Times, 1/29/10

**Record ID:** 6191

**Date:** 8/2009

**Location:** Antioch, CA

**Summary:** In August 2009, authorities accused Phillip Garrido, a paroled sex offender, with kidnapping, raping and imprisoning Jaycee Dugard for 18 years in a lot behind his house. Garrido had long been known as an odd and sometimes frightening character to neighbors, business associates and even the few people who called him a friend but recently Garrido seemed to have been even more unhinged, apparently posting mad ramblings online that hinted at deepening delusions. Many of these were dotted with references to governmental mind control and something he called "cultural trance," whereby "large bodies of people have accepted something as truth." "The Creator has given me the ability to speak in the tongues of angels," read a posting from August 14, under the name TheManWhoSpokeWithHisMind. "

**Source of Information:** New York Times, 8/30/09; Sacramento Bee, 2/25/10 **Record ID:** 5743

**Date:** 10/2007

**Location:** Oakley, CA

**Summary:** On October 28, 2007, 49-year-old James Brennan was fatally shot in the head by Officer Ian Jones. Brennan had stopped taking his medication for bipolar disorder and was consuming alcohol and marijuana leading up to the night of his death. That night, Brennan disrupted a sports banquet in Antioch and got into a fight with patrons of an Oakley bar before he drove to his son's house asking for a gun.

**Source of Information:** Mercury News, 12/4/08; Antioch Press, 12/11/08 **Record ID:** 1615

## **Seriously Mentally Ill (SMI) Contra Costa County Tragedies (cont'd)**

12

**Date:** 2/2007

**Location:** Richmond, CA

**Summary:** On February 20, 2007, a mentally unstable man allegedly killed his father in the family home. Angelito Ares, 20, called 911 at 6:21 p.m. from his home in the suburban May Valley neighborhood of Richmond to report a violent altercation with his father in the house they shared. Police arrived with lights and sirens, stopping the son as he was leaving the house. "There was some evidence of a struggle. He had blood on him," said Richmond police Detective Dan Sanchez. Officers found 59-year-old Rolando Ares dead of knife wounds in the living room. Angelito Ares, who has a history of mental illness, made statements implicating himself, police said. He was arrested on suspicion of murder and booked into County Jail in Martinez. "It appears the suspect had a long history of mental disorder. The father had been attempting to help him with those issues, and had actually taken him in the past two years," Sanchez said.

**Source of Information:** Contra Costa Times, 2/22/07

**Record ID:** 4387

**Date:** 2/2007

**Location:** Richmond, CA

**Summary:** On February 15, 2007, police arrested 19-year-old Lymus Howard in the death of his 59-year-old mother, Katy Lee, inside her home in the Pullman apartment complex in Richmond. Police say Howard pummeled Lee with his fists, then walked to Nevin Park and told several people, "I just killed someone." A local pastor said Howard had suffered emotional problems since age 6 when he saw his father shot dead. Friends said his mother battled with Howard to get him to take his medication.

**Source of Information:** Contra Costa Times, 2/22/07

**Record ID:** 2306

**Date:** 11/2006

**Location:** Danville, Contra Costa, CA

**Summary:** On November 6, 2006, 16-year-old Andrew Mantas bludgeoned his mother to death in her home. Shortly after police found the body of 43-year-old Dimitra Mantas, they arrested Andrew in Blackhawk, where he was spotted driving a stolen golf cart. Andrew had a history of behavioral and psychological problems, including documented substance abuse, expulsions from two schools in two years and several run-ins with police. Mantas had been acting erratically for a year and a half before the incident. His parents sought help from doctors. Two days before her death, Dimitra took Andrew to the family's church, where he told the pastor he was hearing voices and believed he was possessed by demons. Mantas was found not guilty by reason of insanity and faced spending the rest of his life in a state mental hospital. Mantas, diagnosed with Schizophrenia, was charged as an adult with murder and an enhancement accusing him of using a deadly and dangerous weapon to kill his mother.

**Source of Information:** Contra Costa Times, 11/22/06, 6/14/11; KYVU.com, 1/30/07; San Francisco Chronicle, 5/31/08, 9/14/11

**Record ID:** 4385

**Date:** 7/2005

**Location:** Walnut Creek, CA

**Summary:** In July 2005, Robert Clouthier, 29, was arrested after arguing with his father, destroying a china cabinet and jumping through a plate glass window at his parents' Walnut Creek home. Clouthier was bipolar and was living on the street in Walnut Creek at the time of his arrest. Clouthier was booked on suspicion of battery and vandalism and told a jail health worker he was suicidal. The worker learned that Clouthier had repeatedly tried to kill himself, most recently two months earlier. When the worker's shift ended, she gave her notes to Nancy Blush, a mental health specialist, and told her that Clouthier was still suicidal. He hanged himself from a knotted bed sheet that night.

**Source of Information:** San Francisco Chronicle, 1/15/10**Record ID:** 5290**Date:** 6/2005**Location:** Pleasant Hill, CA

**Summary:** A 43-year-old Pleasant Hill, CA man with a history of mental illness is suspected of using a hammer and a frying pan to fatally bludgeon his 84-year-old mother on June 6, 2005 in the apartment they shared. Police arrested Luis Hector Morilla after he called 911 that evening to report that his mother, Virginia Morilla, was injured inside the apartment. Morillo's brother, Julio Lopez, told police that his brother was a promising engineer until he had his first psychotic episode at age 21, and never worked again. He was later diagnosed with bipolar disorder. Morilla told a Martinez police officer that he struck his mother because he thought she was the devil and needed to kill her.

**Source of Information:** San Francisco Chronicle, June 7, 2005**Record ID:** 4315**Date:** 3/2004**Location:** San Ramon, CA

**Summary:** A woman with bipolar disorder apparently committed suicide by overdosing on her medication in a hotel room in San Ramon, CA on or about March 12, 2004. Patricia Noel, 58, checked into the Sierra Suites Hotel on Friday, March 12. Her body was found by hotel employees on Sunday. Investigators were able to contact Noel's psychiatrist, who confirmed she was being treated for depression and a bipolar disorder.

**Record ID:** 4932**Date:** 1/2004**Location:** Antioch, CA

**Summary:** Authorities believe that Gary Armstrong, 48, shot and killed his wife, his son and himself in their Antioch, CA home on January 22, 2004. Detective Will Dee said investigators have not determined a motive for the murder-suicide, but they are looking into reports that Armstrong, 48, suffered from a bipolar disorder and was taking prescription medication for it.

**Source of Information:** Contra-Costa Times, January 25, 2004**Record ID:** 5169**Date:** 3/2002**Location:** Danville, CA

**Summary:** Jeanne O'Brien acknowledged in Contra Costa County court that she murdered her mother, Claire O'Brien, on March 27, 2002, at their home in Danville, a suburb east of San Francisco. Prosecutors agree that she was legally insane at the time. O'Brien, who has been diagnosed as suffering from schizophrenia will be committed to a state mental hospital for as long as 26 years to life.

**Source of Information:** The Associated Press, May 17, 2003**Record ID:** 3648

## Part 2A: Laura's Law "Transparency" Reporting Requirements

### NOTE

In our initial 10/23/2013 financial data request, we specifically asked how the county determines if a MHSA recipients have properly spend contract funds (pages 15 & 16). The county Finance Dept. answer was: "By approving payments." This shows a lack of financial oversight on the part of both the county Finance Dept. and Behavioral Health Services Division (BHSD).

On 11/26/2013, we submitted a second financial data request asking for more specific "traceable" data (pages 17 & 18). At the 12/04/2013 workgroup meeting, we were told the requested information does not exist. However, we were told that improved data and record keeping, for which we had given a "road map," would be implemented in the future. To us, this further shows a basic lack of patient/client treatment tracking processes which **only the explicit reporting requirements of a complete 45 person Laura's Law program listed below would conclusively rectify.**

### Laura's Law Reporting Requirements

Agreed upon settlement or judicially ordered treatment service plan for a:

Maximum 180 days, renewable for a maximum of another 180 days

Service plan shall include:

Assertive Community Treatment team of highly trained mental health professionals at a maximum 10:1 client/staff ratio.

Report showing the number of persons to be served and the services and programs provided to meet their needs.

Report showing:

- How support for families of the served persons is provided in the treatment plan
- How services for the physically disabled persons are provided
- How services for the older adult persons are provided
- How psychiatric and intensive client-directed and psychosocial rehabilitation and recovery principles based counseling services are provided for the served persons
- How immediate, transitional, or permanent housing is provided for the served persons

Report showing the dollar amount and types of funds annually expended for AOT served persons as well as the benchmark success or failure rate of each person.

Consumers' friends and families greatly appreciate the family "friendliness" reporting improvements of the workgroup's first two recommendations. However, we are a bit "jaded" by past as well as current lack of "accountability of care" and records keeping performance. We're from Missouri and "show us." A full Laura's Law program will "show us" that the county behavioral health system is serious about "Performance Improvement Project" improved patient/client care, record keeping, and financial reporting.

## Financial Data Request Attachment

Pilot AOT work group family members CCC Mental Health Budget Information Request

October 23, 2013

We request the following budget and financial information in a very timely manner (within 3 weeks or the 11/20/2013 meeting at the very latest):

The detailed and summarized Behavioral Health Budget for the current fiscal year (2012 -2013) and all years since MHSA implementation, including:

- Out-patient Psychiatry costs (including Medi-Cal and/or Medi-Care costs)
- 80 page Psychiatric outpatient centers document—NOT attached. Mammoth Electronic File
- Psychiatric Emergency Services.
- EF1 ID to Mental Health June, 2013 Report—Attachment 1
- In Hospital (4C) 5150, 5250, T-Con, and “administrative days” county as well as Medi-Cal and Medi-Care costs.
- EF1 ID to Mental Health June, 2013 Report—Attachment 1
- Crisis Residential Psychiatry costs (including Medi-Cal and/or Medi-Care costs)
- Anka Behavioral Health Standard Contract—Not Attached—Electronic File TOO Large
- Crisis Residential non-psychiatry costs (including Medi-Cal and/or Medi-Care costs).
- Anka Behavioral Health Standard Contract—Not Attached—Electronic File TOO Large
- Crestwood-Pleasant Hill non-locked Psychiatry costs and non-psychiatry costs (including Medi-Cal and/or Medi-Care costs).
- Health Services Department IMD Utilization Fiscal Year 2012-2013 Report: Attachment 3
- Out of County Institute of Mental Diseases (IMD) and Mental Health Rehabilitation Centers (MHRC) [taxpayer funded] costs.
- Health Services Department IMD Utilization Fiscal Year 2012-2013 Report: Attachment 3
- Incarceration Costs [all taxpayer funded], including medication and staff expenses
- Contra Costa County Health Services Department Detention Facilities Report Attach. 4
- “On-call” payment costs for all county paid mental health providers (including Community Based Organizations [CBO’s] and all specified county employees (i.e. Cynthia Belon, Steve Grohnic-McClurg, Dr. Ross Andelman, Victor Montoya, etc.).
- 2012-2013 MH-Differential On-Call: County Finance provided—Not attached
- List of county programs and CBO contract services providers funded by MHSA funds and the MHSA amount per county program and per CBO provider, per year.
- MHSA Actual Expenditures—FY 2007-2013-Referenced-Not Attached: Huge Electronic File
- The dollars of interest on any unspent MHSA funds.
- CCC HSD MHSA Fund 114600 Balance—Breakdown of Current Actual Unspent Funds at 061302013 Report: Attachment 7
- What MHSA dollars remain unspent from past budget years?
- CCC HSD MHSA Fund 114600 Balance—Breakdown of Current Actual Unspent Funds at 061302013 Report: Attachment 7
- From which of the past budget years do they remain unspent?
- CCC HSD MHSA Fund 114600 Balance—Breakdown of Current Actual Unspent Funds at 061302013 Report: Attachment 7

## 1<sup>st</sup> Financial Data Request Attachment (cont'd)

- How the county determines if a non-profit entity has properly spent contract funds.
- “By approving Payments”
- What the county does with “unspent” or “unallocated” contract funds.
- CCC HSD MHSA Fund 114600 Balance—Breakdown of Current Actual Unspent Funds at 061302013 Report: Attachment
- Detailed records showing if and how MHSA funds have been spent “in accordance with current funding year [f/y] approved plan” for all years since implementation.
- “Documentation does exist.”

This information also needs to be “broken down” on an annual cost per client served basis as well as number of clients served basis. *Additional requested breakdown is as follows:*

- *Prevention (PEI) total clients served*
- “County does not track per client costs”
- *PEI at risk of becoming Seriously Mentally Ill(SMI) total clients served*
- “County does not track per client costs”
- *Diagnosed total SMI clients served*
- “County does not track per client costs”

The financial information needs to detail ALL internal cost centers and clearly show how funding has moved from them (from “silo to silo”), *particularly as it relates to departments serving the diagnosed SMI clients.*

2<sup>nd</sup> AOT Family Consumer Representatives CCC BHS Budget Information Request

November 26, 2013

We greatly appreciate the financial data that was provided on November 21, 2013. However, the data provided does not show how BHS budget dollars were allocated and spent on a per client cost basis. Nor do they show “break breakdown” of MHSA and taxpayer dollars spent on each client. We have no idea how many clients/patients were served nor the MHSA / general taxpayer dollars spent on each client served over the past 5 years. Also the 11/21/2013 financial data received did not give any requested 4C, and Psychiatric ER or mental health incarceration expenses over the past 5 years. In summary, the financial data provided does not provide the necessary per client per location mental health costs to properly determine how BHS is spending MHSA and general tax payer dollars. Therefore, we request the following financial information:

**Number of persons served with:**

- If possible, per adult client / patient / inmate cost of service information “broken out”
  1. For each of the past 5 consecutive fiscal years (2007/2008 thru 2012/2013)
  2. As well as the current fiscal year (20013/2014)
- For each of the following locations:
  - 4C (Psychiatric Ward) at the Contra Costa Regional Medical Center in Martinez
    1. No. of Administrative Days (\$409/day reimbursement)
    2. No. of Medi-Cal and Medicare Cost Days (Medi-Cal: \$1,223/day reimbursement, Medicare: \$1,100/day reimbursement)
    3. No. of T-Con Days (including No. of Administrative Days and No. of Medi-Cal and/or Medicare Days)
    4. Per patient/day psychiatric bed cost (\$1,706/day in San Mateo County)
    5. Ambulance transportation costs for each 5150 served
  - Same information for Contra Costa County patients sent to other hospitals such as:
    1. John Muir Behavioral Health-Concord
    2. John George Psychiatric Pavilion-San Leandro, CA
    3. Herrick Hospital—Berkley, CA
    4. Alta Bates Summit—Oakland, CA
    5. Fremont Hospital—Fremont, CA
    6. County patients sent to any other specific Northern California area psychiatric wards.
  - Same information for county patients sent to other out-of-county Psychiatric Health Facilities (PHFs).
  - County Jail and Juvenile Hall in Martinez
    1. **Mental Health** psychiatric incarceration costs—medication and jail time costs
  - County patients of Napa State Hospital-Napa, CA
  - County consumers of Crestwood Center-Angwin, CA (Mental Health Rehabilitation Center—MHRC)
  - County consumers sent to all other MHRC’s in California (EX: California Psychiatric Transitions in Deli, CA).
  - Crestwood-Pleasant Hill
  - Niereka House in Concord (Crisis Residential)
  - Nevin House in Richmond (Crisis Residential and Dual Diagnosis—AOD)

- Each Board and Care home in Contra Costa County

## 2<sup>nd</sup> Financial Data Request Attachment (cont'd)

If per client costs are not available, we request:

- Aggregate adult (18 and over) BHS dollars spent per funding source (MHSA and non-MHSA) at each above location.
- The number of adult county clients per month in each of the above locations.

We need to know the total costs for all adult clients (**NOT** just MHSA) served in the county system of care who qualify for WI Code 5600.3 level services. These costs will include:

- Psychiatric Hospital expenses
- IMD expenses
- Conservatorship costs
- Case Management costs
- Any Full Service Partnership (FSP) costs
- Any Assertive Community Treatment (ACT) costs
- Outpatient Services costs
- Any other related costs

We request such information for each of the previous 5 consecutive fiscal years (2007/2008 thru 2012/2013) as well as the current 2013-2014 fiscal year.

In addition, from the Behavioral Health Services (BHS) Department for the previous 5 years, plus 2013, we request:

- A complete breakdown of all 5150s served throughout Contra Costa County.
- Documentation showing the internal transfer of funds between department MSHA and non-MHSA general budget (taxpayer) accounts.
- Complete copies of the Annual Cost reports for each PEI contract.
- Complete copies of the Annual Cost reports for each CSS contract.
- Complete copies of the Annual Cost reports for each Innovations (INN) contract.

As indicated above, we did not receive certain information (For Example, 4C and PES data) requested in the October 23, 2013 BHS financial data request. If we do not receive the detailed requested BHS information in this data request, we will persist until we receive it.

Attached is the financial cost per client "data points" information we were able to get regarding San Mateo County mental health costs. Also attached is the Excel spreadsheet and chart data for a county consumer we were able to develop from these "data points." If we can develop such data, the Contra Costa County Behavioral Health Services Dept. should be able to do the same. We request the above complete data by **December 11, 2013**.

Sincerely,



Douglas W. Dunn

Attachments

## **Part 2B: Recent Laura's Law Developments outside Contra Costa County**

### **Southern California**

#### **Los Angeles County**

Per the persistence of Supervisor, Michael Antonovich, this county has had a pilot program since 2006. Originally, it was focused on jail diversion for 20 mentally ill criminal defendants at a time with misdemeanor records. It worked well until jail overcrowding resulted in reduced prison sentences for such defendants. The public defender recommended serving a shorter sentence rather than 6 months of intensive mental health treatment, which the inmates did. In 2010, this pilot program was tweaked to operate more like the Contra Costa County Behavioral Court for mentally ill criminal defendants who have a felony record. The annual results of "tweaking" this 20 person pilot have been impressive:

- 78 % reduction in incarceration
- 77% reduction in hospitalization days
- Overall 40% reduction in hospitalization and incarceration costs to taxpayers.

As a result of SB 585, the LA BOS and Dept. of Mental Health (DMH) support full expansion of Laura's Law to 360 persons annually at a treatment cost of approx. \$10M annually, paid for by state MHSA money as of July 1, 2014. Per county counsel, MHSA funding covers all Laura's Law treatment expenses except for court costs.

#### **Orange County**

This county has been considering Laura's Law ever since Thomas Kelly, a homeless mentally ill (schizophrenia) adult died from a controversial altercation with 2 Fullerton police officers in July, 2011. In October, 2011, the county Health Care Agency (HCA) released its analysis of the cost of a full 120 person Laura's Law program. It estimated an annual cost, including treatment, housing, and court costs of \$5.7M-\$6.1Million. County counsel said that MHSA funds could NOT be used to fund Laura's Law. However, with SB 585, the sordid legacy of Thomas Kelly's death and the recent controversial acquittal of the 2 police officers as well as the "push" from termed-out Supervisor John Moorlach and the new Behavioral Health Director, Orange County is poised to shortly approve and implement Laura's Law at a more realistic cost of \$5.4M/year, \$4.4 Million in MHSA funds, and \$1Million to cover court costs. Per county counsel, MHSA funding covers all Laura's Law treatment expenses except for court costs.

#### **San Diego County**

Because of a recent series of tragedies, The county Behavioral Health Services Dept. (BHSD) has been looking at Laura's Law since December, 2012. Spring, 2013 testimony by 30 families (much like what occurred in this county June 3, 2013) at a BOS meeting forced the BHSD, which is ideologically opposed to Laura's Law, to issue a July 30, 2013 report. This report said Laura's Law could not be implemented without clarity on MHSA funding and a legislative revamp of this law, allowing a judge to order a lock-up of the persons this law is designed to help. However, with SB 585, Supervisors Dave Roberts and Diane Jacob are renewing a strong "push" to have Laura's Law approved and implemented as soon as possible.

## **Recent Laura's Law Developments outside Contra Costa County (cont.)**

### **Northern California**

#### **Yolo County**

On June 25, 2013, the Yolo County BOS, following 6 months of county Alcohol, Drug, and Mental Health (ADMH) outreach, voted to implement a 4 person 1 year pilot with a spending cap of \$100,000 in general funds. With SB 585, the county ADMH department would like to expand Laura's Law to a maximum of 20 persons.

#### **San Francisco County**

Since, 2011, this county has operated a "Laura's Law-lite" program involving up to 8 persons/year who are already conservatorship "eligible" (repeatedly hospitalized under several 5150s—grave disability) from the SF General Hospital psychiatric ward and who voluntarily agree to 6 months of intensive Assertive Community Treatment (ACT). So far, this program has served 20 persons, all of whom are properly housed, live in the community, and are treatment compliant. 1 person even has a full-time supervisory job. However, faced with growing complaints of homelessness, drug use, defecation and daytime public sexual activities in areas such as Civic Center and Hayes Valley Neighborhoods, Mayor Ed Lee, in his State of the City Address, supports Laura's Law for San Francisco. In this effort, he has the support of Dennis Herrera, City Attorney, Barbara Garcia, Public Health Director, Jo Robinson, Behavioral Health Director, and most of the SF BOS.

#### **Alameda County**

Because of the Feb., 2012 tragedy surrounding Daniel DeWitt, the Berkeley City Council, on Nov. 19, unanimously passed a lengthy resolution supporting the proposed Alameda County Laura's Law pilot. This resolution also asked that the Alameda County BOS adopt and "press" for more positions and MHSA funding than a small one year pilot program. On Feb. 25, the Alameda County BOS, after hours of public testimony, voted to table the current \$300,000 five person one year Laura's Law "pilot" program proposal for 3 months. The Alameda County Behavioral Health Care Services (BHCS) dept. was asked to come back with a more "compassionate" proposal. If eventually adopted in some form, the BHCS dept. plans to use \$300,000 in county general funds, not MHSA funds, to pay for this one year pilot program.

### Part 3A: Laura's Law Civil Rights

There is strict criteria for admission to the program. In addition, there is a guaranteed right to counsel (usually a court provided public defender) throughout this process.

- Person must be 18 years or older, and:
  1. Have had 2 or more hospitalizations in the past 36 months, or:
  2. One or acts or attempted violent acts in the past 48 months, and:
  3. Currently decompensating by “clear and convincing” evidence.
    - Person can be referred to program by :
      - County Mental Health Director
      - Hospital Director
      - Psychiatrist
      - Police Officer
      - Family member
      - Friend with whom they are living
- By judicial order, if necessary, the person can be placed on “pre 5150” (72 hour) hold at hospital for behavioral health evaluation
  - If evaluation OK; released
  - If not stable for release; 5150 hospitalized, then AOT process
- If there is continued non-compliance and decompensation, consumer is referred to the **Civil Court**:
  - If voluntary agreement is reached; receive up to 6 months of mandated enhanced Assertive Community Treatment (ACT).
  - If judicial order, still receive up to 6 months of mandated enhanced ACT, and possibly 6 more months of mandated enhanced ACT.

#### The various In-Program Civil Liberties Protections are:

- Every 60 days, an AOT served person can request an affidavit by the AOT program Director that this person either continues or does not continue of meet AOT criteria. Burden of proof is on the Director.
- At any time, at AOT served person can file a petition for a judicial hearing (writ of habeas corpus) to determine if this person still meets initial AOT criteria. If not, person is released from the AOT order.

There is the opportunity to agree to treatment without a court order. Persons must be encouraged to accept treatment in the Laura's Law assisted outpatient program without the court order before the court order is used.

The only consequence of noncompliance with the treatment program is a hold of up to 72 hours in a hospital—**no jail time or other punishment**. Noncompliance only includes behavior detrimental to treatment of the mental illness.

There is **no forced medication**. Medication can only be given against one's will in a hospital after a Riese hearing.

Jail and/or repeated hospitalizations and/or conservatorship are “revolving door” common results when people are not treated. These types of “treatment” truly restrict civil liberties.

**Summary—AOT Workgroup Consumer Outreach visits: Report by Douglas Dunn**

All 4 visits took place in January and early February with OCE staff. Every client/patient voluntarily chose to interview with us. As promised, we did not take any names or other personally identifiable information. Below is the report summary. The questions and separate reports are attached.

**Brookside Homeless Shelter** Visit—Richmond, CA January 14, 2014 with OCE staff:  
Kimberly Krisch and Brandon McGuire

Brookside, in Richmond between railroad tracks, is a major homeless shelter in west county. When we visited, there were around 70 persons in this shelter that evening.

Kimberly and I interviewed 4 persons between 7:15-9:30 PM. We gleaned much information by asking the 7 attached interview questions as well as observing. As we were introduced, we sensed that the shelter leadership and staff were not trained nor versed in mental health issues. The first 3 interviewees did not exhibit mental health issues. However, the 4<sup>th</sup> interviewee stated that he had major depression issues going back to events surrounding Sept. 11, 2001, which triggered his serious mental illness (SMI). Because of complex circumstances, he was recently transferred from the Concord homeless shelter, where he had an excellent on-site therapeutic relationship with an on-site mental health professional, to Brookside Homeless Shelter, where his life is on the verge of “falling apart.” At Brookside, he says there are no readily available veterans’ mental health services. Because of altercations with ill-trained staff, he is on the verge of being expelled from Brookside.

**Nierika House** Visit Thursday afternoon January 16, 2014 with Susan Medlin

Nierika House is a Crisis Residential facility in Concord for persons who are released from the Psychiatric Ward (4C) of Contra Costa Regional Medical Center (CCRMC) in Martinez. As such, clients are generally in a tenuous mental state.

Susan and I interviewed 3 persons. One person had major SSI payee issues as well as issues obtaining medications and enough one-on-one therapy. She was dealing with anxiety attacks that day. Another person had been previously conserved at Casa-Fremont and Crestwood-Angwin 6-8 months at each place. We wants to understand more about how medications can help him control his paranoid thoughts. With his mother’s NAMI support, he is looking for ways to overcome stigma and would be a candidate for a Laura’s Law treatment position. The 3<sup>rd</sup> person, who appeared quite foggy, is working on recovery, and very appreciative of NAMI, Office of Consumer Empowerment, and the S.P.I.R.I.T. program.

**Nevin House** Visit Richmond Tuesday afternoon January 23, 2014 with Susan Medlin

Nevin House is a dual diagnosis facility (serious mental illness [SMI] and Alcohol and other Drugs [AOD]) with 16 beds in Richmond. Persons voluntarily agree to reside there. However, once they do, they are usually in a multi-month 6 stage treatment program.

We interviewed 6 persons, all but one who and dual diagnosis issues. They generally found Nevin House quite helpful to “getting back” on their feet. 3 were involved in some way with Behavioral Health Court. One person twice just about “jumped ship” but his Case Manager persuaded him to stay. This person could have been a Laura’s Law candidate. Another person has an MBA and an MA and wants to “get on” with her life. Common issues for all were stigma, transportation (BART and bus passes) and housing.

**Summary—AOT Workgroup Consumer Outreach visits: Report by Douglas Dunn (cont'd)**

**Crestwood- Angwin** Visit Thur. morning 2/6/2014 with Susan Medlin and Lisa Bruce

This is one of the secure (locked) facilities where conserved persons are sent from 4C. 8 persons initially met together with us to answer the questions. This arrangement avoided any conservatorship issues.

One person constantly wanted to be released from his conservatorship. 3 persons were very groggy from their medications and did not respond to the questions. Another person said voices were constantly interfering but she answered the questions as best she could. A common issue was a strong desire for integrated, open, easily accessible health services at county outpatient clinics. Another issue was a desire for housing and peer provider counseling. Staff and participants greatly appreciated our visit.

**This particular visit convinces me that LPS “Conservatorship Diversion” is where a full 45 person county Laura’s Law program would have its most positive impact.**

**Consumer Interview Questions**

1. How do you feel mental health / behavioral health services can be improved?
2. What would make you want to take part in mental health / behavioral health services?
3. What keeps you from receiving behavioral health care services or makes you want to avoid mental health services?
4. What mental health services do you like that already exist?
5. How might it help you to have a team of providers and supporters assist you in meeting your wellness and other goals?
6. What mental health / behavioral health services do you feel should be offered that don't already exist?
7. Has anyone in your life been instrumental in supporting you with your mental health wellness and recovery? What is your relationship to this person?

**Brookside Homeless Shelter Visit—Richmond, CA January 14, 2014 with Kimberly Krisch and Brandon McGuire Report by: Douglas Dunn**

We were introduced by the on-duty Manager and staff. We immediately noticed that the staff did not seem “attuned” to the mental health needs of the persons staying at the shelter. Our “hunch” was borne out by our interviews, especially the last one.

Kimberly and I interviewed 4 persons from 7:15-9:30 PM and gleaned much information, especially from our last voluntary interviewee, using the attached 7 questions.

**Person A**—her physical health was the key as she has diabetes. She relies on her spiritual community to help her get through life. Her Case Manager is helping her with a nurse to help control her diabetes. She wants her Case Manager to help her obtain Social Security so she can live in an apartment. She did not appear to have mental health issues but noticed the rapid turnover in shelter staff.

**Person B**—For this person, physical needs predominate. His ideas seemed a bit “blue sky” in nature. His other issues centered around housing and interpersonal needs, esp. Phoenix (Anka Behavioral Health) housing. He would like to be able to share all of his health needs, esp. diabetes needs, with his doctor. Fortunately, the health providers have been quite supportive. He spends much of his time managing his health needs around housing. He did not appear to have mental health issues.

**Person C**—This person had been at this shelter for a few weeks and seemed quite “self-contained.” He was enrolled at nearby Contra Costa Community College with the FAFSA help of college financial aid counselors who enabled him to attend at extremely minimal cost. He also has a Case Worker who helps keep him on track. He is quite focused on moving forward with his life (esp. learning Personal Computers [PC’s]) and finds spiritual community worshipping at a nearby church on Saturdays. He has not had mental health issues but is sympathetic with those who do.

**Person D**—This person admits he has very major depression issues. He often has major problems getting out of bed for weeks at a time. He has an extremely hard time with holidays and tries to make it through them the best he can.

He’s had a most interesting life originally coming from Michigan, where his first mental breakdown occurred right after Sept. 11, 2001. He had asked two workers in the firm he worked for to go into the twin tower shortly before the attacks began. His guilt over having done that triggered his first mental “snap.”

More recently, he was at the Concord homeless shelter for quite a while where he had ready contact with a mental health professional. His Concord home had burned down and his circumstances “landed him” at the Concord shelter. This person at the Concord shelter went way beyond the “call of duty,” helping draft a detail letter which helped him get SSDI, as he is an armed services veteran.

**Brookside Homeless Shelter Visit—Richmond, CA January 14, 2014 with Kimberly Krisch and Brandon McGuire Report by: Douglas Dunn (cont'd)**

Because of overcrowding at the Concord shelter, he was recently transferred to the Brookside shelter in Richmond, where he has had an extremely rough time. He admits he needs someone to actively “prod” him out of bed each day. However, this does not happen at this shelter. Since staff are not trained at all in mental health issues, his depressive condition has caused him to “lash out” at staff and other persons who stay at the shelter. As a result, he is in danger of being expelled. This situation is exacerbated because there is no ready access to mental health professionals at this clinic; and staff refuse to give him a BART pass to see if there is now room for him back at the Concord shelter, where his life is naturally centered.

**Nierika House Visit with Susan Medlin Thursday afternoon January 16, 2014  
Report by: Douglas Dunn**

Nierika House is the Crisis Residential facility in Contra Costa County for persons who are released from the Psychiatric Ward (4C) of Contra Costa Regional Medical Center (CCRMC) in Martinez. As such, clients are generally in a tenuous mental state.

**Person A**—This person badly wants a different payee for her SSI check than her husband, because he is badly misusing the funds. As a result, she was quite tearful with some anxiety attacks. She would like to contact her Case Manager to get a different payee. She has not found her Case Manager to be very helpful. She would like much more therapy sessions at Nierika House, which currently consisted of just 5 minutes per week. She also has considerable trouble obtaining her medications at this location. She wants to become her own payee as she can do her own budgeting. When she leaves her, she wants to live independently. Unfortunately, she does not have a team of supporters.

**Person B**—This person is really trying to “get a handle on” his paranoid thoughts. He feels that prescribed medical marijuana could help control such thoughts. In that vein, he would like updates on new medications as well as other methods to aid the healing process. He is also looking for ways to have more social inclusion and ways to learn to overcome stigma. He wants to learn more about how to successfully deal with mental health issues.

Prior to his most recent 4C hospital stay, he had been conserved at Casa-Fremont, and Crestwood-Angwin (for 6-8 months). He found Crestwood-Angwin to be quite stressful. In the past, he had found Crestwood-Pleasant Hill to be quite nice and was waiting to go there upon release/transfer from Nierika House. With his SSI of only \$60/mo., housing would be very difficult to find. However, he would like to find decent housing.

Except for his mother, his family stigmatizes him. She has availed herself of various NAMI services to understand how to deal with and eventually overcome family and social stigma of her seriously mentally ill (SMI) loved one.

**Person C**—This person, who appeared quite “foggy,” is working on recovery, for she wants to recover well. At the mental health clinics, she would definitely like more one-on-one peer counseling. She would like to see more integrated services and brochures that help you deal with your mental illness. She is looking for role models who live by example. She is very appreciative of NAMI and the Office of Consumer Empowerment (OCE). She also finds the S.P.I.R.I.T. program to be a great opportunity for peers.

**Nevin House Visit Richmond Tuesday Afternoon January 23, 2014 with Susan Medlin**  
**Report by: Douglas Dunn**

Nevin House is a dual diagnosis facility (serious mental illness [SMI] and Alcohol and other Drugs [AOD]) with 16 beds in Richmond. Persons voluntarily agree to reside there. However, once they do, they are usually in a multi-month 6 stage treatment program.

**Person A**—This alert person currently has no way to make a resume. She needs PCs on site so she can learn more PC skills, especially WORD. She has been on Money Management for 12 years. She likes Nevin House and has a daughter. Unfortunately, she got involved with the law in 2003 and has not stayed in a dual diagnosis program long enough to prove that she could be a stable parent. Therefore, her daughter has been in foster care. She has been involved with county Behavioral Health Court (BHC) for the past 12 months. She said Dr. Marti Wilson, BHC Director, has done a lot for her. She recently changed Case Managers, having been with the previous one for 10 years.

**Person B**—Transportation is a major need for this alert person, in order to keep his appointments. He needs “cut rate” BART and bus passes as he knows the transit schedules quite well. He has a Case Manager who has been quite helpful who has helped with his SSI, a decision which is pending. Since he is at level 6, he will be leaving soon but really wants help securing job training, clothing, and independent housing. He would like to see more dual diagnosis treatment locations in the county. His mother is very supportive.

**Person C**—This alert person has an MBA as well as an MA and wants to pursue graduate work in History. She feels her mental health providers treat her as a social outcast and needs integrative help, not another 5150. It usually takes 1 month to finally get through to the provider. She really liked the 24<sup>th</sup> Street Academy of Art, as they treated everyone with respect. She has problems getting her needed medications. She wants to be her own payee, so she can go back to school. Her mother has supported her as they now understand each other better. For her, Nevin House “levels people up,” and will sometimes reward negative behavior if the person is assertive. A client she observed was not assertive and was not moved to the next transition level. She feels Nevin House should not “reward” negative behaviors. This person, who has grown children, has her own car, which she cannot use. Therefore, transportation is an issue. She feels stable and wants to go back to work, instead of volunteering all the time.

**Person D**—While not as alert, he is looking for meaningful jobs training and clean and sober housing. Coming from Pittsburg, he is treated well at Nevin House and participated in the NAMI Walk last year. He greatly appreciates NAMI and wants to learn more about his medications and how they affect his mind. He has felt quite stigmatized when participating in outdoor group walks, hearing phrases, such as “stuck up in your mind, etc.” His Case Manager is quite helpful but he would like to connect with a “big brother” mentor when he leaves Nevin House.

**Person E**—This person, who has been homeless, is not searching for housing. He has been at Nevin House since May and, with his schizoaffective and bipolar disorder diagnosis, has twice just about “jumped ship” and left the premises. He has had several outbursts His forensics team Case Manager has helped him and he would like to be involved with Behavioral Health court rather than being on probation. He has major transportation issues and would like reduced rate BART passes. Without a phone, he cannot look for work, which he wants to do. In that vein, he would like more job skills, esp. PC training, to write resumes, internet connection, etc. He wants much more one-on-one psychological-social therapy.

**Nevin House Visit Richmond Tuesday Afternoon January 23, 2014 with Susan Medlin  
Report by: Douglas Dunn (cont'd)**

**Person F**—This person finds music “therapy” quite helpful with his schizoaffective/bipolar disorder diagnosis. At Nevin House, he feels he is involved with too many group programs and wants less of them. Nevin House has been helpful. However, when he leaves here, he will need transportation (BART and bus passes) as well as housing help. In that vein, his Case Manager is helping him apply for SSI. He wants to go to school while his father has been helpful to him, with clothes and other basic life necessities. His mental health providers have treated him with respect. However, he feels stigmatized by society with such phrases, such as, “What are you cloning?”

**Crestwood- Angwin Visit Thur. 2/6/2014 with OCE Staff: Susan Medlin and Lisa Bruce  
Report by: Douglas Dunn**

Initially, there were 8 conserved persons of both genders and several ethnicities from Contra Costa County who participated as a group in this outreach.

**Question 1:** How do you feel mental / health services can be improved? What would you like to see and feel when you walk into a mental health clinic? **ANSWERS:** One person needed help with filing for Supplemental Social Security income, as he is struggling to stay out of jail. Another person, who was quite groggy from his medications, said it was helpful when registration for various services was grouped together. Another participant said that clients should be able to talk with the receptionist, if possible, without a glass window. For another participant, being able to get in contact with their Case Manager, was very important, as he (the Case Manager) cannot currently be contacted. This person also said it would be helpful if he had peer provider and family member counseling.

Lisa Bruce, new Office of Consumer Empowerment (OCE) Community Support Worker asked, Who spoke up on your behalf? **ANSWER:** No one, by the person was who diagnosed with Schizoaffective Disorder, and who demanded to be released from his conservatorship. He felt he was “tricked” into signing conservatorship papers by a Patients’ Rights Advocate, as he was homeless at the time. He just wanted the right medicine to help him sleep and wanted a warm bed.

**Question 2:** What would make you want to take part in mental / behavioral health services? **ANSWERS:** One participant said that he had gone to Sacramento and had a very good experience with a Service Co-coordinator, who nicely helped him with his service discharge. Currently, he wants to regain money management control of his SSI.

Lisa Bruce asked the question, What would you like if the mental health system taught you how to get your life back? **ANSWERS:** One person said that they liked Crestwood-Pleasant Hill, but, because of their current situation, would like independent housing with a job. Another person said that they were previously allowed to take supervised group walks in the community outside, but that the neighbors complained. As a result, they can only take walks on the premises. Another person would like a picnic basket and wants to go to a park. Others wanted more shopping trips.

**Question 3:** What keeps you from receiving behavioral health care services or make you want to avoid mental health services? **ANSWERS:** Not enough food, this from a young male who was large but not overweight. Another, mental health personnel have not listened to me.

**Crestwood-Angwin Visit Thur. 2/6/2014 with OCE Staff: Susan Medlin and Lisa Bruce 28**  
**Report by: Douglas Dunn**

Another person was trying to speak but said voices in her head were speaking to her. She would like help learning to live in the community. Another person just wants to go back home. Another person said that he was taken away in an ambulance and put on tranquilizers to calm him down. He has had surgery and has borderline diabetes.

**Question 5:** How would it help you have a team of providers and supporters assist you in meeting your wellness and other goals? Do your Doctors listen to you? **ANSWERS:** To the Doctors listening question—Yes by 1-3 people.

**Question 6:** What mental / behavioral health services do you feel should be offered that don't already exist? **ANSWERS:** One person, let me be in charge of \$158/mo. of my SSI money. Teach me money management. Another person, I want to see what vegetation looks like. Another person, I want to be m again. Another, put an end to this conservatorship. Another, would like Ralph Lauren shoes. Another, wants a comfortable bed and wash cloth and towel and go to a Board and Care home. She also wants a place to put on make-up.

**Question 7:** Has anyone in your life been instrumental in supporting you with your mental health wellness and recovery? What is your relationship to this person? **ANSWERS:** Yes, one family member, my mom came and got involved in support groups. She helped me go to Kaiser-Vallejo.

**Jason—Staff Worker:** Thanked us for coming and said we were the first county to come here and reach out to its conserved consumers in a very long time. He thanked the BHSD for contacting the county conservatorship office.

### **Thoughts for Consumers to Ponder**

Mental health consumers often oppose Laura's Law because they fear it begins the "slippery slope" of out-of locked facility "forced medication;" thus, erasing their small, incremental hard won gains for self-determination from a society still influenced by the stigmatizing legacy of "lifetime state hospital confinement" decades ago. The mantra in the mental health consumer movement is, "Nothing about us without us." As the parents of consumers and friends with a growing number of consumers, we agree. Laura's Law does, indeed, directly affect the consumer.

However, countless parents, siblings and friends of our consumer loved ones have often helplessly watch them spiral uncontrollably downward with each brain damaging psychotic break. Their impaired brain "wiring" will not let them comprehend that they are ill. Such consumers often end up either in the "revolving door" of endless hospitalizations and conservatorships, the criminal justice system, homelessness, or as disabled "wards" of the state. Laura's Law and similar Assisted Outpatient Treatment (AOT) laws offer such persons the "last treatment chance in the community" to "get their life back."

For consumers' friends and families, Laura's Law is a kind "guiding hand," even if a judicial order is involved, to help their loved have an intensive community treatment centered opportunity without forced medication for a healed and recovered life. With many guaranteed civil rights, Laura's Law offers the ability to grasp recovery without the legally and emotionally restrictive environment of 4C and places such as Crestwood-Angwin, the jail, Napa State Hospital, or the "prison" of homeless. That is why consumers' friends and families support a full 45 person county Laura's Law program implemented as soon as possible.

#### **Part 4: Financials—Laura’s Law Funding and “Cost-Avoidance” savings**

This section presents a most compelling financial rationale for adopting a full 45 person Laura’s Law program. The following analysis shows how a complete 45 person Laura’s Law program:

- Could be funded by a combination of Mental Health Service Act (MHSA) funds (Innovations \$1.2 million?) and BHSD funds.
- Result in significant annual county Behavioral Health Services Division (BHSD) “Cost Avoidance” budget savings, thus, annually “freeing up” nearly \$5 million dollars immediately, and another \$5.5+million long-term annually, to greatly enhance voluntary service programs.

Page 1 shows the Crisis Stabilization Costs of 3 county consumers for the past several years. These listed costs total a whopping \$1,496,902 during this period of time. Their most recent full year Crisis Stabilization costs totaled \$651,095. Instead of “revolving door” crisis stabilization treatment, these same dollars could have provided 26 consumers with intensive community-based treatment with far, far, superior recovery outcomes.

The lower part of this page lays out the **MHSA [\$1,729,830]** and **county [\$446,160] court cost** assumptions of a **full [\$2,176,050] Contra Costa County Laura’s Law program**. These cost estimates are based on Nevada and Los Angeles counties experiences as well as the projected costs of Orange County’s prospective Laura’s Law program.

Page 2 shows the 3 part **\$4,922,875 in annual net BHSD “Cost Avoidance” budget savings that can immediately result from a full 45 person Laura’s Law program:**

- **4C Inpatient “Cost Avoidance” Savings** (4C is the Psychiatric Ward of Contra Costa Regional Medical Center in Martinez) **of \$2,329,763 annually** from reducing 45 lengthy repeat 4C stays by 75%.
- **Out-of-County Institute of Mental Diseases (IMD) Placement “Cost Avoidance” Savings of \$2,362,038** annually from reducing 39 out-of-county avg. 322 day IMD placements by 75%.
- **Health Department Detention (Jail—Incarceration) “Cost Avoidance” Savings of \$231,035 annually** from reducing 6 lengthy repeat 4C stays by 75%.

Page 2 also shows **\$54,785,784 in unspent county MHSA funds as of June 30, 2013.**

Page 3 breaks down **another area of major future ongoing \$5,770,823 annual “cost avoidance” savings, minimizing the need for out-of-county state hospital placements.** It also shows how **\$8,222,134 of unspent MSHA funds as of 06/30/2013 is available to fund a complete 45 person Laura’s Law program.** Finally, it shows how Laura’s Law per client costs fill the “cost of service continuum” gap between 4C, state hospitals, IMD conservatorships, and voluntary services.

Page 4 clearly shows the MHSA funding requests as well the actual MHSA expenditures and Prudent Reserves amounts from Fiscal Year 2005-present.

All Laura’s Law cost, and budget saving “cost-avoidance” assumptions are based on Contra Costa County provided financial information, and related budget information from San Mateo and Orange Counties. It is well to remember that the numbers on these pages represent real consumer loved ones of thousands of suffering families in Contra Costa County. A full 45 person Laura’s Law program would help these most severely mentally ill (SMI) consumers have a real chance at truly meaningful recovery.

Full Laura's Law Excel Spreadsheet Page 2

**4C Inpatient Savings from Laura's Law**

The focus here is extracting cost savings from a maximum projected 47 days of hospitalization for 45 persons. The calculations for deriving the projected savings and various daily costs came from the attached EF1 ID to Mental Health Report (Attachment ), and the attached page 3 (Attachment 2) of the Cost Effectiveness of AOT in the California Civil Sector paper presented at the 8/14/2013 county AOT workgroup meeting. The calculations in this section are totally based on provided 2012-2013 CCC BHSD budget data. **FYI, on Attachment 1, 84 Patient days at a cost of \$125,654 represents the per year cost for 2 consumer who each had 84 or more days of Crisis Stabilization care in 4C in 2012 and 2013.**

**Likely Laura's Law (LL) annual and per day client costs and savings**

The calculations for this section were derived from information given by the then leader of the AOT workgroup at the 8/28/2013 meeting. The ratio of 3 voluntary participants for every 1 judicially ordered participant comes from the experiences of Nevada County (the only full LL county in the state) and Los Angeles County, which currently has had a 20 person pilot for the past 6 years. For everyone's information, Los Angeles County has held numerous stakeholder meetings for the past year. As a result of outcome of these meetings and the "push" from Supervisor Michael D. Antonovich, Los Angeles County will very likely implement a full 360 person Laura's Law program for the 2014-2015 fiscal year which is already imbedded in its 2014-2017 MHSA 3 year plan.

**Laura's Law (LL) Out-of-County Conservatorship Cost Savings: 2012-2013 county IMD Utilization Report**

The calculations for this section come from the attached 2012-2013 IMD Utilization Report (Attachment 3) and are totally base on CCC BHSD provided 2012-2013 budget data. A successful full 45 person Laura's Law program would greatly reduce the need for out-of-county conservatorship placements and result in far superior "in community near family" treatment outcomes at far less cost.

This fact was "hammered home" in an AOT workgroup consumer outreach trip to Crestwood-Angwin, a secure (grounds only locked) facility, Thursday, February 6. Susan Medlin, Office of Consumer Empowerment (OCE) Coordinator, Lisa Bruce, new OCE staff member, and I spent an hour with 8 Contra Costa County conservatees to obtain much desired information on how to improve consumer services. Only 4 of the conservatees fully participated in the session. 1 conservatee wanted to immediately "escape" from his conservatorship. The other conservatees were so groggily medicated that they could barely talk. They all basically wanted to "get back home" to family in Contra Costa County. I contrast this with generally better results I witnessed at similar visits to Nierika House (crisis residential right out of 4C) and Nevin House (dual diagnosis: SMI and alcohol and other drugs) a few weeks before.

See section 4B for our AOT Consumer Outreach Report, pages 22-28.

### **Laura's Law (LL) Detention Cost Savings: From CCC 2012-2013 Health Services Dept. Detention Facilities Report**

Based on a February 7, 2014 sheriff's phone conversation, we know that mentally ill inmates are housed and cared for in a certain section of the Martinez detention facility. The annual detention costs come straight from the attached (Attachment 4) Contra Costa County Health Services Department Detention Facilities report. Since the county could not provide per inmate cost or length of incarceration data, we had to rely on 2012 San Mateo County provided per inmate cost of \$46,000 (Attachment 5) in order to approximate various likely per inmate SMI cost of care amounts. The Number of Inmates Likely Requiring 4C [6] and the Likely Number of Inmates eligible for Laura's Law "Diversion" from jail come directly from the 2005 thru 2012 Involuntary Detention reports located on the California Health Care Services Dept.—Mental Health Division website: [www.dhcs.ca.gov/services/MH/Pages/InvoluntaryDetention-MH.aspx](http://www.dhcs.ca.gov/services/MH/Pages/InvoluntaryDetention-MH.aspx). These reports show that, in 2010-2011 (the last year of fully reported Contra Costa County Involuntary Detention data), 4,527 inmates received some level of mental health care in the detention facility. Based on that data, national detention statistics indicate that 20% of such inmates are mentally ill, with other 20% SMI. That is how we calculated the likely number of mentally ill inmates [905], the number of SMI inmates [181], and the likely cost of SMI inmate care per day [\$312]. This information helped us calculate the likely annual LL savings.

Full Laura's Law Excel Spreadsheet--Page 3

### **Laura's Law (LL) Out-of County "Cost Avoidance" State Hospital Savings**

From the Executive Summary of the May, 2013 MHCC Augmented Board & Care Monitoring Report (Attachment 6), we know that the county spent \$35 Million of out-of-county LPS Conservatorship and IMD facilities placement from fiscal years 2008-2011, an avg. of \$11.667 Million for each of those 3 years. We also know the BHSD spent \$3,972,236 on Out-of-County IMD placements in 2012-2013. That means there was likely \$7,694,431 spent in 2012-2013 for Out-of-County State Hospital placements. We had to again rely on San Mateo county provide person cost data [\$185,000 annual cost/person] to calculate the likely number of CCC residents currently placed in State Hospitals [42] (Attachment 5).

A full Laura's law program will not immediately "dent" the \$7,694,431 likely annually spent in State Hospital placements. However, a successful full Laura's Law program can, through diverting consumers from LPS Conservatorships, greatly reduce, and likely also greatly reduce this extremely high annual cost with far superior, long-term outcomes, at tremendously reduced cost. The long-term result could well be over \$10 million dollars annually that could be used to either enhance existing or establish new voluntary services programs.

### **Unspent CCC MSHA Funds as of 06/30/2013**

We got this amount, \$54,785,784 directly from the Breakdown of Current Actual Unspent Funds at 06/30/13 Report (Attachment 7). From this report, we then calculated the 2007-2013 average Prudent Reserve amount. Adding in the reported 2005-2007 fiscal year Prudent Reserve amounts, gives the likely cumulative Maximum Prudent Reserve amount of \$46,563,650, **which should leave \$8,222,134 currently available to help fund a full 45 person Laura's program.** This, without negatively impacting any current budgeted MSHA budgeted voluntary program. This proves that a good portion of **annual full program Laura's Law funding should be included in the 2014-2017 initial MSHA budget.**

Full Laura's Law Excel spreadsheet--Page 3

### **Cost levels of BHSD per patient / client cost of insured care**

This chart on the lower part of the page clearly shows the Continuum Cost of Care "gap" a full 45 person Laura's Law program would close here in Contra Costa County. It also clearly shows the very high, non-reimbursed cost of Out-of County IMD Conservatorship and State Hospital placements and indicates how a full Laura's Law program would result in tremendous, ongoing, per patient/client cost of care savings with much better treatment outcomes.

Full Laura's Law Excel Spreadsheet—Page 4

### **CCC MSHA Funding Requests vs. Actual MSHA Spending**

The information on this sheet comes directly from the following sources:

- [cchealth.org/services/mental\\_health/prop63](http://cchealth.org/services/mental_health/prop63) website,
- CCC Finance Dept. Provided MSHA Expenditures Data (10 page document),
- Breakdown of Current Actual Unspent Funds at 06/13/2013 Report (Attachment 7)

The county BHSD spent \$122,703,470 in MSHA funds from 2007-2013. The Prudent Reserve amounts and the Amounts Not Spent illustrate how a portion of Laura's Law annual use of these funds would be a most cost-efficient way to:

1. Save significant BHSD budget [\$10 Million +] and flow those savings back into enhanced voluntary service programs.
2. As a result, NOT financially "take away from," or, "hurt in the slightest," current or carefully vetted new voluntary service programs.
3. Help insure far better treatment outcomes at significant ongoing cost savings.

At the Consolidated Planning Action Workgroup (CPAW) meeting of January 6, 2014, county MSHA Program Manager, Warren Hayes, unveiled the 2014-2017 draft MSHA budget of \$120+ dollars. This preliminary budget assumes a conservative 10% annual increase in MSHA funding with a nearly 18% annual reserve for each of the 3 years. However, through various MSHA conference calls, we are well aware that there is very likely an across the board 20% increase in 2014-2015 funding for all 5 MSHA program components. This means that no voluntary program should be negatively impacted in any way by including portions of a full Laura's Law program in the July 1 version of the 2014-2017 MSHA budget.

We, along with Jill Ray, Supervisor Andersen's office, Lia Bristol, Supervisor Mitchoff's office, and Lauren Rettagliata, District 2 Family Mental Commissioner, met with Mr. Hayes on Monday, March 3, 2014. We were informed that, while the county underspent MSHA dollars from 2005-2008, it is currently fully committed for the 2014-2017 Three year budget cycle and beyond except for the Innovations portion. MSHA regulations require Innovations to be 5% or \$2,025,000 of the \$40.5M annual MSHA budget. Currently, the Innovations budget stands at \$972,000, well under the 5% MSHA limit. This is one area where MSHA dollars could be readily used for LL funding purposes. However, there is a major caveat: Innovations funding is for a time limited maximum of 4 years. At the end of that time, if successful, the Innovations program must find an ongoing funding source in either CSS or PEI, or else be terminated. LL has been proven to be a major ongoing major treatment and dollars saving success in Nevada County and Los Angeles County (pilot.) That is a major reason Los Angeles County is expanding LL to a full 360 person program. A full LL should definitely be a major success in this county. However, this funding approach currently would pose an ongoing funding concern.

## Full Laura's Law Excel spreadsheet 5

### **4C 2012-2013 Inpatient Statistics**

The spreadsheet analysis comes directly from the EF1 ID to Mental Health--June 2013 Report (Attachment 1). The highlighted item represents the per consumer cost of 2 consumer who each were hospitalized in 4C for 84 days in 2012 and 2012-2013. Medicare and Medi-Cal days combined were greater than 75% of the 4C inpatient days in 2012-2013. When these patients are discharged, the county BHSD "leverages" these dollars for their treatment in outpatient Crisis Residential (CR) as well as unlocked Residential Treatment Facilities (RTF) situations. Use of Laura's Law would permit the county to use clients' SSI funds in RTFs to better "leverage" MHSA and BHSD county fund dollars.

### **2010-2013 Total Psychiatric Emergency Services (PES) visits per month**

Psychiatric Emergency Services (PES) visits have increased by over 1/3 in the past 4 years. This information comes directly from the Total PES Visits per Month Report (Attachment 8) provided by John Gragnani, PES nurse. This reflects the result of closing an 88 bed psychiatric hospital in 2009 in Walnut Creek, resulting in far fewer psychiatric beds available in this county. Per our financial analysis (Part 4), it also reflects the definite need for a full Laura's Law program.

### **Comparable Analysis: Fiscal year 2000-2001 vs. 2012-2013 Out-of-county SMI Placement Costs**

The information for this analysis comes from the:

- Contra Costa County Grand Jury 2001-2002 Report #0203 (Attachment 9)
- 2012-1013 IMD Utilization Report (Attachment 3)
- May, 2013 MHCC Augmented Board & Care Monitoring Report Executive Summary (Attachment 6)
- [www.dhcs.ca.gov/services/MH/Pages/InvoluntaryDetention-MH.aspx](http://www.dhcs.ca.gov/services/MH/Pages/InvoluntaryDetention-MH.aspx) website

This analysis shows that the use and cost of LPS Temporary (30-180 days) and renewable 1 year Conservatorships has more than doubled in the past 13 years. This analysis conclusively proves that a full 45 person Laura's Law program would be a tremendous cost saving LPS Conservatorship "diversion" program resulting in:

- Near immediate annual savings of at least \$2,329,763, and
- Long-term annual savings of at least \$8,100,586

In addition to tremendous cost savings to apply to voluntary service programs, the treatment outcomes would be far, far superior. This fact was "hammered home" from my brief 1 ½ hour consumer outreach experience with Susan Medlin and Lisa Bruce of the Office of Consumer Empowerment at Crestwood-Angwin on Thursday February 6, 2014. For more information, read our Crestwood-Angwin report on pages 22, and 27-28.

## **Final Financial Analysis Comments**

We only received the additional first 2 draft recommendations this past Wednesday, February 26. Therefore, we did not have sufficient time to develop a spreadsheet analysis for these recommendations like we did for the Laura's Law program. However, we strongly recommend financial support for the first two recommendations at a level for each that equals or exceeds our recommended full Laura's Law program support.

County leadership has a choice:

Do nothing--this ensures absolutely no "guard rail" help for our "revolving door" SMI consumer loved ones. If so, this will be the continuing result:

- Continue the endless spiraling "revolving door" or worse.
- Increased risk of violence/harm to self or others.
- "Break the law" and be incarcerated. Jails are the "modern insane asylum" for the mentally—20-25% mentally ill. In the Martinez jail, 4,527 inmates received some type of mental health care in 2010-2011. Likely 905 of them are SMI, 181 Seriously and Persistently Mentally ill (SPMI). 6 inmates have been repeatedly admitted to 4C (Psych Ward at CC Regional Medical Center, Martinez, each year for the past 8 years.
- Endless financial bleeding of scarce mental health dollars. For example, 3 consumers' crisis stabilizations cost the county over \$651,000 in 2012-2013. That \$651K could have easily treated at least 26 Laura's Law consumers with far, far superior treatment outcomes! This is a "real world" example of why we so desperately need Laura's Law in the county ASAP!

Do an inadequate "pilot program 10 foot guard rail something" which, because of many current reporting problems, may well not effectively inform whether or not to enlarge the program.

Promptly enact a full 45 person "full guard rail" program with the following benefits:

Get them the badly needed community based multi-team treatment support they so desperately need because their impaired brain "wiring" will not let them comprehend that they are ill. As parents, siblings and friends, we've watched our consumer loved ones have often helplessly spiral uncontrollably downward with each brain damaging psychotic break and hospitalization. Our SMI loved ones often end up either in the "revolving door" of endless hospitalizations and conservatorships, the criminal justice system, homelessness, or as disabled "wards" of the state. Laura's Law offers such persons the "last treatment chance in the community" to "get their life back."

**Page 1**

Max. No. of FSP-AOT slots: **45** = (1/25,000) x 1,125,000 [est. 2013 CCC pop.]

Annualized Max. FSP-AOT Cost: **\$1,125,000** = \$25,000 (CCC BHSD est.) x 45 FSP-AOT slots

BHSD Staff, Service, and Housing Costs: \$1,833,000 (2011 Orange County LL Proj. Staff, Svcs., & Housing Costs) x .33

Likely County Counsel Costs: \$676,000 (2011 Orange County LL Proj. County Counsel Costs) x .33

Likely Public Defender Costs: \$676,000 (2011 Orange County LL Proj. County Counsel Costs) x .33

**Page 2**

**4C Inpatient Net Cost Savings from Laura's Law (LL)**

4C 2012-2013 Avg. Inpatient Cost per day: **\$1,496 / day** = \$10,137,626 Inpatient Costs / 6,777 inpatient days

4C Min. Unreimbursed Cost / day: **\$283 / day** = \$1,496 (4C avg. inpatient cost/day) - \$1,213 (Bay Area Medi-Cal Reimbursement/day)

4C Maximum Unreimbursed Cost / day: **\$804/day** = \$1,496 (4C avg. inpatient cost/day) - \$409 (Bay Area Administrative Day Reimbursement rate/day)

**LL annual net savings from less 4C stays:** **\$2,329,763** = 45 (LL patients/clients) x 47 (max. hospital days) x \$1,496 (4C Avg. inpatient cost / day) - \$19 (Max. BHSD AOT cost / day) x.75

**Likely Laura's Law (LL) annual and per day client costs and savings**

**MHSA covered** Annual FSP-AOT / client cost: **\$25,000** (Info. provided by BHSD leadership)

**Max. MHSA covered** annual FSP-AOT/client cost: **\$38,442** = \$1,729,890 (Total MHSA Funded LL Costs / 45 (Max. LL FSP-AOT slots)

Maximum Annual FSP-AOT per client cost: **\$48,357** = \$2,176,050 (Tot. LL costs) / 45 (Max. # of LL clients)

Likely Min. No. of voluntary FSP-AOT slots: **34** = 45 FSP-AOT slots x 75%

Likely Max. No. of judicial order FSP-AOT slots: **11** = 45 (Max. Laura's Law FSP-AOT slots) x 25%

**Minimum MHSA covered** FSP-AOT cost/day: **\$68** = \$25,000 (**MHSA covered** Annual FSP-AOT/client cost) / 365 days

**Maximum MHSA covered** FSP-AOT cost/day: **\$105** = \$38,442 (**Max. MHSA covered** annual FSP-AOT/client cost) / 365

Max. FSP-AOT cost / day: **\$132** = \$48,357 (Maximum Annual FSP-AOT per client cost) / 365 days

Max.CCC BHSD AOT cost / day: **\$27**=\$132 (Max. FSP-AOT cost / day) - \$105 (**Max. MHSA covered** FSP-AOT cost/day)

**Laura's Law (LL) Out-of-County Institute of Mental Diseases (IMD) Cost Savings**

Avg. 2012-2013 IMD cost/day: **\$278** = \$3,972,236 (Total IMD Annual Costs) / 14,291 (Total IMD Patient Days)

**LL net Savings from < IMD patient days:** **\$2,362,068** = 322 (Avg. IMD patient days length of stay) x 39 (Likely IMD patients) x \$278 (Avg. IMD patient cost per day) - \$27 (Max. BHSD AOT cost / day) x.75

**Laura's Law (LL) Detention Cost Savings**

Likely per SMI inmate detention cost / day: **\$417** = \$20,648,073 (Tot. Detention Costs) / 136 (Likely # of SMI inmates) / 365 days

**Likely 2012-2013 SMI Detention Costs:** **\$6,896,456** = \$20,648,073 (Tot. Detention Costs) x 33.34%

**LL net savings from less detention costs:** **\$231,045** = 6 (Likely Laura's Law patients / clients) x 180 (Normal Laura's Law Days length) x \$312 (Likely per SMI inmate detention cost / day) - \$27 (Max. BHSD AOT cost / day) x.75

**Page 1**

Max. No. of FSP-AOT slots: 10: Determined by county Behavioral Health Services Division (BHSD)

Annualized Max. FSP-AOT Cost: **\$250,000** = \$25,000 (CCC BHSD est.) x 10 FSP-AOT slots

BHSD Staff, Service, and Housing Costs= \$200,000: Overhead cost of 2 new staff + Est. client Housing costs

Likely County Counsel Costs: \$100,000—Overhead cost of 1 additional employee

Likely Public Defender Costs: \$100,000—Overhead cost of 1 additional employee

**Page 2**

**4C Inpatient Net Cost Savings from Laura's Law (LL)**

4C 2012-2013 Avg. Inpatient Cost per day: **\$1,496 / day** = \$10,137,626 Inpatient Costs / 6,777 inpatient days

4C Min. Unreimbursed Cost / day: **\$283 / day** = \$1,496 (4C avg. inpatient cost/day) - \$1,213 (Bay Area Medi-Cal Reimbursement/day)

4C Maximum Unreimbursed Cost / day: **\$804/day** = \$1,496 (4C avg. inpatient cost/day) - \$409 (Bay Area Administrative Day Reimbursement rate/day)

LL annual net savings from less 4C stays: **\$507,985** = 10 (LL patients/clients) x 47 (max. hospital days) x \$1,496 (4C Avg. inpatient cost / day) - \$19 (Max. BHSD AOT cost / day) x.75

**Likely Laura's Law (LL) annual and per day client costs and savings**

MHSA covered Annual FSP-AOT / client cost: **\$25,000** (Info. provided by BHSD leadership)

Max. MHSA covered annual FSP-AOT/client cost: **\$38,442** = \$500,000 (Total MHSA Funded LL Costs / 10 (Max. LL FSP-AOT slots)

Maximum Annual FSP-AOT per client cost: **\$48,357** = \$2,176,050 (Tot. LL costs) / 10 (Max. # of LL clients)

Likely Min. No. of voluntary FSP-AOT slots: 7 = 10 FSP-AOT slots x 70%

Likely Max. No. of judicial order FSP-AOT slots: 3 = 10 (Max. Laura's Law FSP-AOT slots) x 30%

Minimum MHSA covered FSP-AOT cost/day: **\$68** = \$25,000 (MHSA covered Annual FSP-AOT/client cost) / 365 days

Maximum MHSA covered FSP-AOT cost/day: **\$137** = \$50,000 (Max. MHSA covered annual FSP-AOT/client cost) / 365

Max. FSP-AOT cost / day: **\$192** = \$70,000 (Maximum Annual FSP-AOT per client cost) / 365 days

Max.CCC BHSD AOT cost/day: **\$55**=\$192 (Max. FSP-AOT cost / day) - \$137 (Max. MHSA covered FSP-AOT cost/day)

**Laura's Law (LL) Out-of-County Institute of Mental Diseases (IMD) Cost Savings**

Avg. 2012-2013 IMD cost/day: **\$278** = \$3,972,236 (Total IMD Annual Costs) / 14,291 (Total IMD Patient Days)

LL net Savings from < IMD patient days: **\$431,143** = 322 (Avg. IMD patient days length of stay) x 8 (Likely IMD "diversion" clients) x \$278 (Avg. IMD patient cost per day) - \$55 (Max. BHSD AOT cost / day) x.75

**Laura's Law (LL) Detention Cost Savings**

Likely per SMI inmate detention cost / day: **\$312** = \$20,648,073 (Tot. Detention Costs) / 181 (Likely # of SMI inmates) / 365 days

Likely 2012-2013 SMI Detention Costs: **\$6,896,456** = \$20,648,073 (Tot. Detention Costs) x 33.34%

LL net savings from less detention costs: **\$231,045** = 6 (Likely Laura's Law patients / clients) x 180 (Normal Laura's Law Days length) x \$312 (Likely per SMI inmate detention cost / day) - \$55 (Max. BHSD AOT cost / day) x.75

**Excel Financial Analysis Spreadsheets Attachments**

**Full Laura's Law Program—Pages 1-5**

**Pilot Laura's Law Program—Pages 1-5**



**Contra Costa County FULL Laura's Law Program Financial Analysis**

Contra Costa County MHSA Actual Expenditures--FY 2007-2013

\$ 122,703,470

**CCC BHSD Financial Costs of 3 Contra Costa County Real Life Crisis Stabilizations--2007-2013**

**Recent Costs**

|   |                                      |  |   |                   |
|---|--------------------------------------|--|---|-------------------|
| West County Consumer-<br>seriously mentally ill (SMI) fo<br>many years      | 2009<br>2010<br>2011<br>2012<br>2013 | \$ 61,227<br>\$ 231,700<br>\$ 172,989<br>\$ 244,904<br><u>\$ 185,000</u> | Assuming CCC BHSD bore the costs          | \$ 185,000        |
| CCC BHSD Crisis Stabilization Costs   |                                      | <b>\$ 895,820</b>  |   | ↓<br>+            |
| Central County Consumer--<br>seriously mentally ill (SMI)<br>for many years | 2011<br>2012<br>2013                 | \$ 7,518<br>\$ 55,803<br><u>\$ 295,695</u>                               |   | ↓<br>\$ 295,695   |
| CCC BHSD Crisis Stabilization Costs   |                                      | <b>\$ 359,016</b>  |   | ↓<br>+            |
| East County Consumer--<br>seriously mentally ill (SMI)<br>for many years    | 2007<br>2010<br>2012-2013            | \$ 24,744<br>\$ 46,922<br><u>\$ 170,400</u>                              |   | ↓<br>\$ 170,400   |
| CCC BHSD Crisis Stabilization Costs   |                                      | <b>\$ 242,066</b>  |   |                   |
| 3 consumers Crisis Stabilization Costs                                      |                                      | <b>\$ 1,496,902</b>  | 3 consumers recent Crisis Stabiliz. Costs | <b>\$ 651,095</b> |

**Estimated 2014 Contra Cost Population** 1,125,000

**Max. No. of FSP-AOT Slots: 1/25,000 pop.** 45

Proj avail. 2014-2015 county Adult FSP-AOT slots (ages 25-59)--12/2013 68 Dependent on BOS approval of East County FSP program

Proj. available 2014-2015 county Trans. Age Youth (TAY) slots (ages 16-25) 60 Dependent on BOS approval of East County TAY program

**FSP per**

|                    |           |  |                     |  |
|--------------------|-----------|--|---------------------|--|
| <b>Client Cost</b> | \$ 25,000 | <b>Annualized Maximum FSP-AOT Cost</b>       | <b>\$ 1,125,000</b> | MHSA funding                           |
|                    |           | BHSD Staff, Service, and Housing Costs +     | \$ 604,890          | MHSA funding or Hospital & IMD Savings |
|                    |           | <b>Total--Laura's Law service costs =</b>    | <b>\$ 1,729,890</b> | MHSA funding or Hospital & IMD Savings |
|                    |           | Likely Maximum Public Defender Costs +       | \$ 223,080          | Cnty. Budget                           |
|                    |           | Likely Maximum County Counsel Costs +        | \$ 223,080          | Cnty. Budget                           |
|                    |           | <b>Likely Max. Laura's Law Court Costs =</b> | <b>\$ 446,160</b>   | Cnty. Budget                           |
|                    |           | <b>Likely Maximum Laura's Law Costs =</b>    | <b>\$ 2,176,050</b> | annually                               |

**Note: Unspent CCC MHSA Funds as of 06/30/2013: (Will be spent down in future years) \$ 54,785,784**

Sources: 2007-2013 MHSA Actual Expenditures, the 3 consumer Excel based spreadsheets, CCC BHSD provided slots and per client cost information, Orange County HCA 10/13/2011 Laura's Law Report, and Orange County Register, 09/05/2013

**4C Inpatient Cost Savings from Laura's Law (LL): EF1 ID to MENTAL HEALTH, June 2013 Report**

|  |          |   |                      |
|--|----------|---|----------------------|
| 4C 2012-2013 Inpatient Days:               | 6,777    | <b>4C 2012-2013 Inpatient Costs</b>                         | <b>\$ 10,137,626</b> |
| 4C 2012-2013 Avg. Inpatient Cost per day   | \$ 1,496 | 4C Minimum Unreimbursed Cost / day                          | \$ 282               |
| Bay Area Medi-Cal Reimbursement / day      | \$ 1,214 | 4C Maximum Unreimbursed Cost / day<br>(If Medi-Cal Insured) | \$ 805               |
| Bay Area Admin. / day Reimbursement        | \$ 409   | Days' length 5150+5250 Holds+5270                           | 47                   |
| Max. No. of Laura's Law patients / clients | 45       | <b><u>LL annual net savings from less 4C stays</u></b>      | <b>\$ 2,329,763</b>  |

**Likely Laura's Law annual and per day client costs and savings**

|   |           |   |            |
|---|-----------|---|------------|
| <b>MHSA cov.</b> Annual FSP-AOT/client cost   | \$ 25,000 | <b>Min. MHSA covered</b> FSP-AOT cost/day   | \$ 68      |
| <b>Max. MHSA cov.</b> annual FSP-AOT/client cost                                      | \$ 38,442 | <b>Max. MHSA covered</b> FSP-AOT cost/day   | \$ 105     |
| Max. Annual FSP-AOT per client cost   | \$ 48,357 | Max. FSP-AOT cost / day   | \$ 132     |
| Likely Max. # judicial order FSP-AOT slots<br>(Based on NV & LA counties' experience) | 11        | Max.CCC BSHD AOT cost /day  | \$ 27      |
| Likely Min. #. of voluntary FSP-AOT slots<br>(Based on NV & LA counties' experience)  | 34        | <b>Overall Laura's Law % decreased hosp.,<br/>jail &amp; IMD Conservatorship costs:</b> | <b>75%</b> |

**Laura's Law (LL) Out-of-County Conservatorship Cost Savings: 2012-2013 county IMD Utilization Report**

|                                      |        |  |                     |
|--------------------------------------|--------|--|---------------------|
| Total IMD 2012-2013 Patient Days     | 14,291 | <b>Total IMD 2012-2013 Costs</b>   | <b>\$ 3,972,236</b> |
| Avg. IMD patient days length of stay | 322    | Avg. 2012-2013 IMD cost / day  | \$ 278              |
| 2012-2013 No. of IMD patients:       | 44     | Likely # of IMD / LL "diversion" clients                                   | 39                  |
|                                      |        | <b><u>LL annual net Savings w/&lt; IMD patients &amp; patient days</u></b> | <b>\$ 2,362,068</b> |

**Laura's Law (LL) Detention Cost Savings: From CCC 2012-2013 Health Services Dept. Detention Facilities Report**

|  |       |  |                      |
|--|-------|--|----------------------|
| Likely # of inmates requiring MH Care: | 4,527 | <b>Total 2012-2013 Detention Costs</b>                       | <b>\$ 20,648,073</b> |
| Likely # of Mentally ill inmates:      | 905   | Likely per SMI inmate detention cost / day                   | \$ 312               |
| Likely # of SMI inmates:               | 181   | <b>Likely 2012-2013 SMI Detention Costs</b>                  | <b>\$ 6,194,422</b>  |
| Likely # of SMI inmates requiring 4C:  | 6     | Likely LL "diversion" inmates/clients                        | 6                    |
| Normal Laura's Law Days length:        | 180   | <b><u>LL annual net savings w/&lt; detention costs</u></b>   | <b>\$ 231,045</b>    |
|  |       | <b>Likely LL Total county BSHD "Cost Avoidance" savings:</b> | <b>\$ 4,922,875</b>  |

**Note: Unspent CCC MHSA Funds as of 06/30/2013: (To be spent down in future years) \$ 54,785,784**

**Sources:** CCC BSHD provided FSP per client cost information, EF1 ID to Mental Health--June 2013 Report (Attachment 1), Health Services Dept. IMD Utilization 2012-2013 Report (Attachment 3), CCC 2012-2013 Health Services Dept. Detention Facilities Report (Attachment 4), 2005-2012 CA DHCS Involuntary Detention Reports( CA DHCS website), and 2/7/2014 phone conversation with Deputy Sheriff Henry Tao.

**Laura's Law (LL) Out-of County "Cost Avoidance" State Hospital Savings**

|  |             |                  |
|--|-------------|------------------|
| Fiscal Years 2008-2011 Cost of Out-of County IMD and State Hospital Placements:          | \$          | 35,000,000       |
| 2008-2011 Avg. Annual Cost of Out-of-County IMD and State Hospital Placements:           | \$          | 11,666,667       |
| 2012-2013 Cost of Out-of-County IMD Placements:  | - \$        | 3,972,236        |
| <b>2012-2013 Likely Out-of-County State Hospital Placement Costs:</b>                    | <b>= \$</b> | <b>7,694,431</b> |
| <b>Future Likely Annual Reduced Out-of-County State Hosp. Placement Costs (&lt;75%):</b> | <b>\$</b>   | <b>5,770,823</b> |
| Likely Avg. Annual Cost of State Hospital Conservatorship Placement:                     | / \$        | 185,000          |
| <b>Likely No. of Out-of-County State Hospital Conservatee Placements:</b>                | <b>=</b>    | <b>42</b>        |

**Laura's Law: CCC BHSD Likely future annual budget savings to apply to voluntary programs \$ 10,693,698**

**Unspent CCC MHPA Funds as of 06/30/2013: (Will be spent down in subsequent years) \$ 54,785,784**

|   |      |            |
|---|------|------------|
| 2007-2013 Total Average Prudent Reserve             | = \$ | 42,751,500 |
| 2005-2007 Total Prudent Reserve                     | + \$ | 3,812,150  |
| Likely Maximum Avg. 2005-2013 Total Prudent Reserve | - \$ | 46,563,650 |

**Likely currently available CCC MHPA Funds to start Laura's Law: \$ 8,222,134**

**Cost levels of BHSD per patient / client cost of insured care**

|  | Daily    | Annually   | Annual % Reimburse | Financial Notes: How Reimbursed--<br>Reimbursement basis or BHSD Budget |
|--|----------|------------|--------------------|---|
| 4C                                       | \$ 1,496 | \$ 545,999 |                    |   |
| 4C Medi-Cal Reimbursed Cost              | \$ 1,214 | \$ 443,110 | 81%                | Daily Bay Area Reimbursement Rate                                       |
| 4C Medi-Care Reimbursed Cost             | \$ 1,100 | \$ 401,500 | 74%                | Daily Bay Area Reimbursement Rate                                       |
| 4C Unreimbursed Cost (above Medi-Cal)    | \$ 282   | \$ 102,889 | -19%               |   |
| State Hospital Non-Reimbursed Cost       | \$ 507   | \$ 185,000 | <b>NONE</b>        | BHSD Budget from county General Fund                                    |
| County Jail Likely Non-Reimbursed Cost   | \$ 312   | \$ 114,027 | <b>NONE</b>        | BHSD Budget from county General Fund                                    |
| Out-of-County IMD Placement Cost         | \$ 278   | \$ 101,453 | <b>NONE</b>        | BHSD Budget from county General Fund                                    |
| Crisis Residential (Nierika/Nevin House) | \$ 345   | \$ 125,925 | Unknown            | Medi-Cal / Medicare, but not SSI, reimburse.                            |
| Residential Treatment Facility, Cstwd-PH | \$ 110   | \$ 40,150  | 100%               | Medi-Cal / Medicare & SSI / SSDI, if applic.                            |
| <b>Laura's Law</b>                       |          |            |                    |   |
| Voluntary Full Service Partnership (FSP) | \$ 68    | \$ 25,000  | 100%               | <b>Prop. 63 MHPA 100% covered cost</b>                                  |
| Housing and related service costs        | \$ 37    | \$ 13,442  | 100%               | <b>Prop. 63 MHPA 100% covered cost</b>                                  |
| Judicially ordered service costs         | \$ 27    | \$ 9,915   | <b>NONE</b>        | BHSD Budget from county General Fund                                    |

**NOTE:** This above chart clearly shows the Continuum Cost of Care "gap" that a full 45 person Laura's Law program would close here in Contra Costa County. It also clearly shows the very high, Non-reimbursed cost of Out-of-County IMD Conservatorship and State Hospital placements and how a full Laura's Law program would result in tremendous, ongoing, per patient/client cost of care savings.

**Sources:** May, 2013 MHCC Augmented B&C Monitoring Report Executive Summary (Attachment 6), Health Svcs. Dept. 2012-2013 IMD Utilization Report (Attachment 3), Breakdown of Current Actual Unspent Funds at 06/30/13 Report (Attachment 7), and the preceding page spreadsheet sources. Page 92

CCC MHA Funding Requests vs. Actual MHA Spending

|                      | CSS            | PEI            | WET          | CFTN<br>Cap/Tech | INN            | Fund. Request<br>Totals | Actual MHA<br>Spending | Difference    |
|----------------------|----------------|----------------|--------------|------------------|----------------|-------------------------|------------------------|---------------|
| <b>2005-2006</b>     | \$ 7,121,500   |                |              |                  |                | \$ 7,121,500            | Not Requested          |               |
| Prud. Reserve        | \$ 581,128     |                |              |                  |                |                         |                        |               |
| <b>2006-2007</b>     | \$ 7,182,809   |                | \$ 2,276,500 |                  |                | \$ 9,459,309            | Not Requested          |               |
| Prud. Reserve        | \$ 3,231,022   |                | \$ 56,524    |                  |                |                         |                        |               |
| \$ Increase          | \$ 61,309      |                |              |                  |                | \$ 2,337,809            |                        |               |
| % Increase           | 1%             |                |              |                  |                | 33%                     |                        |               |
| <b>2007-2008</b>     | \$ 11,858,000  | \$ 2,336,300   | \$ 2,461,302 | \$ 200,000       |                | \$ 18,431,102           | \$ 9,969,221           | \$ 8,461,881  |
| one-time             | \$ 1,575,500   |                |              |                  |                |                         |                        |               |
|                      | \$ 13,433,500  |                |              |                  |                |                         |                        |               |
| Prud. Reserve        | \$ 2,216,500   |                | \$ 2,461,500 |                  |                |                         |                        |               |
| \$ increase          | \$ 6,250,691   |                | \$ 184,802   |                  |                | \$ 8,971,793            |                        |               |
| % Increase           | 87%            |                | 8%           |                  |                | 95%                     |                        |               |
| <b>2008-2009</b>     | \$ 14,657,600  | \$ 3,216,700   |              |                  |                | \$ 17,874,300           | \$ 17,485,320          | \$ 388,980    |
| Prud. Reserve        |                |                |              |                  |                |                         |                        |               |
| \$ Increase          | \$ 1,224,100   | \$ 880,400     |              |                  |                | \$ (556,802)            |                        |               |
| % Increase           | 9%             | 38%            |              |                  |                | -3%                     |                        |               |
| <b>2009-2010</b>     | \$ 16,250,700  | \$ 3,866,785   |              |                  |                | \$ 24,214,085           | \$ 22,240,110          | \$ 1,973,975  |
| Prud. Reserve        | \$ 4,096,600   |                |              |                  | \$ 756,127     |                         |                        |               |
|                      | \$ 20,347,300  |                |              |                  |                |                         |                        |               |
| \$ Increase          | \$ 5,689,700   | \$ 650,085     |              |                  |                | \$ 6,339,785            |                        |               |
| % Increase           | 39%            | 20%            |              |                  |                | 35%                     |                        |               |
| <b>2010-2011</b>     | \$ 17,715,700  | \$ 7,646,458   | \$ 198       | \$ 10,022,200    | \$ 5,143,900   | \$ 40,528,456           | \$ 23,104,032          | \$ 17,424,424 |
| Prud. Reserve        |                | \$ 2,900,277   |              |                  | \$ 2,719,300   |                         |                        |               |
| \$ Increase          | \$ (2,631,600) | \$ 3,779,673   |              |                  |                | \$ 16,314,371           |                        |               |
| % Increase           | -13%           | 98%            |              |                  |                | 67%                     |                        |               |
| <b>2011-2012</b>     | \$ 16,752,600  | \$ 6,513,402   |              |                  | \$ 1,604,627   | \$ 24,870,629           | \$ 24,392,944          | \$ 477,685    |
| Prud. Reserve        |                | \$ 4,296,900   |              |                  | \$ 1,106,800   |                         |                        |               |
| \$ Increase          | \$ (963,100)   | \$ (1,133,056) |              |                  | \$ (3,539,273) | \$ (15,657,827)         |                        |               |
| % Increase           | -5%            | -15%           |              |                  | -69%           | -39%                    |                        |               |
| <b>2012-2013</b>     | \$ 22,403,305  | \$ 9,085,112   | \$ 560,000   | \$ 7,200,000     | \$ 4,045,340   | \$ 43,293,757           | \$ 25,511,843          | \$ 17,781,914 |
| Prud. Reserve        | \$ 10,125,250  |                |              | \$ 7,949,719     |                |                         |                        |               |
| Distribution         | \$ (3,000,000) |                |              |                  |                |                         |                        |               |
| Net Reserve          | \$ 7,125,250   |                |              |                  |                |                         |                        |               |
| \$ Increase          | \$ 5,650,705   | \$ 2,571,710   |              |                  | \$ 2,440,713   | \$ 18,423,128           |                        |               |
| % Increase           | 34%            | 39%            |              |                  | 152%           | 74%                     |                        |               |
| <b>2013-2014</b>     | \$ 36,208,506  | \$ 8,918,566   | \$ 618,798   | \$ 8,725,275     | \$ 2,329,796   | \$ 56,800,941           | Not Available          |               |
| Prud. Reserve        | \$ 7,125,250   |                |              |                  |                |                         |                        |               |
| \$ Increase          | \$ 13,805,201  | \$ (166,546)   | \$ 58,798    | \$ 1,525,275     | \$ (1,715,544) | \$ 13,507,184           |                        |               |
| % Increase           | 62%            | -2%            | 10%          | 21%              | -42%           | 31%                     |                        |               |
| <b>2007-2013 MHA</b> |                |                |              |                  |                |                         |                        |               |
| <b>Totals Only</b>   | \$ 119,614,314 | \$ 32,664,757  | \$ 5,298,000 | \$ 17,422,200    | \$ 10,793,867  | \$ 185,793,138          | \$ 122,703,470         | \$ 63,089,668 |
| Prud. Res. Tot       | \$ 14,452,872  | \$ 6,513,400   | \$ 2,518,024 | \$ 7,949,719     | \$ 3,475,427   | \$ 34,909,442           |                        |               |

**Sources:** cchealth.org/services/mental\_health/prop63 website, CCC Finance Dept. Provided MHA Expenditures Data , and Breakdown of Current Actual Unspent Funds at 06/13/2013

**CSS--Community Services and Supports**  
**PEI--Prevention and Early Intervention**

**WET--Workforce, Education and Training**  
**CFTN--Capital Facilities and Technological Needs**

**INN--Innovation**  
 Page 93

**4C 2012-2013 Inpatient Statistics**

|              | <u>Inpatient Days</u> | <u>%</u>    | <u>Cost / Day</u>  | <u>Annual Cost</u>   | <u>%</u>    | <u>Annual Reimb. Cost</u> | <u>% Cost Reimbursed</u> |
|--------------|-----------------------|-------------|--------------------|----------------------|-------------|---------------------------|--------------------------|
| Medicare     | 1,876                 | 27.7%       | \$ 1,495.89        | \$ 2,806,284         | 27.7%       | \$ 2,063,600              | 73.53%                   |
| Medi-Cal     | 3,220                 | 47.5%       | \$ 1,495.89        | \$ 4,816,756         | 47.5%       | \$ 3,908,275              | 81.14%                   |
| LIHP         | 495                   | 7.3%        | \$ 1,495.89        | \$ 740,464           | 7.3%        | Not Available             | Not Available            |
| BHC          | 79                    | 1.2%        | \$ 1,495.89        | \$ 118,175           | 1.2%        | Not Available             | Not Available            |
| CCHP         | <b>84</b>             | <b>1.2%</b> | <b>\$ 1,495.88</b> | <b>\$ 125,654</b>    | <b>1.2%</b> | Not Available             | Not Available            |
| Pvt. Ins.    | 999                   | 14.7%       | \$ 1,495.89        | \$ 1,494,391         | 14.7%       | Not Available             | Not Available            |
| Others       | 24                    | 0.4%        | \$ 1,495.88        | \$ 35,901            | 0.4%        | Not Available             | Not Available            |
| <b>Total</b> | <b>6,777</b>          | <b>100%</b> | <b>\$ 1,495.89</b> | <b>\$ 10,137,625</b> | <b>100%</b> | <b>Not Available</b>      | <b>Not Available</b>     |

**NOTE: The highlighted item represents the cost of 2 consumer who were each hospitalized in 4C for 84 or more days in 2012 and 2013. Cost: \$251,208. Displaced FSP-AOT treatment for 10 persons.**

**NOTES:** Medicare and Medi-Cal Inpatient Days = 75.2% of total 2012-2013 4C inpatient days.

The county BHSD "leverages" these dollars for SMI clients medical treatment in outpatient Crisis Residential (CR) as well as unlocked Residential Treatment Facilities (RTF) situations.

**Sources:** EF1 ID to Mental Health--June 2013 Report (Attachment 1)

**2010-2013 Total Psychiatric Emergency Services (PES) visits per month**

|      | <u>visits/mo.</u> | <u>No. incr.</u> | <u>% annual incr.</u> | <u>Cum. # incr.</u> | <u>Cum. % incr.</u> |
|------|-------------------|------------------|-----------------------|---------------------|---------------------|
| 2010 | 626.3             |                  |                       |                     |                     |
| 2011 | 688.3             | 62.1             | 9.9%                  |                     |                     |
| 2012 | 756               | 67.7             | 9.8%                  |                     |                     |
| 2013 | 841               | 85.0             | 11.2%                 | 214.8               | 34.3%               |

**SOURCE:** 2010-2013 Total PES Visits per Month Report provided by John Gragnani--PES Nurse

**Comparable Analysis: Fiscal year 2000-2001 vs. 2012-2013 Out-of-county SMI Placement Costs**

|   | <u>Avg. days in IMD facilities</u> | <u># of facilities</u> | <u>IMD Annual Cost / bed</u> | <u>IMD Daily Cost/bed</u> | <u>MHRC Ann. Cost/bed.</u> | <u>MHRC Daily Cost/bed</u> | <u>Total Annual Cost</u> |
|---|------------------------------------|------------------------|------------------------------|---------------------------|----------------------------|----------------------------|--------------------------|
| 2000-2001   | 205                                | 8                      | \$ 70,000                    | \$ 192                    | \$ 60,000                  | \$ 164                     | \$ 5,324,218             |
| 2012-2013 IM  | 322                                | 12                     | \$ 101,470                   | \$ 278                    | Not Available              | Not Available              | \$ 3,972,236             |
| <b>2012-2013 Likely Out-of-County State Hospital Placement Costs:</b> |                                    |                        |                              |                           |                            |                            | <b>\$ 7,694,431</b>      |
| <b>2012-2013 Likely Total Out-of-County SMI Placement Costs:</b>      |                                    |                        |                              |                           |                            |                            | <b>\$ 11,666,667</b>     |
| No. Increases   | 117                                | 4                      | \$ 31,470                    | \$ 86                     | Not Available              | Not Available              | \$ 6,342,449             |
| % increases   | 57%                                | 50%                    | 45%                          | 45%                       | Not Available              | Not Available              | 119%                     |
|   |                                    |                        |                              |                           | # increase                 | % increase                 |                          |
| 2000-2001 Conservatees  |                                    | 95-125                 | 2011-2012 Conservatees       | 182                       | 57-87                      |                            | 92%                      |

**NOTE: Institute for Mental Diseases (IMD) costs are NOT covered by Medi-Cal or Medicare.**

**Sources:** Contra Costa County Grand Jury 2001-2002 Report #0203 (Attachment 9), 2012-1013 IMD Utilization Report (Attachment 3), May, 2013 MHCC Augmented Board & Care Monitoring Report Executive Summary (Attachment 6), and www.dhcs.ca.gov/services/MH/Pages/InvoluntaryDetention-MH.aspx

# Laura's Law Pilot Program Spreadsheet Analysis

Pages 1-5

**Contra Costa County PILOT Laura's Law Program Financial Analysis**

Contra Costa County MHSAs Actual Expenditures--FY 2007-2013

\$ 122,703,470

**CCC BHSD Financial Costs of 3 Contra Costa County Real Life Crisis Stabilizations--2007-2013**

**Recent Costs**

|  |           |                     |   |                   |
|--|-----------|---------------------|---|-------------------|
| West County Consumer--                 | 2009      | \$ 61,227           |   |                   |
| seriously mentally ill (SMI) fo        | 2010      | \$ 231,700          |   |                   |
| many years                             | 2011      | \$ 172,989          |   |                   |
|  | 2012      | \$ 244,904          |   |                   |
|  | 2013      | \$ 185,000          | Assuming CCC BHSD bore the costs          | \$ 185,000        |
| CCC BHSD Crisis Stabilization Costs    |           | <b>\$ 895,820</b>   |   | ↓                 |
|  |           |                     |   | +                 |
| Central County Consumer--              | 2011      | \$ 7,518            |   | ↓                 |
| seriously mentally ill (SMI)           | 2012      | \$ 55,803           |   | ↓                 |
| for many years                         | 2013      | \$ 295,695          |   | \$ 295,695        |
| CCC BHSD Crisis Stabilization Costs    |           | <b>\$ 359,016</b>   |   | ↓                 |
|  |           |                     |   | +                 |
| East County Consumer--                 | 2007      | \$ 24,744           |   | ↓                 |
| seriously mentally ill (SMI)           | 2010      | \$ 46,922           |   | ↓                 |
| for many years                         | 2012-2013 | \$ 170,400          |   | \$ 170,400        |
| CCC BHSD Crisis Stabilization Costs    |           | <b>\$ 242,066</b>   |   |                   |
| 3 consumers Crisis Stabilization Costs |           | <b>\$ 1,496,902</b> | 3 consumers recent Crisis Stabiliz. Costs | <b>\$ 651,095</b> |

**Estimated 2014 Contra Cost Population** 1,125,000

**Pilot No. of FSP-AOT Slots:** 10

Proj. avail. 2014-2015 county Adult FSP-AOT slots (ages 25-59)--12/2013 68 Dependent on BOS approval of East County FSP program

Proj. available 2014-2015 county Trans. Age Youth (TAY) slots (ages 16-25) 60 Dependent on BOS approval of East County TAY program

**Slots available depend on BOS approval**

|                            |           |  |                   |                                       |
|----------------------------|-----------|--|-------------------|---------------------------------------|
| <b>FSP per client cost</b> | \$ 25,000 | <b>Annualized Maximum FSP-AOT Cost</b>         | <b>\$ 250,000</b> | MHSA funding &/or Hosp. / IMD Savings |
|                            |           | BHSD Staff, Service, and Housing Costs +       | \$ 183,300        | MHSA funding &/or Hosp. / IMD Savings |
|                            |           | <b>Total--MHSA funded Laura's Law costs =</b>  | <b>\$ 433,300</b> | MHSA funding &/or Hosp. / IMD Savings |
|                            |           | Likely Maximum Public Defender Costs +         | \$ 67,600         | Cnty. Budget                          |
|                            |           | Likely County Counsel Costs +                  | \$ 67,600         | Cnty. Budget                          |
|                            |           | <b>Likely Max. CCC BHSD Laura's Law Costs=</b> | <b>\$ 135,200</b> | Cnty. Budget                          |
|                            |           | <b>Likely Maximum Laura's Law Costs =</b>      | <b>\$ 568,500</b> | annually                              |

**Note: Unspent CCC MHSA Funds as of 06/30/2013: (Will be spent down in future years) → \$ 54,785,784**

Sources: 2007-2013 MHSA Actual Expenditures, the 3 consumer Excel based spreadsheets, CCC BHSD provided slots and per client cost information, Orange County HCA 10/13/2011 Laura's Law Report, and Orange County Register, 09/05/2013

**4C Inpatient Cost Savings from Laura's Law (LL): EF1 ID to MENTAL HEALTH, June 2013 Report**

|  |          |   |                      |
|--|----------|---|----------------------|
| 4C 2012-2013 Inpatient Days:               | 6,777    | <b>4C 2012-2013 Inpatient Costs</b>                         | <b>\$ 10,137,626</b> |
| 4C 2012-2013 Avg. Inpatient Cost per day   | \$ 1,496 | 4C Minimum Unreimbursed Cost / day                          | \$ 282               |
| Bay Area Medi-Cal Reimbursement / day      | \$ 1,214 | 4C Maximum Unreimbursed Cost / day<br>(If Medi-Cal Insured) | \$ 805               |
| Bay Area Admin. / day Reimbursement        | \$ 409   | Days' length 5150+5250 Holds+5270                           | 47                   |
| Max. No. of Laura's Law patients / clients | 10       | <b><u>LL annual net savings from less 4C stays</u></b>      | <b>\$ 514,243</b>    |

**Likely Laura's Law annual and per day client costs and savings**

|   |           |   |            |
|---|-----------|---|------------|
| <b>MHSA cov.</b> Annual FSP-AOT/client cost   | \$ 25,000 | <b>Min. MHSA covered</b> FSP-AOT cost/day   | \$ 68      |
| <b>Max. MHSA cov.</b> annual FSP-AOT/client cost                                      | \$ 43,330 | <b>Max. MHSA covered</b> FSP-AOT cost/day   | \$ 119     |
| Max. Annual FSP-AOT per client cost   | \$ 56,850 | Max. FSP-AOT cost / day   | \$ 156     |
| Likely Max. # judicial order FSP-AOT slots<br>(Based on NV & LA counties' experience) | 3         | Max.CCC BHSD AOT cost /day  | \$ 37      |
| Likely Min. #. of voluntary FSP-AOT slots<br>(Based on NV & LA counties' experience)  | 7         | <b>Overall Laura's Law % decreased hosp.,<br/>jail &amp; IMD Conservatorship costs:</b> | <b>75%</b> |

**Laura's Law (LL) Out-of-County Conservatorship Cost Savings: 2012-2013 county IMD Utilization Report**

|                                      |        |  |                     |
|--------------------------------------|--------|--|---------------------|
| Total IMD 2012-2013 Patient Days     | 14,291 | <b>Total IMD 2012-2013 Costs</b>   | <b>\$ 3,972,236</b> |
| Avg. IMD patient days length of stay | 322    | Avg. 2012-2013 IMD cost / day  | \$ 278              |
| 2012-2013 No. of IMD patients:       | 39     | Likely # of IMD / LL "diversion" clients                                   | 8                   |
|                                      |        | <b><u>LL annual net Savings w/&lt; IMD patients &amp; patient days</u></b> | <b>\$ 465,443</b>   |

**Laura's Law (LL) Detention Cost Savings: From CCC 2012-2013 Health Services Dept. Detention Facilities Report**

|   |       |  |                      |
|---|-------|--|----------------------|
| Likely # of inmates requiring MH Care:  | 4,527 | <b>Total 2012-2013 Detention Costs</b>                     | <b>\$ 20,648,073</b> |
| Likely # of Mentally ill inmates:   | 905   | Likely per SMI inmate detention cost / day                 | \$ 312               |
| Likely # of SMI inmates:  | 181   | <b>Likely 2012-2013 SMI Detention Costs</b>                | <b>\$ 6,194,422</b>  |
| Likely # of SMI inmates requiring 4C:   | 6     | Likely LL "diversion" inmates/clients                      | 2                    |
| Normal Laura's Law Days length:   | 180   | <b><u>LL annual net savings w/&lt; detention costs</u></b> | <b>\$ 74,348</b>     |
| <b>Likely LL Total county BHSD "Cost Avoidance" savings to apply to other voluntary programs:</b> |       |  | <b>\$ 1,054,034</b>  |
| <b>Note: Unspent CCC MHSA Funds as of 06/30/2013: (Will be spent down in future years)</b>        |       |  | <b>\$ 54,785,784</b> |

**Sources:** CCC BSHD provided FSP per client cost information, EF1 ID to Mental Health--June 2013 Report (Attachment 1), Health Services Dept. IMD Utilization 2012-2013 Report (Attachment 3), CCC 2012-2013 Health Services Dept. Detention Facilities Report (Attachment 4), 2005-2012 CA DHCS Involuntary Detention Reports( CA DHCS website), and 2/7/2014 phone conversation with Deputy Sheriff Henry Tao.

**Laura's Law (LL) Out-of County "Cost Avoidance" State Hospital Savings**

|  |             |                  |
|--|-------------|------------------|
| Fiscal Years 2008-2011 Cost of Out-of County IMD and State Hospital Placements:          | \$          | 35,000,000       |
| 2008-2011 Avg. Annual Cost of Out-of-County IMD and State Hospital Placements:           | \$          | 11,666,667       |
| 2012-2013 Cost of Out-of-County IMD Placements:  | - \$        | 3,972,236        |
| <b>2012-2013 Likely Out-of-County State Hospital Placement Costs:</b>                    | <b>= \$</b> | <b>7,694,431</b> |
| <b>Future Likely Annual Reduced Out-of-County State Hosp. Placement Costs (&lt;75%):</b> | <b>\$</b>   | <b>-</b>         |
| Likely Avg. Annual Cost of State Hospital Conservatorship Placement:                     | / \$        | 185,000          |
| <b>Likely No. of Out-of-County State Hospital Conservatee Placements:</b>                | <b>=</b>    | <b>42</b>        |

**Laura's Law: CCC BHSD Likely future annual budget savings to apply to voluntary programs**      **\$ 1,054,034**

**Unspent CCC MHA Funds as of 06/30/2013: (Will be spent down in future years)**      **\$ 54,785,784**

|   |      |            |
|---|------|------------|
| 2007-2013 Total Average Prudent Reserve             | = \$ | 42,751,500 |
| 2005-2007 Total Prudent Reserve                     | + \$ | 3,812,150  |
| Likely Maximum Avg. 2005-2013 Total Prudent Reserve | - \$ | 46,563,650 |

**Likely currently available CCC MHA Funds for Laura's Law:**      **\$ 8,222,134**

**Cost levels of BHSD per patient / client cost of insured care**

|  | Daily    | Annually   | Annual % Reimburse | Financial Notes: How Reimbursed--<br>Reimbursement basis or BHSD Budget |
|--|----------|------------|--------------------|---|
| 4C                                       | \$ 1,496 | \$ 545,999 |                    |   |
| 4C Medi-Cal Reimbursed Cost              | \$ 1,214 | \$ 443,110 | 81%                | Daily Bay Area Reimbursement Rate                                       |
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| 4C Unreimbursed Cost (above Medi-Cal)    | \$ 282   | \$ 102,889 | -19%               |   |
| State Hospital Non-Reimbursed Cost       | \$ 507   | \$ 185,000 | <b>NONE</b>        | BHSD Budget from county General Fund                                    |
| County Jail Likely Non-Reimbursed Cost   | \$ 312   | \$ 114,027 | <b>NONE</b>        | BHSD Budget from county General Fund                                    |
| Out-of-County IMD Placement Cost         | \$ 278   | \$ 101,453 | <b>NONE</b>        | BHSD Budget from county General Fund                                    |
| Crisis Residential (Nierika/Nevin House) | \$ 345   | \$ 125,925 | Unknown            | Medi-Cal / Medicare, but not SSI, reimburse.                            |
| Residential Treatment Facility, Cstwd-PH | \$ 110   | \$ 40,150  | 100%               | Medi-Cal / Medicare & SSI / SSDI, if applic.                            |
| <b>Laura's Law</b>                       |          |            |                    |   |
| Voluntary Full Service Partnership (FSP) | \$ 68    | \$ 25,000  | 100%               | <b>Prop. 63 MHA 100% covered cost</b>                                   |
| Housing and related service costs        | \$ 50    | \$ 18,330  | 100%               | <b>Prop. 63 MHA 100% covered cost</b>                                   |
| Judicially ordered service costs         | \$ 37    | \$ 13,520  | <b>NONE</b>        | BHSD Budget from county General Fund                                    |

**NOTE:** This above chart clearly shows the Continuum Cost of Care "gap" that currently exists here in Contra Costa County without any Laura's Law program. It also clearly shows the very high, Non-reimbursed cost of Out-of-County IMD Conservatorship and State Hospital placements compared to Laura's Law per client cost of care.

**Sources:** May, 2013 MHCC Augmented B&C Monitoring Report Executive Summary (Attachment 6), Health Svcs. Dept. 2012-2013 IMD Utilization Report (Attachment 3), Breakdown of Current Actual Unspent Funds at 06/30/13 Report (Attachment 7), and the preceding page spreadsheet sources.

CCC MHA Funding Requests vs. Actual MHA Spending

|                      | CSS            | PEI            | WET          | CFTN<br>Cap/Tech | INN            | Fund. Request<br>Totals | Actual MHA<br>Spending | Difference    |
|----------------------|----------------|----------------|--------------|------------------|----------------|-------------------------|------------------------|---------------|
| <b>2005-2006</b>     | \$ 7,121,500   |                |              |                  |                | \$ 7,121,500            | Not Requested          |               |
| Prud. Reserve        | \$ 581,128     |                |              |                  |                |                         |                        |               |
| <b>2006-2007</b>     | \$ 7,182,809   |                | \$ 2,276,500 |                  |                | \$ 9,459,309            | Not Requested          |               |
| Prud. Reserve        | \$ 3,231,022   |                | \$ 56,524    |                  |                |                         |                        |               |
| \$ Increase          | \$ 61,309      |                |              |                  |                | \$ 2,337,809            |                        |               |
| % Increase           | 1%             |                |              |                  |                | 33%                     |                        |               |
| <b>2007-2008</b>     | \$ 11,858,000  | \$ 2,336,300   | \$ 2,461,302 | \$ 200,000       |                | \$ 18,431,102           | \$ 9,969,221           | \$ 8,461,881  |
| one-time             | \$ 1,575,500   |                |              |                  |                |                         |                        |               |
|                      | \$ 13,433,500  |                |              |                  |                |                         |                        |               |
| Prud. Reserve        | \$ 2,216,500   | \$ 2,461,500   |              |                  |                |                         |                        |               |
| \$ increase          | \$ 6,250,691   |                | \$ 184,802   |                  |                | \$ 8,971,793            |                        |               |
| % Increase           | 87%            |                | 8%           |                  |                | 95%                     |                        |               |
| <b>2008-2009</b>     | \$ 14,657,600  | \$ 3,216,700   |              |                  |                | \$ 17,874,300           | \$ 17,485,320          | \$ 388,980    |
| Prud. Reserve        |                |                |              |                  |                |                         |                        |               |
| \$ Increase          | \$ 1,224,100   | \$ 880,400     |              |                  |                | \$ (556,802)            |                        |               |
| % Increase           | 9%             | 38%            |              |                  |                | -3%                     |                        |               |
| <b>2009-2010</b>     | \$ 16,250,700  | \$ 3,866,785   |              |                  |                | \$ 24,214,085           | \$ 22,240,110          | \$ 1,973,975  |
| Prud. Reserve        | \$ 4,096,600   |                |              |                  | \$ 756,127     |                         |                        |               |
|                      | \$ 20,347,300  |                |              |                  |                |                         |                        |               |
| \$ Increase          | \$ 5,689,700   | \$ 650,085     |              |                  |                | \$ 6,339,785            |                        |               |
| % Increase           | 39%            | 20%            |              |                  |                | 35%                     |                        |               |
| <b>2010-2011</b>     | \$ 17,715,700  | \$ 7,646,458   | \$ 198       | \$ 10,022,200    | \$ 5,143,900   | \$ 40,528,456           | \$ 23,104,032          | \$ 17,424,424 |
| Prud. Reserve        |                | \$ 2,900,277   |              |                  | \$ 2,719,300   |                         |                        |               |
| \$ Increase          | \$ (2,631,600) | \$ 3,779,673   |              |                  |                | \$ 16,314,371           |                        |               |
| % Increase           | -13%           | 98%            |              |                  |                | 67%                     |                        |               |
| <b>2011-2012</b>     | \$ 16,752,600  | \$ 6,513,402   |              |                  | \$ 1,604,627   | \$ 24,870,629           | \$ 24,392,944          | \$ 477,685    |
| Prud. Reserve        | \$ 4,296,900   |                |              |                  | \$ 1,106,800   |                         |                        |               |
| \$ Increase          | \$ (963,100)   | \$ (1,133,056) |              |                  | \$ (3,539,273) | \$ (15,657,827)         |                        |               |
| % Increase           | -5%            | -15%           |              |                  | -69%           | -39%                    |                        |               |
| <b>2012-2013</b>     | \$ 22,403,305  | \$ 9,085,112   | \$ 560,000   | \$ 7,200,000     | \$ 4,045,340   | \$ 43,293,757           | \$ 25,511,843          | \$ 17,781,914 |
| Prud. Reserve        | \$ 10,125,250  |                |              | \$ 7,949,719     |                |                         |                        |               |
| Distribution         | \$ (3,000,000) |                |              |                  |                |                         |                        |               |
| Net Reserve          | \$ 7,125,250   |                |              |                  |                |                         |                        |               |
| \$ Increase          | \$ 5,650,705   | \$ 2,571,710   |              |                  | \$ 2,440,713   | \$ 18,423,128           |                        |               |
| % Increase           | 34%            | 39%            |              |                  | 152%           | 74%                     |                        |               |
| <b>2013-2014</b>     | \$ 36,208,506  | \$ 8,918,566   | \$ 618,798   | \$ 8,725,275     | \$ 2,329,796   | \$ 56,800,941           | Not Available          |               |
| Prud. Reserve        | \$ 7,125,250   |                |              |                  |                |                         |                        |               |
| \$ Increase          | \$ 13,805,201  | \$ (166,546)   | \$ 58,798    | \$ 1,525,275     | \$ (1,715,544) | \$ 13,507,184           |                        |               |
| % Increase           | 62%            | -2%            | 10%          | 21%              | -42%           | 31%                     |                        |               |
| <b>2007-2013 MHA</b> |                |                |              |                  |                |                         |                        |               |
| <b>Totals Only</b>   | \$ 119,614,314 | \$ 32,664,757  | \$ 5,298,000 | \$ 17,422,200    | \$ 10,793,867  | \$ 185,793,138          | \$ 122,703,470         | \$ 63,089,668 |
| Prud. Res. Tot       | \$ 14,452,872  | \$ 6,513,400   | \$ 2,518,024 | \$ 7,949,719     | \$ 3,475,427   | \$ 34,909,442           |                        |               |

**Sources:** cchealth.org/services/mental\_health/prop63 website, CCC Finance Dept. Provided MHA Expenditures Data , and Breakdown of Current Actual Unspent Funds at 06/13/2013

**CSS--Community Services and Supports**  
**PEI--Prevention and Early Intervention**

**WET--Workforce, Education and Training**  
**CFTN--Capital Facilities and Technological Needs**

**INN--Innovation**  
 Page 99

**4C 2012-2013 Inpatient Statistics**

|              | <u>Inpatient Days</u> | <u>%</u>    | <u>Cost / Day</u>  | <u>Annual Cost</u>   | <u>%</u>    | <u>Annual Reimb. Cost</u> | <u>% Cost Reimbursed</u> |
|--------------|-----------------------|-------------|--------------------|----------------------|-------------|---------------------------|--------------------------|
| Medicare     | 1,876                 | 27.7%       | \$ 1,495.89        | \$ 2,806,284         | 27.7%       | \$ 2,063,600              | 73.53%                   |
| Medi-Cal     | 3,220                 | 47.5%       | \$ 1,495.89        | \$ 4,816,756         | 47.5%       | \$ 3,908,275              | 81.14%                   |
| LIHP         | 495                   | 7.3%        | \$ 1,495.89        | \$ 740,464           | 7.3%        | Not Available             | Not Available            |
| BHC          | 79                    | 1.2%        | \$ 1,495.89        | \$ 118,175           | 1.2%        | Not Available             | Not Available            |
| CCHP         | <b>84</b>             | <b>1.2%</b> | <b>\$ 1,495.88</b> | <b>\$ 125,654</b>    | <b>1.2%</b> | Not Available             | Not Available            |
| Pvt. Ins.    | 999                   | 14.7%       | \$ 1,495.89        | \$ 1,494,391         | 14.7%       | Not Available             | Not Available            |
| Others       | 24                    | 0.4%        | \$ 1,495.88        | \$ 35,901            | 0.4%        | Not Available             | Not Available            |
| <b>Total</b> | <b>6,777</b>          | <b>100%</b> | <b>\$ 1,495.89</b> | <b>\$ 10,137,625</b> | <b>100%</b> | Not Available             | Not Available            |

**NOTE: The highlighted item represents individ. cost of 2 separate consumers who were hospitalized in 4C for 84 days each during 2012 and 2013. Cost: \$251,308. Displaced FSP-AOT treatment for 10 persons.**

**NOTES:** Medicare and Medi-Cal Inpatient Days = 75.2% of total 2012-2013 4C inpatient days.

The county BHSD "leverages" these dollars for SMI clients medical treatment in outpatient Crisis Residential (CR) as well as unlocked Residential Treatment Facilities (RTF) situations.

**Sources:** EF1 ID to Mental Health--June 2013 Report (Attachment 1)

**2010-2013 Total Psychiatric Emergency Services (PES) visits per month**

|      | <u>visits/mo.</u> | <u>No. incr.</u> | <u>% annual incr.</u> | <u>Cum. # incr.</u> | <u>Cum. % incr.</u> |
|------|-------------------|------------------|-----------------------|---------------------|---------------------|
| 2010 | 626.3             |                  |                       |                     |                     |
| 2011 | 688.3             | 62.1             | 9.9%                  |                     |                     |
| 2012 | 756               | 67.7             | 9.8%                  |                     |                     |
| 2013 | 841               | 85.0             | 11.2%                 | 214.8               | 34.3%               |

**SOURCE:** 2010-2013 Total PES Visits per Month Report provided by John Gragnani--PES Nurse

**Comparable Analysis: Fiscal year 2000-2001 vs. 2012-2013 Out-of-county SMI Placement Costs**

|   | <u>Avg. days in IMD facilities</u> | <u># of facilities</u> | <u>IMD Annual Cost / bed</u> | <u>IMD Daily Cost/bed</u> | <u>MHRC Ann. Cost/bed.</u> | <u>MHRC Daily Cost/bed</u> | <u>Total Annual Cost</u> |
|---|------------------------------------|------------------------|------------------------------|---------------------------|----------------------------|----------------------------|--------------------------|
| 2000-2001   | 205                                | 8                      | \$ 70,000                    | \$ 192                    | \$ 60,000                  | \$ 164                     | \$ 5,324,218             |
| 2012-2013 IM  | 322                                | 12                     | \$ 101,470                   | \$ 278                    | Not Available              | Not Available              | \$ 3,972,236             |
| <b>2012-2013 Likely Out-of-County State Hospital Placement Costs:</b> |                                    |                        |                              |                           |                            |                            | <b>\$ 7,694,431</b>      |
| <b>2012-2013 Likely Total Out-of-County SMI Placement Costs:</b>      |                                    |                        |                              |                           |                            |                            | <b>\$ 11,666,667</b>     |
| No. Increases   | 117                                | 4                      | \$ 31,470                    | \$ 86                     | Not Available              | Not Available              | \$ 6,342,449             |
| % increases   | 57%                                | 50%                    | 45%                          | 45%                       | Not Available              | Not Available              | 119%                     |
|   |                                    |                        |                              |                           |                            | # increase                 | % increase               |
| 2000-2001 Conservatees  |                                    | 95-125                 | 2011-2012 Conservatees       | 182                       |                            | 57-87                      | 92%                      |

**NOTE: Institute for Mental Diseases (IMD) costs are NOT covered by Medi-Cal or Medicare.**

**Sources:** Contra Costa County Grand Jury 2001-2002 Report #0203 (Attachment 9), 2012-1013 IMD Utilization Report (Attachment 3), May, 2013 MHCC Augmented Board & Care Monitoring Report Executive Summary (Attachment 6), and www.dhcs.ca.gov/services/MH/Pages/InvoluntaryDetention-MH.aspx

# Attachment 1

Prepared by: L. Delos Reyes  
Reviewed by: E. Guevarra

## EF1 ID TO MENTAL HEALTH June 2013

Mental Health ID  
07/16/13

|                               | YTD 6/13     | YTD 6/13            | Straight Line Annualized |
|-------------------------------|--------------|---------------------|--------------------------|
| <b>INPATIENT:</b>             |              |                     |                          |
| Medicare                      | 1,876        | \$2,806,284         | \$2,806,284              |
| Medi-Cal                      | 3,220        | 4,816,756           | 4,816,756                |
| LIHP                          | 495          | 740,464             | 740,464                  |
| BHC                           | 79           | 118,175             | 118,175                  |
| CCHP                          | 84           | 125,654             | 125,654                  |
| Pvt/Ins                       | 999          | 1,494,391           | 1,494,391                |
| Others                        | 24           | 35,901              | 35,901                   |
| <b>Total Patient Days</b>     | <b>6,777</b> |                     |                          |
| <b>YTD Direct Cost (6313)</b> |              | <b>\$10,137,626</b> | <b>\$10,137,625</b>      |

|                               | YTD 6/13      | YTD 6/13            |                     |
|-------------------------------|---------------|---------------------|---------------------|
| <b>OUTPATIENT:</b>            |               |                     |                     |
| Medicare                      | 6             | \$730               | \$730               |
| Medi-Cal                      | 42,041        | 5,112,451           | 5,112,451           |
| LIHP                          | 0             | 0                   | 0                   |
| BHC                           | 10,917        | 1,327,576           | 1,327,576           |
| CCHP                          | 359           | 43,657              | 43,657              |
| Pvt/Ins                       | 30,167        | 3,668,497           | 3,668,497           |
| Others                        | 3,740         | 454,808             | 454,808             |
| <b>Total # of Hours</b>       | <b>87,230</b> |                     |                     |
| <b>YTD Direct Cost (6381)</b> |               | <b>\$10,607,718</b> | <b>\$10,607,719</b> |

|  |  |                    |
|--|--|--------------------|
| YTD MH ID  |  | 20,745,344         |
| Less: Prior month YTD ID to MH                       |  | (19,155,756)       |
| This month ID to MH                                  |  | 1,589,588          |
| Less: Prior month estimate (for next month) ID to MH |  | (1,741,432)        |
| <b>ADJUSTMENT</b>                                    |  | <b>(\$151,844)</b> |
| Estimate for the following month                     |  | \$1,728,779        |
| Projection for the whole year                        |  | \$20,745,344       |

VOLUME:

(a) Source: PTDAY1213 YTD June 13

(b) Source: O/P Units of Time by Financial Class - E Ward. Most current data is May 2013 YTD

(c) Source: YTD FY1213 Direct Cost (6313) and (6381)

way of obtaining reimbursement for their services. State and local governments have a financial incentive for obtaining Medi-Cal and Medicare for the provision of psychiatric services. The federal government provides matching funds for inpatient care of persons with Medi-Cal (Federal share 50%; State share 50%) and covers 100% of inpatient care for those patients with Medicare.

**Medi-Cal and Medicare reimbursement rates for acute psychiatric care**

|  | <b>Medi-Cal</b>  | <b>Medicare</b>  |
|--|--|--|
| <b>Eligibility</b>   | Health coverage for people with low income and limited ability to pay for health coverage (in 2009-10, 23% of Californians received Medi-Cal benefits) | Those less than 65 years automatically receive Medicare if they have received Social Security Disability Insurance for two years (been employed for five years and paid into FICA) |
| <b>Daily reimbursement for medically necessary inpatient day</b> | \$1213.75 in Bay Area<br>\$663 in Los Angeles  | \$1100   |
| <b>Daily reimbursement for administrative day</b>                | \$409.48   | Not applicable   |
| <b>State share</b>   | 50%  | 0%   |
| <b>Federal share</b>   | 50%  | 100%   |

Title IX of the California Code of Regulations governs the reimbursement of inpatient psychiatric services provided for those with Medi-Cal and Medicare (see **Attachment 3 for medical necessity criteria**). Hospitals are reimbursed per day of hospitalization only if the inpatient level of care is deemed to be “medically necessary.” For those with Medi-Cal the maximum reimbursement rate is \$1213.75 for each inpatient day (in the Bay Area) deemed “medically necessary” (see **Attachment 4 for Medi-Cal reimbursement rates**); for those with Medicare the maximum reimbursement rate is somewhat lower (approximately \$1100 for each medically necessary day) but depends on whether a patient has traditional Medicare or managed-care Medicare (see **Attachment 5 for operating costs and Medicare reimbursement rates**). Once a hospitalization is no longer determined to be “medically necessary,” the hospital receives no reimbursement for inpatient services, unless the patient is waiting for placement in a facility that provides a lower level of care. Inpatient level of care for patients with Medi-Cal awaiting placement at a lower level of care can be billed for the “administrative day” rate, which is \$409.48 (**Attachment 4**).

As a consequence of Title IX’s strict behavioral criteria, reviewers often quickly find that acute hospitalization is not medically necessary. Frequently, patients require inpatient level of care for behaviors exhibited in the community that justify admission; once on the inpatient unit these behaviors resolve in the structured

hospital environment and inpatient level of care is deemed no longer “medically necessary.” As a result, patients who may benefit from more time in the hospital are discharged prematurely based in large measure on financial, rather than clinical considerations.

To illustrate the discrepancy between the reimbursement allowed by Medi-Cal and Medicare, and the operating costs of an acute inpatient psychiatric unit, consider the following data from San Mateo Medi-Cal Center’s 24-bed acute psychiatric unit. In December of 2011, there were 58 patients discharged from the unit. Of these 58 persons, 22 (38%) had Medi-Cal, 18 (31%) had Medicare, and 18 (31%) were uninsured. The cumulative length of stay for the 58 patients was 637 days (average length of stay 11.0 days): of these 637 days 237 were deemed to be medically necessary (or 36.9%), 293 days were not medically necessary (46.5%), and 106 days were spent on administrative status (16.6%). The maximum amount the hospital was permitted to collect from Medi-Cal and Medicare was \$246,167.00, which represents only 19.4% of the total operating expenses required to run the unit over the same period, which is \$1,269,475.31.

**Medi-Cal and Medicare Reimbursements: San Mateo Medical Center Acute Psychiatric Unit: December 2011**

| <b>Insurance</b>            | <b>#</b> | <b>Days Medically Necessary</b> | <b>Days not Medically Necessary</b> | <b>Administrative Days<sup>1</sup></b> | <b>Reimbursement for month of December</b> |
|-----------------------------|----------|---------------------------------|-------------------------------------|--|--|
| <b>Medi-Cal</b>             | 22       | 91                              | 96                                  | 51                                     | \$131,334.73                               |
| <b>Medicare Traditional</b> | 9        | 33                              | 50                                  | 12                                     | \$39,830.07                                |
| <b>Medicare HMO</b>         | 9        | 62                              | 54                                  | 19                                     | \$75,002.20                                |
| <b>Uninsured</b>            | 18       | 51                              | 93                                  | 24                                     | \$ 0                                       |
| <b>Total</b>                | 58       | 237                             | 293                                 | 106                                    | \$ 246,167.00                              |

<sup>1</sup>Some patients with Medicare also had Medi-Cal, thus allowing reimbursement for administrative day status (Medicare does not recognize administrative days)

**Operating costs of acute psychiatric care: San Mateo Medical Center**

|                        | <b>For each bed daily</b> | <b>For the unit (24 beds) daily</b> | <b>Monthly unit costs</b> | <b>Annual unit costs</b> |
|------------------------|---------------------------|-------------------------------------|---------------------------|--------------------------|
| <b>Operating costs</b> | \$1,706.28                | \$40,950.82                         | \$1,245,587.32            | \$14,947,047.80          |

Attachment 3—2012 2013 IMD Utilization Report

#6

Prepared by: Mani Fener  
Reviewed by: Jana Draizin

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Health Services Department  
IMD Utilization  
Fiscal Year 2012-2013

| Patient Dates | CRESTWOOD HOSPITALS |           |              |              |               |            |        |              |         |          | TELECARE HOSPITALS |                 |        | Total IMD Days | 12/13 Daily Average | 11/12 Daily Average | 10/11 Daily Average | Admits | Discharges | Average Length of Stay |
|---------------|---------------------|-----------|--------------|--------------|---------------|------------|--------|--------------|---------|----------|--------------------|-----------------|--------|----------------|---------------------|---------------------|---------------------|--------|------------|------------------------|
|               | Agnew/Bellid        | Sam. Jose | SNF/Idylwood | Stockton/Fre | Sacto/St Rosa | Frem/Almad | Nathan | Hope/Vallejo | CPT/MHM | Garfield | Gladman/MB         | Villa Fairmount |        |                |                     |                     |                     |        |            |                        |
| Year-to-date  | 4,741               | 2,090     | 0            | 25           | 273           | 107        | 1,825  | 31           | 2,421   | 1,087    | 1,633              | 58              | 14,291 | 39             | 44                  | 36                  | 35                  | 44     | 322        |                        |

| Excesses:                | CRESTWOOD HOSPITALS |           |              |              |               |            |           |              |           |           | TELECARE HOSPITALS |                 |             | Total Expense | Revenue     | Net12/13 Actual | Net11/12 Actual | YTD Expense | YTD Actual Revenue |
|--------------------------|---------------------|-----------|--------------|--------------|---------------|------------|-----------|--------------|-----------|-----------|--------------------|-----------------|-------------|---------------|-------------|-----------------|-----------------|-------------|--------------------|
|                          | Agnew/Bellid        | Sam. Jose | SNF/Idylwood | Stockton/Fre | Sacto/St Rosa | Frem/Almad | Nathan    | Hope/Vallejo | CPT/MHM   | Garfield  | Gladman/MB         | Villa Fairmount |             |               |             |                 |                 |             |                    |
| Year-to-date             | \$789,263           | \$455,620 | \$243,018    | \$568,405    | \$49,686      | \$418,750  | \$273,750 | \$11,250     | \$882,542 | \$239,846 | \$317,776          | \$16,130        | \$4,246,036 | \$273,800     | \$3,972,236 | \$4,318,915     | \$4,318,915     | \$4,246,036 | \$4,246,036        |
| Cost Per Patient Day YTD | \$162.26            | \$218.00  | \$0.00       | \$0.00       | \$0.00        | \$0.00     | \$0.00    | \$4.65       | \$811.91  | \$146.87  | \$0.00             | \$297.11        | \$19.16     | \$277.95      | \$321.21    | \$266.09        | \$266.09        | \$266.09    | \$3,972,236        |

Sources: County Finance Reports, Contractors Demand, Census Reports, and MH Monthly Executive Report.

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**Contra Costa County  
Health Services Department  
Detention Facilities**

| Object Code | Description                       | Previous 12/13 Projection | Current 12/13 Actual | Variance            | Comments |
|-------------|-----------------------------------|---------------------------|----------------------|---------------------|----------|
| 9259        | State Aid Realign. - VLF          | 3,086                     | 3,041                | (45)                |          |
| 9263        | State Aid Realign.-P. Asst.       | 55,546                    | 64,586               | 9,040               |          |
| 9325        | AIDS Medicine Reimburse.          | 0                         | 0                    | 0                   |          |
| 9975        | Misc Non-Taxable Revenue          | 0                         | 859                  | 859                 |          |
|             | County Contribution               | 20,465,884                | 20,579,587           | 113,703             |          |
|             | <b>Total Revenues</b>             | <b>\$ 20,524,516</b>      | <b>\$ 20,648,073</b> | <b>\$ 123,557</b>   |          |
| 1011        | Permanent Salaries                | \$ 6,362,379              | \$ 6,349,733         | \$ (12,646)         |          |
| 1013        | Temporary Salaries                | 992,069                   | 990,625              | (1,444)             |          |
| 1014        | Permanent Overtime                | 387,098                   | 367,037              | (20,061)            |          |
| 1015        | Deferred Compensation             | 7,624                     | 6,510                | (1,114)             |          |
| 1017        | Perm Phys Salaries                | 307,240                   | 292,640              | (14,600)            |          |
| 1018        | Perm Phys Addnl Duty Pay          | 2,187                     | 2,005                | (182)               |          |
|             | <b>Total Salaries &amp; Wages</b> | <b>\$ 8,058,598</b>       | <b>\$ 8,008,550</b>  | <b>\$ (50,048)</b>  |          |
| 1019        | Comp Ins. Recoveries              | \$ (988)                  | \$ (906)             | \$ 82               |          |
| 1042        | F.I.C.A.                          | 616,483                   | 566,351              | (50,132)            |          |
| 1043        | Ret Exp - Pre 1997 Retirees       | 32,197                    | 32,114               | (83)                |          |
| 1044        | Retirement Expense                | 2,416,635                 | 2,404,418            | (12,217)            |          |
| 1060        | Employee Group Insurance          | 955,983                   | 962,826              | 6,842               |          |
| 1061        | Retiree Health Insurance          | 157,461                   | 158,610              | 1,149               |          |
| 1062        | OPEB Pre-Pay                      | 34,880                    | 34,880               | 0                   |          |
| 1063        | Unemployment Insurance            | 30,684                    | 30,548               | (136)               |          |
| 1070        | Workers Comp. Insurance           | 198,465                   | 197,650              | (814)               |          |
|             | <b>Total Benefits</b>             | <b>\$ 4,441,799</b>       | <b>\$ 4,386,491</b>  | <b>\$ (55,308)</b>  |          |
|             | <b>Total 1000 Accounts</b>        | <b>\$ 12,500,397</b>      | <b>\$ 12,395,041</b> | <b>\$ (105,357)</b> |          |
| 2100        | Office Expense                    | \$ 41,493                 | \$ 42,160            | \$ 667              |          |
| 2102        | Books, Periodicals, Subs.         | 4,386                     | 352                  | (4,034)             |          |
| 2103        | Postage                           | 773                       | 680                  | (93)                |          |
| 2110        | Communications                    | 26,041                    | 24,488               | (1,553)             |          |
| 2111        | Telephone Exchange Svc.           | 21,258                    | 15,497               | (5,761)             |          |
| 2130        | Small Tools & Instruments         | 9,970                     | 14,646               | 4,676               |          |
| 2131        | Minor Equipment                   | 7,619                     | 7,063                | (556)               |          |

**Contra Costa County  
Health Services Department  
Detention Facilities**

| Object Code | Description                  | Previous 12/13 Projection | Current 12/13 Actual | Variance    | Comments                       |
|-------------|------------------------------|---------------------------|----------------------|-------------|--------------------------------|
| 2140        | Medical & Lab Supplies       | 101,903                   | 97,838               | (4,065)     |                                |
| 2141        | Pharmaceuticals              | 830,287                   | 605,450              | (224,837)   | Lower actual billing           |
| 2160        | Clothing & Personal Supplies | 17,646                    | 11,702               | (5,944)     |                                |
| 2170        | Household Expense            | 5,688                     | 4,882                | (806)       |                                |
| 2200        | Memberships                  | 650                       | 95                   | (555)       |                                |
| 2250        | Rents & Leases - Equipment   | 180,572                   | 210,508              | 29,937      | Higher actual invoices         |
| 2260        | Rents & Leases-Property      | 5,920                     | 6,480                | 560         |                                |
| 2270        | Maintenance - Equipment      | 20,279                    | 5,470                | (14,809)    |                                |
| 2284        | Requested Maintenance        | 42,169                    | 30,536               | (11,633)    |                                |
| 2300        | Transportation & Travel      | 9,560                     | 5,910                | (3,650)     |                                |
| 2301        | Auto Mileage                 | 17,003                    | 16,179               | (824)       |                                |
| 2302        | Use of Co Vehicle/Equip      | 6,104                     | 6,153                | 49          |                                |
| 2303        | Other Travel Employees       | 4,135                     | 3,795                | (339)       |                                |
| 2305        | Freight Drayage Express      | 5,996                     | 3,491                | (2,505)     |                                |
| 2310        | Professional/Specplzd Svcs.  | 1,676,899                 | 1,459,685            | (217,214)   | Lower actual billing           |
| 2314        | Temporary Help               | 2,035,032                 | 1,880,504            | (154,528)   | Lower actual billing           |
| 2315        | Data Processing Service      | 972                       | 974                  | 2           |                                |
| 2320        | Outside Medical Services     | 165,902                   | 72,508               | (93,393)    | Lower actual billing           |
| 2321        | County Hospital Svcs.        | 4,495,240                 | 5,459,171            | 963,931     | Hospital ID volume fluctuation |
| 2326        | Information security charges | 3,614                     | 2,642                | (972)       |                                |
| 2335        | Other Telecom Charges        | 13,948                    | 13,333               | (615)       |                                |
| 2340        | Other Interdptmntl Charges   | 7,029                     | 6,639                | (390)       |                                |
| 2477        | Educ. Supplies & Courses     | 9,011                     | 6,019                | (2,992)     |                                |
| 2479        | Other Spl. Dpmtl Expenses    | 14,185                    | 12,425               | (1,760)     |                                |
|             | Total 2000 Accounts          | \$ 9,782,336              | \$ 10,028,243        | \$ 245,907  |                                |
|             | Total 4000 Accounts          | \$ 0                      | \$ 0                 | \$ 0        |                                |
|             | Total 5000 Accounts          | \$ (1,758,217)            | \$ (1,775,210)       | \$ (16,993) |                                |
|             | <b>Total Expenditures</b>    | \$ 20,524,516             | \$ 20,648,073        | \$ 123,557  |                                |







**5. The financial consequences of arrest and incarceration**

In 2009, California’s prison population numbered 174,000 inmates, while California’s jail population averaged 75,339. Data from the State of California indicates that about 32,000 prisoners during this period had a severe mental illness, while almost 200,000 individuals received psychiatric outpatient services in jails settings, which amounts to about 17,000 jail inmates with a severe mental illness at any one time. Another 25,000 parolees had severe and persistent mental illness. Clearly the amount of individuals receiving care in the criminal justice system is a significant portion of the population that qualifies for treatment in California’s public mental health system.

According to the Jean Fraser, Chief of the San Mateo Public Health System, the annual costs of providing mental health care in various settings varies widely, the most expensive of which is within the criminal justice system (see table below). Providing mental health care in the criminal justice system places a heavy financial burden on county and state government. The costs of housing and treating a mentally ill inmate in a jail or prison falls entirely on local taxpayers; 100% of the funding for this expense comes out of county and state general funds, respectively. In contrast, the cost of providing community treatment is shared equally with the federal government because county funds are matched by dollars from the federal entitlement programs Medi-Cal and Medicare.

| SETTING  | COST (annualized)                            |
|--|--|
| Full Service Partnership (Proposition 63)                          | \$24,000                                     |
| Enhanced board and care  | \$26,000 - \$153,000                         |
| Mental health rehabilitation center or<br>Skilled nursing facility | \$43,000 - \$78,000                          |
| Forensic skilled nursing facilities                                | \$150,000+                                   |
| Napa State Hospital  | \$185,000                                    |
| Psychiatric inpatient bed  | \$511,000                                    |
| Jail housing   | \$36,500 + treatment + court and legal costs |
| Inpatient unit in a jail   | \$636,500 + court and legal costs            |
| Prison housing   | \$46,000                                     |
| Prison treatment costs   | \$2,000 - \$185,000                          |

## II. EXECUTIVE SUMMARY

A number of objectives fueled the need for a monitoring project of this scale. It was necessary for the PRAT program to evaluate the quality of homes for which Contra Costa County provides augmented funds. Also, MHCC Administration felt it essential to see where members of the Wellness and Recovery Centers were coming from on a daily basis. Additionally, it is our hope that information gathered during this project will be used by case management and other referring agencies when assisting clients in the placement process. Finally, the monitoring was conducted to fulfill the above listed monitoring duties as stated in W&I Code §5520 (b). Summary data on all homes visited is included in the subsequent sections.

The number of available licensed homes for adults with psychiatric disabilities in Contra Costa County is barely holding its own. During the course of the monitoring period, Alpine Care Home in East County closed and Blessed Care Home opened. Therapeutic Residential Services on Belmont Road in Concord had just closed, and Gine's Residential Care Home in Walnut Creek is scheduled to close. Considering the almost \$35 million spent by Contra Costa County on out-of-county placements in fiscal years 08-09, 09-10, and 10-11, [per Public Records Act request made twice in 2012 by then Executive Director of MHCC, Brenda Crawford], it is an understatement that it would be fiscally wise to develop more in-county options such as the Bonita house therapeutic farm in Knightsen, for consumers able to live in the community and who need care and supervision.

Some of the homes that remain open are in desperate need of basic structural improvements. Overall, the homes in West County were in the worst condition. Homes in Central County were in the best condition; there were fewer notable issues than in the other regions. Homes located in East County varied greatly in their upkeep; there were examples of well-maintained newer properties coupled with less than desirable properties in need of cosmetic improvements.

The Patients' Rights areas of concern revolve primarily around: 'therapeutic' lock-out, meals served, variety of foods available, facility appearance, and recreational activities. Residents have a right under Title XXII regulations to 24-hour access to the facility; this right becomes violated when residents are locked out during the day.\* This 'therapeutic' lock-out does not necessarily encourage residents to attend a day program; rather, it may encourage residents to wander the neighborhood and surrounding areas during the time of the lock-out, loitering. Issues around the number of meals served arise when there are instances of a 'therapeutic' lock-out.

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\* This right was confirmed on May 3, 2013 by a call to the Desk Duty Officer at Community Care Licensing. The purpose of the call was to clarify the issue, at Victor Montoya's request. Patients' Right Advocate Taylor Stussi was informed that under no circumstance may a facility close or lock their doors if there are residents who want to return home. Facilities must remain open 24/7 if a resident wants to be home.

# Attachment 7: Breakdown of Current Unspent MHSA Funds at 06/30/2013

#10  
**Contra Costa County**  
**Health Services Department**  
**Mental Health Services Act**  
**Fund 114600 Balance**

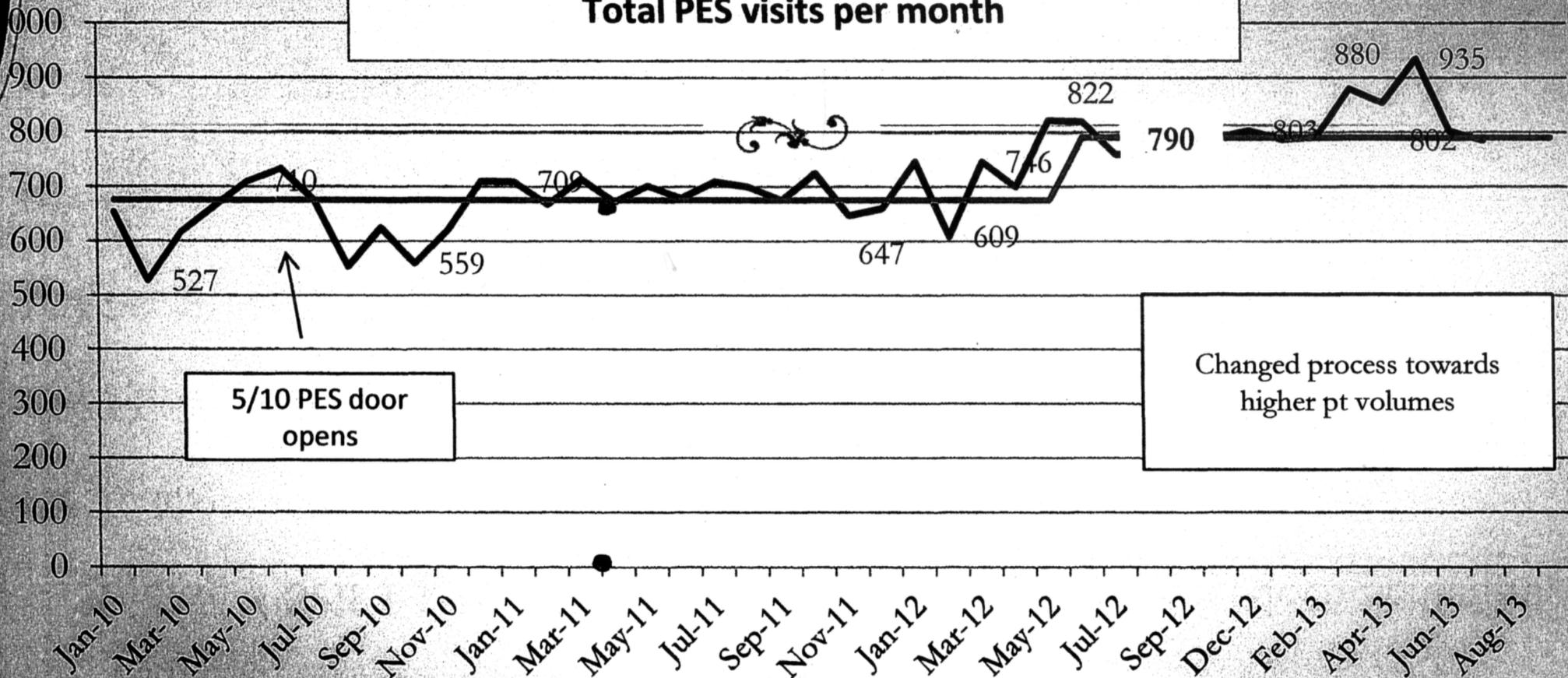
**Breakdown of Current Actual Unspent Funds at 06/30/13**

|   | <u>Ending Book Balances</u> | <u>Must be used by</u>                           |
|---|-----------------------------|--|
| Prudent Reserve - FY 05/06 CSS                                      | \$581,128.00                |  |
| Prudent Reserve - FY 06/07 CSS                                      | \$3,231,022.00              |  |
| Prudent Reserve - FY 07/08 PEI                                      | \$2,216,500.00              |  |
| Prudent Reserve - FY 09/10 CSS                                      | \$1,096,600.00              |  |
| <b>Prudent Reserve Funds Subtotal</b>                               | <b>\$7,125,250.00</b>       |  |
| <b>CSS Operating Reserve for Crisis Residential Interest Earned</b> | <b>\$0.00</b>               |  |
| Capital Facilities & Tech   | \$1,902,597.08              |  |
| <b>Capital Fac. &amp; Tech Funds Subtotal</b>                       | <b>\$7,949,718.97</b>       | 6/30/2018  |
| FY 08/09 Innovations  | \$0.00                      |  |
| FY 09/10 Innovations  | \$756,126.93                | 6/30/2012  |
| FY 10/11 Innovations  | \$2,719,300.00              | 6/30/2012 <sup>2</sup><br>6/30/2013 <sup>2</sup> |
| FY 11/12 Innovations  | \$1,106,800.00              | 6/30/2014 <sup>2</sup>                           |
| <b>Innovations Funds Subtotal</b>                                   | <b>\$4,582,226.93</b>       |  |
| FY 06/07 WET  | \$56,524.20                 | 6/30/2017  |
| FY 07/08 WET  | \$2,461,500.00              | 6/30/2018  |
| <b>WET Funds Subtotal</b>   | <b>\$2,518,024.20</b>       |  |
| FY 08/09 PEI - Trn, TA, & CB  | \$0.00                      | 6/30/2011  |
| FY 09/10 PEI - Trn, TA, & CB  | \$0.00                      | 6/30/2012  |
| FY 10/11 PEI - Trn, TA, & CB  | \$138,700.00                | 6/30/2013  |
| FY 11/12 PEI - Trn, TA, & CB  | \$138,700.00                | 6/30/2014  |
| <b>PEI - Trn, TA, &amp; CB Funds Subtotal</b>                       | <b>\$277,400.00</b>         |  |
| FY 08/09 PEI  | \$0.00                      | 6/30/2011  |
| FY 09/10 PEI  | \$0.00                      | 6/30/2012  |
| FY 10/11 PEI  | \$2,900,276.93              | 6/30/2013  |
| FY 11/12 PEI  | \$4,296,900.00              | 6/30/2014  |
| <b>PEI Funds Subtotal</b>   | <b>\$7,197,176.93</b>       |  |
| FY 10/11 CSS  | \$0.00                      | 6/30/2013 <sup>2</sup>                           |
| FY 11/12 CSS  | \$0.00                      | 6/30/2014 <sup>2</sup>                           |
| FY 12/13 All MHSA Programs  | \$23,233,390.07             | 6/30/2016  |
| <b>CSS Funds Subtotal</b>   | <b>\$23,233,390.07</b>      |  |
| <b>Grand Totals</b>   | <b>\$54,785,784.18</b>      | <b>1</b>   |

**Note:**

1. Based on funds already received and unspent on 06/30/13.
2. Innovations funds are considered spent as part of CCS and will not revert if no CCS fund are unspent for that FY.

### Total PES visits per month



5/10 PES door opens

Changed process towards higher pt volumes

Avg # of visits/month in 2011 = 688.3 pts  
 Avg # of visits/month in 2012 = 756 pts  
 Avg # of visits/month in 2013 (to date) = 841 pts

— Total visits — Median

ATTACHMENT 8

## Attachment 9: 2001-2002 Contra Costa Grand Jury Mental Health Care Report #0203

CONTRA COSTA COUNTY GRAND JURY REPORT NO. 0203 Page 1 of 2

CONTRA COSTA COUNTY GRAND JURY  
2001-2002

CONTRA COSTA COUNTY REPORT NO. 0203  
Public Mental Health Programs in Contra Costa County

### BACKGROUND

The spectrum of Public Mental Health Services available to residents of Contra Costa County ranges from State Hospitals to Community Treatment Facilities. There is a need for all types of Mental Health Facilities to serve residents.

### FINDINGS

1. The levels of care for mental health patients receiving services through the Contra Costa Health Services Department are the State Hospital; Institute for Mental Disease (IMD); Mental Health Rehabilitation Center (MHRC); Residential Treatment Facilities (RTF); Community Treatment Facilities (CTF); Board and Care Homes and Unlicensed Boarding Homes/Independent Living.
2. An Institute for Mental Disease is a locked, long-term Skilled Nursing Facility. Contra Costa County does not have an Institute for Mental Disease.
3. A Residential Treatment Facility is an unlocked facility, offering mental health treatment to adult patients in a Specialty Board and Care setting. The range of services offered is typically crisis intervention or transitional care.
4. A Mental Health Rehabilitation Center is a locked or occasionally unlocked facility, offering rehabilitative mental health treatment in a Skilled Nursing Facility setting to adults with an emphasis on behavioral treatment as opposed to medical.
5. In Fiscal Year 2000/2001 Contra Costa County had a daily average of ninety-five to one hundred twenty-five (95-125) mental health patients contracted out to (8) different out-of-county Institutes for Mental Disease (IMD).
6. The average length of stay for the out-of-county Institute for Mental Disease patients was two hundred five (205) days, at a cost to the County of \$70,000 per bed/per year. **Institute for Mental Disease (IMD) costs are not covered by Medi-Cal.**
7. In Fiscal Year 2000/2001 the total contracted cost to Contra Costa County for long term, out-of-county mental health services, including Institutes for Mental Disease, Residential Treatment Facilities (RTF) and Mental Health Rehabilitation Centers (MHRC) was \$5,324,218, excluding costs for psychiatrists and medications.
8. Contra Costa County has contracts with two Residential Treatment Facilities, both in the County. One of these facilities provides care for stays up to one year with twelve (12) beds. The second serves crisis situations for two-week stays with twelve (12) beds. There is no Residential Treatment Facility (RTF) that can provide for transitional stays of two to three (2-3) months.
9. Contra Costa County does not have a Mental Health Rehabilitation Center within the County.
10. According to the Contra Costa County Mental Health Services Department, fifty percent (50%) of patients from Contra Costa County in Institutes for Mental Disease (IMD) are sufficiently stable to be transferred to a Mental Health Rehabilitation Center (MHRC). An additional twenty-five percent (25%) could be transferred to a Residential Treatment Facility (RTF). The residual twenty-five percent (25%) would likely remain in Institutes for Mental Disease (IMD).

## Attachment 9: 2001-2002 Contra Costa Grand Jury Mental Health Care Report #0203

\* CONTRA COSTA COUNTY GRAND JURY REPORT NO. 0203 Page 2 of 2

11. As a result of the shortage of Mental Health Rehabilitation Centers (MHRC) and Residential Treatment Facilities (RTF) within Contra Costa County, the seventy-five percent (75%) of patients that are transferable remain in out-of-county Institutes for Mental Disease (IMD).
12. The cost of a Mental Health Rehabilitation Center (MHRC) is lower than that of an Institute for Mental Disease (IMD) at an average cost of \$60,000 per bed/per year. **The costs of a Residential Treatment (RTF) Facility are covered by Medi-Cal.** These differentials could result in an annual savings to Contra Costa County of approximately two million dollars (\$2,000,000).
13. County caseworkers are more able to effectively maintain an ongoing relationship with their clients who are housed within the County.
14. Individuals who are placed within the County of residence and within a reasonable travel distance of family and support systems, display enhanced reintegration and recovery rates are also enhanced. The closest Institute for Mental Disease (IMD) is in Vallejo, 14 miles from the county seat in Martinez. The furthest is in Angwin, 54 miles from the County.
15. In 1998, the Contra Costa County Board of Supervisors recognized the need for local mental health facilities. A Request for Proposal of \$900,000 was approved.

### CONCLUSION

The Contra Costa County Grand Jury recognizes a gap in the continuum of care within Contra Costa County.

### RECOMMENDATION

The Contra Costa County Grand Jury recommends that the Board of Supervisors direct the Contra Costa County Health Services Department, using the remaining funds from the 1998 Request for Proposal, toward contracting with a provider who will supply a multi-services Mental Health Facility, housing a Mental Health Rehabilitation Center (MHRC) and a Residential Treatment Facility (RTF) within Contra Costa County.

# The Cost of Assisted Outpatient Treatment: Can It Save States Money?

Jeffrey W. Swanson, Ph.D.  
Richard A. Van Dorn, Ph.D.  
Marvin S. Swartz, M.D.  
Pamela Clark Robbins, B.A.  
Henry J. Steadman, Ph.D.  
Thomas G. McGuire, Ph.D.  
John Monahan, Ph.D.

**Objective:** The authors assessed a state's net costs for assisted outpatient treatment, a controversial court-ordered program of community-based mental health services designed to improve outcomes for persons with serious mental illness and a history of repeated hospitalizations attributable to nonadherence with outpatient treatment.

**Method:** A comprehensive cost analysis was conducted using 36 months of observational data for 634 assisted outpatient treatment participants and 255 voluntary recipients of intensive community-based treatment in New York City and in five counties elsewhere in New York State. Administrative, budgetary, and service claims data were used to calculate and summarize costs for program administration, legal and court services, mental health and other medical treatment, and criminal justice involvement. Adjusted effects of assisted outpatient treatment and voluntary intensive services on total service costs were examined using multivariate time-series regression analysis.

**Results:** In the New York City sample, net costs declined 50% in the first year after

assisted outpatient treatment began and an additional 13% in the second year. In the five-county sample, costs declined 62% in the first year and an additional 27% in the second year. Psychotropic drug costs increased during the first year after initiation of assisted outpatient treatment, by 40% and 44% in the city and five-county samples, respectively. Regression analyses revealed significant declines in costs associated with both assisted outpatient treatment and voluntary participation in intensive services, although the cost declines associated with assisted outpatient treatment were about twice as large as those seen for voluntary services.

**Conclusions:** Assisted outpatient treatment requires a substantial investment of state resources but can reduce overall service costs for persons with serious mental illness. For those who do not qualify for assisted outpatient treatment, voluntary participation in intensive community-based services may also reduce overall service costs over time, depending on characteristics of the target population and local service system.

*Am J Psychiatry Swanson et al.; AiA:1-10*

In 1999, joining 41 other states with outpatient commitment statutes, the New York State legislature enacted Kendra's Law, which authorized assisted outpatient treatment for persons with serious mental illness who were deemed at risk of failing to live safely in the community (1). Assisted outpatient treatment, as codified in New York, mandates the provision of an array of community-based services; research suggests that these services can be effective in reducing poor outcomes associated with a pattern of revolving-door hospitalization (2-5). Still, assisted outpatient treatment remains controversial and largely unimplemented in most states because of a range of barriers and stakeholder resistance (6, 7).

Concerns about assisted outpatient treatment range from consumer advocates' objections to its putatively coercive nature to clinicians' liability worries in discharging "dangerous" patients into the community to the perception in many quarters that assisted outpatient treatment is a toothless order to comply with treatment (8). At worst, assisted outpatient treatment is thought to

waste scarce public funds and divert resources from would-be voluntary service recipients to those who may not benefit from forced treatment (9).

Research has shown positive results from assisted outpatient treatment, but these results depend on adequate appropriation of public funding for community-based mental health services (10). However, in times of extreme strain on states' human services budgets, policy makers are reluctant to fund new programs and benefits, especially in the face of strident opposition from vocal consumer advocates. Precise information about public costs and potential cost savings related to assisted outpatient treatment is thus needed to enlighten debate and inform difficult policy decisions.

In this article, we present a comprehensive analysis of net costs of assisted outpatient treatment, using data from a recent legislatively mandated evaluation of New York's assisted outpatient treatment program (5). Because the assisted outpatient treatment program operates much differently in New York City than it does in the rest of the

state, we conducted separate analyses on 520 assisted outpatient treatment participants from New York City and 114 from five counties elsewhere in New York State. We have summarized costs incurred for assisted outpatient treatment administration and legal services, mental health and medical treatment, and criminal justice involvement for assisted outpatient treatment participants. We compared these costs over three periods of observation: 12 months before assisted outpatient treatment was initiated upon discharge from an index psychiatric hospitalization and two subsequent 12-month periods following initiation of assisted outpatient treatment.

To be eligible for assisted outpatient treatment in New York State, a person must be 18 years of age or older, diagnosed with a mental illness, assessed to be unlikely to be able to live safely in the community without supervision, have a history of treatment noncompliance resulting in psychiatric hospitalization or incarceration at least twice in the past 36 months, or have committed serious acts of violence or threatened violence toward self or others in the past 48 months (1). These persons also are deemed to be unlikely to participate voluntarily in effective services but likely to benefit from assisted outpatient treatment, both clinically and in terms of preventing illness relapse and subsequent violent or suicidal behavior. Once an individual meets these criteria, court orders for initial assisted outpatient treatment are generally issued for 6 months and can be renewed.

The 2005 reauthorization of Kendra's Law required an independent evaluation of the effectiveness of assisted outpatient treatment. The investigators found that assisted outpatient treatment reduced psychiatric hospital admissions and lengths of stay, reduced arrests, increased utilization of case management services, and improved consistent possession of appropriate prescribed medications (5, 10–13). In the present analysis, we used a subset of the evaluation data to examine the net costs involved in achieving those outcomes.

## Method

### *Sampling and Data Sources*

Data were assembled to measure administrative, legal, and court-related costs of assisted outpatient treatment programs, inpatient and outpatient mental health services utilization, medical treatment, and criminal justice system involvement for 634 individuals who started an assisted outpatient treatment order within 30 days of discharge from an index hospitalization between January 2004 and December 2005. As mentioned above, the data were examined for the year before and 2 years following initiation of assisted outpatient treatment.

We examined one sample of assisted outpatient treatment participants in New York City and a second sample drawn from Albany, Erie, Monroe, Nassau, and Rensselaer counties (14). Selection criteria were as follows: 1) an index hospitalization of any length between January 2004 and December 2005; 2) no assisted outpatient treatment order 12 months before discharge from the index hospitalization; and 3) an assisted outpatient

treatment court order that went into effect no more than 30 days after discharge from the index hospitalization. The vast majority of assisted outpatient treatment orders originate around hospitalizations (5). Any eligible persons who met these criteria were included, which produced a sample of 520 persons from New York City and 114 persons from the five counties, for a total of 20,003 person-month observations. The process of selection identified new court orders and represented approximately one-third of all active cases.

Data were collected from state psychiatric hospital admission files, the Tracking for Assisted Outpatient Treatment Cases and Treatments database, and Medicaid service claims. (The Medicaid cost analysis includes all Medicaid payments; thus, references to state costs should be understood to include the federal contribution to the state Medicaid program.) Participating Mental Hygiene Legal Service departments and individual assisted outpatient treatment programs provided budgetary information on program administrative, legal, and court-related costs associated with assisted outpatient treatment. Matching records of arrests and jail and prison stays were obtained from local sheriffs' offices, the New York State Division of Criminal Justice Services, and the New York State Department of Corrections and Community Supervision.

Assisted outpatient treatment programs assist individuals in obtaining Medicaid, and the large majority of assisted outpatient treatment recipients (about 87%) are enrolled in Medicaid. All of the sampled participants in this study were Medicaid enrollees. Medicaid covers a wide range of services in New York State, including outpatient, partial, and inpatient care and pharmacy costs. Additional utilization and per diem cost information was obtained for inpatient psychiatric treatment at psychiatric hospitals licensed by the New York State Office of Mental Health.

To compare cost effects that may be associated with assisted outpatient treatment with those that may result from voluntary participation in intensive community-based mental health services, we also estimated the net effect of receiving assertive community treatment or intensive case management among individuals who did not qualify for assisted outpatient treatment and who resided in the same regions described above (N=255; 14,182 person-month observations). In this analysis, we used equivalent data (i.e., received assertive community treatment or intensive case management within the first 30 days after discharge from an index hospitalization and no assertive community treatment or intensive case management in the 12 months before the index hospitalization) for persons who did not receive assisted outpatient treatment orders but otherwise had the same psychiatric diagnoses and were in the same systems of care during the same years as the two assisted outpatient treatment samples.

This project was approved by the institutional review boards of Duke University Medical Center, Policy Research Associates, the New York State Office of Mental Health, and the Biomedical Research Alliance of New York.

### *Measures*

Assisted outpatient treatment program costs for New York City and the five counties were obtained from program administrators. The average cost per case of assisted outpatient treatment was calculated from each program's assisted outpatient treatment budget, reported expenditures on cases, and the number of participants served. The case-rate administrative expense was prorated to an average monthly charge for months when assisted outpatient treatment was active. A similar approach was used to calculate Mental Hygiene Legal Service and court costs, which were prorated across active assisted outpatient treatment months. Mental Hygiene Legal Service costs for activities not associated with assisted outpatient treatment, such as involuntary inpatient proceedings or litigation, were excluded.

Mental health services costs were obtained for the following categories: New York State Office of Mental Health facility hospitalization; Medicaid-paid hospitalization; psychiatric emergency department visits or crisis services; outpatient programs including assertive community treatment and continuing day treatment; case management (including intensive, blended, and supportive types); outpatient prescription medication; clinician visits (including billed encounters with psychiatrists, psychologists, and clinical social workers); chemical dependency treatment; transportation to treatment; and partial hospitalization. Except for hospitalization in New York State Office of Mental Health facilities, costs for mental health treatment were paid by Medicaid. Costs for New York State Office of Mental Health hospitalization stays were calculated as the product of the length of stay and the state average cost per bed day. Hospitalizations paid by private insurance were uncommon and were not included in these analyses. Other medical costs covered by Medicaid were included for nonpsychiatric hospitalizations, emergency department visits, outpatient treatment visits, and outpatient prescription medications.

Criminal justice cost information was obtained for arrests and jail and prison days. Arrest costs were based on inflation-adjusted published estimates described by Clark et al. (15). These estimates included costs for police, booking, court, attorney services, and transportation. Jail costs per day were obtained from individual county jail cost of operation worksheets, which are completed by jails on an annual basis and submitted to the state. All completed worksheets were for the fiscal year 2008–2009. We also included costs for medications prescribed in jail. This cost information was obtained from interviews with key jail personnel. Prison costs per day were based on information obtained from the chief fiscal officer of the New York State Department of Corrections and Community Supervision for the fiscal year 2005–2006.

Current legal status was obtained from the New York State Office of Mental Health Tracking for Assisted Outpatient Treatment Cases and Treatments database. Start and end dates for court-ordered treatment were used to classify each month as being before, during, or after assisted outpatient treatment. This classification was used in a person-month regression analysis to estimate the adjusted effect of assisted outpatient treatment status on total cost. In addition, a person-level analysis was conducted to summarize and compare utilization and costs for the 12-month period before assisted outpatient treatment began with the subsequent two 12-month periods after treatment began.

Medication possession ratio, a commonly used proxy for medication adherence, was constructed using Medicaid pharmacy fill records (13–18). We calculated the number of days in a given month in which an individual had a supply of a prescribed psychotropic medication that was clinically appropriate for his or her current diagnosis, as determined by a psychiatrist blind to participants' identity. Consistent with previous research, the months in which the filled supply of medication was enough to cover 80% of days were considered high-possession months, compared with low-possession months when the filled supply covered less than 80% of days. (Depot injectable medication claims were coded as a complete fill for the given month.)

Data on race/ethnicity, sex, and age were obtained from the New York State Office of Mental Health. In the regression analysis, participants of Hispanic ethnicity and African Americans, Asians, and persons from other racial/ethnic backgrounds were compared with non-Hispanic whites. Men were compared with women, and individuals older than the median age were compared with those younger than the median age.

Psychiatric diagnosis and information on monthly receipt of assertive community treatment and intensive case management were obtained from Medicaid claims. Primary diagnoses were

obtained from these claims and grouped into four categories: schizophrenia spectrum disorder, bipolar disorder, major depressive disorder, and other. We counted the number of claims with each diagnosis; the most frequent diagnosis type over the study period was then used to classify the participant. For the five-county analysis, costs for persons residing in Albany, Erie, Monroe, and Rensselaer counties were compared with costs for persons residing in Nassau County as the reference category.

### Data Analysis

We first calculated rates of services utilization and the mean cost per person for each type of service used in three time periods: 1) the 12 months before discharge from the index hospitalization when assisted outpatient treatment was initiated; 2) the first 12 months after discharge from the index hospitalization; and 3) the second 12 months (i.e., the period from 13 to 24 months after discharge from the index hospitalization). Because assisted outpatient treatment orders varied in length, these subsequent 12-month periods represented costs incurred after assisted outpatient treatment was initiated, whether or not an assisted outpatient treatment order remained in place; this resembles an intent-to-treat analysis. Mean costs are presented in two ways: first as the average cost among those using the service (i.e., with nonusers removed from the denominator) and second as the average cost per person in assisted outpatient treatment (i.e., with all sample participants in the denominator.)

We also conducted a longitudinal multivariate regression analysis to assess the adjusted effect of assisted outpatient treatment status on total and mental health costs. The unit of analysis for these regression models was the person-month, reflecting multiple repeated observations for each participant. Assisted outpatient treatment status was coded as a time-varying descriptor for each monthly observation in the analysis. Monthly costs were regressed on dummy variables associated with monthly assisted outpatient treatment status (i.e., current or postassisted outpatient treatment compared with pre-assisted outpatient treatment).

A negative binomial model was estimated to accommodate dispersion in the cost data (19). We examined the negative binomial dispersion parameter to confirm that the negative binomial model was a better-fitting model than the Poisson model. We estimated robust standard errors to account for the nonindependence of observations. All analyses were conducted with SAS, version 9.2 (SAS Institute, Cary, N.C.). Separate analyses were conducted for samples from New York City and the five counties for both the assisted outpatient treatment group and the samples of individuals who did not qualify for assisted outpatient treatment. To examine the effect of missing data, we used several approaches to impute missing data and found that no approach appreciably affected the cost estimates.

## Results

The demographic and clinical characteristics of the two samples are summarized in Table 1. The mean age of participants was 40 years in the New York City sample and 42 years in the five-county sample. The majority of participants in both samples were men. Substantially more of the participants in the New York City sample were African American compared with the five-county sample. Four-fifths of those in the New York City sample (82%) and three-fourths of those in the five-county sample (75%) had a diagnosis of a schizophrenia spectrum disorder. More

**TABLE 1. Demographic and Clinical Characteristics of Assisted Outpatient Treatment Participants in New York City and Five New York Counties**

| Characteristic                       | New York City Sample (N=520) |       | Five-County Sample (N=114) |       |
|--------------------------------------|------------------------------|-------|----------------------------|-------|
|                                      | Mean                         | SD    | Mean                       | SD    |
| Age at index hospitalization (years) | 40.19                        | 10.97 | 42.22                      | 10.10 |
|                                      | N                            | %     | N                          | %     |
| Sex                                  |                              |       |                            |       |
| Male                                 | 340                          | 65.38 | 69                         | 60.53 |
| Female                               | 180                          | 34.62 | 45                         | 39.47 |
| Race/ethnicity                       |                              |       |                            |       |
| White, not Hispanic                  | 108                          | 20.77 | 60                         | 52.63 |
| Black, not Hispanic                  | 240                          | 46.15 | 46                         | 40.35 |
| Hispanic                             | 118                          | 22.69 | 4                          | 3.51  |
| Asian/Pacific Islander               | 28                           | 5.38  | 2                          | 1.75  |
| Other race/ethnicity                 | 25                           | 4.81  | 2                          | 1.75  |
| Diagnosis                            |                              |       |                            |       |
| Schizophrenia spectrum disorder      | 442                          | 85.00 | 86                         | 75.44 |
| Major depression                     | 46                           | 8.85  | 14                         | 12.28 |
| Bipolar disorder                     | 18                           | 3.46  | 12                         | 10.53 |
| Other                                | 14                           | 2.69  | 2                          | 1.75  |
| County                               |                              |       |                            |       |
| Albany                               |                              |       | 22                         | 19.30 |
| Erie                                 |                              |       | 17                         | 14.91 |
| Monroe                               |                              |       | 17                         | 14.91 |
| Nassau                               |                              |       | 40                         | 35.09 |
| Rensselaer                           |                              |       | 18                         | 15.79 |

than one-third of the five-county sample resided in Nassau County; the remainder of these participants were distributed fairly evenly among the other four counties.

The average rates of services utilization per person for the three 12-month periods, by sample, are presented in Table 2. For each category of service, we report the number and percent of the sample with any utilization during the period (i.e., at least one Medicaid claim for the type of service listed, at least one hospital admission in the case of New York State Office of Mental Health inpatient treatment, or at least one arrest, jail day, or prison day in the case of criminal justice involvement).

The main finding is that hospitalization declined markedly during the first 12 months after assisted outpatient treatment was initiated, while increases were seen in utilization of case management, assertive community treatment, other outpatient services, and psychotropic medication fills. In the second 12-month period, additional modest declines were observed for hospitalization rates, while case management and outpatient program participation also declined but remained above preassisted outpatient treatment levels. Declines were also seen in use of psychiatric emergency and crisis services, clinician visits, and criminal justice involvement. It is notable that, for the most part, increases in outpatient utilization rates were sustained into the third 12-month period of observation,

during which many assisted outpatient treatment participants were no longer subject to court-ordered treatment. These observed patterns were similar in both the New York City and five-county samples.

The summary costs per person with any utilization in each category for the three periods, by sample, are presented in Table 3. In the New York City sample, the average annual cost of New York State Office of Mental Health inpatient treatment per person hospitalized declined from about \$142,000 to about \$84,000 from the preassisted outpatient treatment period to the first 12 months after assisted outpatient treatment was initiated, and then it increased to about \$119,000 per person hospitalized in the second 12 months after assisted outpatient treatment. A similar pattern was observed among New York State Office of Mental Health-hospitalized participants in the five-county sample, except the second year trend reversal was proportionally smaller than it was in the New York City sample.

Considering Medicaid-paid hospitalization, consistent declines in cost per person hospitalized were seen in both periods following initiation of assisted outpatient treatment, and in both samples, but with a proportionately greater second-year decline in the five-county sample. In the New York City sample, Medicaid inpatient costs declined from about \$66,000 to about \$46,000 per person hospitalized (i.e., comparing the year before assisted outpatient treatment began to the second year after assisted outpatient treatment was initiated). In the five-county sample, a comparable total decline was observed, from about \$47,000 to about \$18,000 annually per person hospitalized.

These patterns are consistent with a pattern of fewer hospitalizations per person, reduced length of stay, or both, moving from before to after initiation of assisted outpatient treatment. At the same time, while hospitalization costs declined, average annual costs for outpatient (or noninpatient) treatment increased, from about \$6,000 per person served in the year before assisted outpatient treatment to about \$14,000–\$18,000 per person served after assisted outpatient treatment years began.

Overall, cost trends in the five-county sample resembled those observed in the New York City sample, with a few notable differences. The baseline annual cost per person served for all Medicaid-paid services was higher in the New York City sample, with about \$60,000 per person served, compared with about \$47,000 per person served in the five-county sample. However, both samples exhibited comparable proportional declines in per-person Medicaid costs across the three periods of observation: a 40% decline in the New York City sample and a 48% decline in the five-county sample from the year before initiation of assisted outpatient treatment to the second 12-month period after initiation of assisted outpatient treatment.

Average annual criminal justice costs (per person with any arrests or jail or prison days) revealed no clear pattern

TABLE 2. Prevalence of Service Utilization by Assisted Outpatient Treatment (AOT) Period and Sample

| Type of Service   | New York City Sample (N=520)            |      |  |      |   |      | Five-County Sample (N=114)              |      |  |      |   |      |
|---|---|------|--|------|---|------|---|------|--|------|---|------|
|   | 12-Month Period Before Discharge to AOT |      | First 12-Month Period After Discharge to AOT |      | Second 12-Month Period After Discharge to AOT |      | 12-Month Period Before Discharge to AOT |      | First 12-Month Period After Discharge to AOT |      | Second 12-Month Period After Discharge to AOT |      |
|   | N                                       | %    | N  | %    | N   | %    | N                                       | %    | N  | %    | N   | %    |
| <b>Mental health services</b>   |   |      |  |      |   |      |   |      |  |      |   |      |
| <b>Inpatient treatment</b>  |   |      |  |      |   |      |   |      |  |      |   |      |
| New York State Office of Mental Health hospitalization                  | 180                                     | 34.6 | 70   | 13.9 | 60  | 11.6 | 47                                      | 40.5 | 20   | 18.5 | 15  | 13.2 |
| Medicaid hospitalization  | 373                                     | 71.6 | 245  | 48.7 | 181   | 35.1 | 95                                      | 81.9 | 50   | 46.3 | 47  | 41.2 |
| <b>Noninpatient treatment (Medicaid)</b>                                |   |      |  |      |   |      |   |      |  |      |   |      |
| Case management (intensive, blended, supportive)                        | 136                                     | 26.1 | 318  | 63.2 | 237   | 45.9 | 43                                      | 37.1 | 63   | 58.3 | 60  | 52.6 |
| Assertive community treatment, day treatment, other outpatient programs | 367                                     | 70.4 | 446  | 88.7 | 400   | 77.5 | 91                                      | 78.4 | 105  | 97.2 | 106   | 93.0 |
| Clinician visits  | 218                                     | 41.8 | 167  | 33.2 | 117   | 22.7 | 56                                      | 48.3 | 36   | 33.3 | 32  | 28.1 |
| Outpatient prescription medication fills                                | 341                                     | 65.5 | 440  | 87.5 | 375   | 72.7 | 96                                      | 82.8 | 105  | 97.2 | 94  | 82.5 |
| Chemical dependency treatment   | 43                                      | 8.3  | 37   | 7.4  | 40  | 7.8  | 14                                      | 12.1 | 11   | 10.2 | 7   | 6.1  |
| Transportation to treatment   | 84                                      | 16.1 | 99   | 19.7 | 91  | 17.6 | 38                                      | 32.8 | 22   | 20.4 | 30  | 26.3 |
| Psychiatric emergency and crisis services                               | 184                                     | 35.3 | 152  | 30.2 | 121   | 23.5 | 46                                      | 39.7 | 40   | 37.0 | 33  | 28.9 |
| Partial hospitalization   | 39                                      | 7.5  | 64   | 12.7 | 26  | 5.0  | 20                                      | 17.2 | 20   | 18.5 | 4   | 3.5  |
| <b>Medical treatment (Medicaid)</b>                                     |   |      |  |      |   |      |   |      |  |      |   |      |
| Hospitalization   | 63                                      | 12.1 | 64   | 12.7 | 62  | 12.0 | 17                                      | 14.7 | 15   | 13.9 | 14  | 12.3 |
| Medical emergency department visits                                     | 146                                     | 28.0 | 134  | 26.6 | 131   | 25.4 | 36                                      | 31.0 | 41   | 38.0 | 44  | 38.6 |
| Outpatient treatment  | 329                                     | 63.2 | 387  | 76.9 | 348   | 67.4 | 72                                      | 62.1 | 89   | 82.4 | 84  | 73.7 |
| Outpatient prescription medication                                      | 261                                     | 50.1 | 365  | 72.6 | 317   | 61.4 | 74                                      | 63.8 | 90   | 83.3 | 82  | 71.9 |
| <b>Criminal justice services</b>  |   |      |  |      |   |      |   |      |  |      |   |      |
| Arrests   | 35                                      | 6.7  | 22   | 4.4  | 23  | 4.5  | 6                                       | 5.2  | 2  | 1.9  | 3   | 2.6  |
| Jail days   | 33                                      | 6.3  | 22   | 4.4  | 23  | 4.5  | 11                                      | 9.5  | 7  | 6.5  | 13  | 11.4 |
| Prison days   | 6                                       | 1.2  | 1  | 0.2  | 4   | 0.8  | 0                                       | 0.0  | 0  | 0.0  | 1   | 0.9  |

but mostly increased in both samples across the three periods. Thus, while there were fewer individuals involved with the criminal justice system during the periods after assisted outpatient treatment was initiated (as shown in Table 2), those who were arrested or spent time incarcerated incurred approximately the same or higher costs over the three study periods.

In summary, combining all costs, the average annual cost per person declined substantially and consistently across the three periods of observation, in both samples. In the New York City sample, average costs declined 50%, from about \$105,000 to about \$53,000 per person, and in the five-county sample, average costs declined 62%, from about \$104,000 to about \$39,000 per person. Most of the decline was seen in the first year after assisted outpatient treatment was initiated, with a larger incremental second-year decline in the five-county sample than in the New York City sample.

Costs by period and sample are presented in Figure 1, in which the total assisted outpatient treatment sample is used as the denominator (in contrast to the average costs presented in Table 3); this way of presenting the data

spreads the costs across the entire assisted outpatient treatment group rather than only among those utilizing a particular service. In summary, both samples exhibited substantial shifts in service costs, apparently driven by an increase in outpatient treatment costs and a corresponding decrease in psychiatric hospitalization costs. The legal and administrative costs of the assisted outpatient treatment program were small in comparison to the large costs, and apparent shifts in cost, associated with inpatient and outpatient mental health services utilization.

Finally, results of longitudinal multivariate regression analyses conducted to assess net effects of assisted outpatient treatment participation on service costs over time, controlling for demographic and clinical covariates, are presented in Table 4. Assisted outpatient treatment cost effects are presented in comparison to the analogous effects of voluntary participation in intensive community-based services (assertive community treatment or intensive case management) for the samples of persons with serious mental illness who did not qualify for assisted outpatient treatment in New York City and in the five counties. In these voluntary outpatient treatment comparison groups,

TABLE 3. Average Costs for Services Before and After Hospital Discharge Initiating Assisted Outpatient Treatment (AOT), By Sample<sup>a</sup>

| Type of Service   | Mean Cost Per Person                    |  |   |   |  |   |
|---|---|--|---|---|--|---|
|   | New York City Sample (N=520)            |  |   | Five-County Sample (N=114)              |  |   |
|   | 12-Month Period Before Discharge to AOT | First 12-Month Period After Discharge to AOT | Second 12-Month Period After Discharge to AOT | 12-Month Period Before Discharge to AOT | First 12-Month Period After Discharge to AOT | Second 12-Month Period After Discharge to AOT |
| <b>AOT legal assistance and program administration</b>                              |   |  |   |   |  |   |
| Mental Hygiene Legal Service  | \$0                                     | \$425  | \$312   | \$0                                     | \$371  | \$312   |
| AOT program administration  | \$0                                     | \$4,546                                      | \$3,329                                       | \$0                                     | \$4,735                                      | \$3,977                                       |
| Group average for AOT legal assistance and program administration                   | \$0                                     | \$4,971                                      | \$3,641                                       | \$0                                     | \$5,106                                      | \$4,289                                       |
| <b>Mental health treatment</b>  |   |  |   |   |  |   |
| <b>Inpatient treatment</b>  |   |  |   |   |  |   |
| New York State Office of Mental Health index hospitalization                        | \$41,844                                |  |   | \$53,885                                |  |   |
| New York State Office of Mental Health non-index hospitalization                    | \$7,356                                 |  |   | \$18,013                                |  |   |
| Group average for New York State Office of Mental Health hospitalization            | \$142,401                               | \$83,592                                     | \$119,322                                     | \$139,619                               | \$73,823                                     | \$79,733                                      |
| Medicaid index hospitalization  | \$36,489                                |  |   | \$36,380                                |  |   |
| Medicaid non-index hospitalization  | \$43,306                                |  |   | \$21,104                                |  |   |
| Group average for Medicaid hospitalization  | \$65,740                                | \$46,918                                     | \$45,418                                      | \$47,265                                | \$30,631                                     | \$18,262                                      |
| <b>Noninpatient treatment</b>   |   |  |   |   |  |   |
| Case management (intensive, blended, supportive)                                    | \$3,192                                 | \$4,864                                      | \$5,507                                       | \$2,775                                 | \$5,260                                      | \$5,134                                       |
| Assertive community treatment, day treatment, other outpatient programs             | \$2,216                                 | \$7,999                                      | \$8,089                                       | \$2,413                                 | \$9,237                                      | \$7,226                                       |
| Clinician visits  | \$349                                   | \$258  | \$288   | \$550                                   | \$316  | \$241   |
| Outpatient prescription medication fills  | \$2,452                                 | \$4,021                                      | \$4,133                                       | \$2,706                                 | \$4,822                                      | \$3,872                                       |
| Chemical dependency treatment   | \$2,878                                 | \$4,379                                      | \$2,977                                       | \$1,127                                 | \$1,394                                      | \$1,528                                       |
| Transportation to treatment   | \$108                                   | \$150  | \$173   | \$175                                   | \$103  | \$207   |
| Psychiatric emergency department and crisis services                                | \$499                                   | \$495  | \$752   | \$696                                   | \$372  | \$398   |
| Partial hospitalization   | \$4,575                                 | \$6,303                                      | \$4,815                                       | \$1,043                                 | \$1,625                                      | \$1,915                                       |
| Group average for noninpatient mental health treatment                              | \$5,946                                 | \$15,760                                     | \$14,784                                      | \$6,306                                 | \$17,365                                     | \$13,651                                      |
| Group average for Medicaid-paid mental health treatment                             | \$58,225                                | \$38,817                                     | \$32,383                                      | \$45,708                                | \$31,678                                     | \$21,472                                      |
| <b>Medical treatment</b>  |   |  |   |   |  |   |
| Hospitalization   | \$16,377                                | \$28,971                                     | \$21,182                                      | \$3,937                                 | \$6,334                                      | \$11,336                                      |
| Medical emergency department visits   | \$288                                   | \$276  | \$250   | \$334                                   | \$370  | \$340   |
| Outpatient treatment  | \$375                                   | \$668  | \$697   | \$270                                   | \$426  | \$482   |
| Outpatient prescription medication  | \$764                                   | \$1,077                                      | \$767   | \$994                                   | \$1,511                                      | \$1,245                                       |
| Group average for medical treatment   | \$4,131                                 | \$6,174                                      | \$4,991                                       | \$1,901                                 | \$3,012                                      | \$3,425                                       |
| <b>Criminal justice services</b>  |   |  |   |   |  |   |
| Arrests   | \$3,511                                 | \$3,420                                      | \$5,016                                       | \$2,926                                 | \$2,508                                      | \$2,508                                       |
| Jail  | \$5,841                                 | \$7,102                                      | \$12,248                                      | \$16,650                                | \$12,606                                     | \$13,308                                      |
| Prison  | \$5,461                                 | \$11,352                                     | \$17,953                                      | \$0                                     | \$0  | \$10,664                                      |
| Group average for criminal justice services   | \$9,169                                 | \$9,997                                      | \$17,820                                      | \$16,726                                | \$11,657                                     | \$15,203                                      |
| Group average for Medicaid-paid services  | \$60,201                                | \$43,959                                     | \$36,129                                      | \$47,205                                | \$34,408                                     | \$24,422                                      |
| Group average for New York State Office of Mental Health and Medicaid-paid services | \$104,084                               | \$55,448                                     | \$50,546                                      | \$102,554                               | \$48,207                                     | \$35,170                                      |
| <b>Group average for all costs</b>  | <b>\$104,753</b>                        | <b>\$59,924</b>                              | <b>\$52,386</b>                               | <b>\$104,284</b>                        | <b>\$53,683</b>                              | <b>\$39,142</b>                               |

<sup>a</sup> Costs are per-person averages for subgroups with any utilization in each category of service and do not sum to the total costs for the sample.

average per-person costs for the New York City and five-county samples were \$7,056 and \$4,420, respectively, in the preintensive service 12-month period, and they declined to \$4,549 and \$3,457, respectively, in the first year and to \$3,764 and \$3,379, respectively, in the second year.

Significant cost-reducing effects associated with assisted outpatient treatment were found for mental health treatment costs and total state costs in both the New York City and five-county samples. Medication adherence also was associated independently with lower service costs in these samples. Regression analyses for the voluntary treatment sample from New York City revealed significant declines in costs associated with voluntary participation in intensive services, although these declines were smaller and of less significance, about half as large as the declines related to assisted outpatient treatment. In the five-county analyses, in contrast to assisted outpatient treatment, voluntary participation in intensive services was not significantly associated with declines in mental health costs or total state costs.

## Discussion

Assisted outpatient treatment remains controversial despite evidence of its effectiveness. Forty-five states now permit outpatient commitment in some form, yet the practice has been implemented only sporadically, if at all (20). Several factors may explain the low penetration of assisted outpatient treatment (7, 21–23). Vocal mental health consumer advocates oppose it, and some mental health clinicians and administrators raise liability and operational concerns. Furthermore, some view outpatient commitment as diverting resources from voluntary service recipients, a claim that might be refuted if assisted outpatient treatment reduces overall treatment costs (24–26).

The question of cost comes into play in policy arguments for and against assisted outpatient treatment. If assisted outpatient treatment is a net drain on resources or precipitates “queue jumping” in a zero-sum game for public resources, then it may be difficult to justify this type of program even if it “works” for a small number of people. However, if assisted outpatient treatment offsets other medical costs, such as reducing hospitalizations for state-supported clients, then policy makers may be on firmer ground in arguing in favor of funding it. In the end, assisted outpatient treatment may benefit not only the people who receive court-ordered treatment but also those who will be served in a more efficient public behavioral health care system, a system with greater capacity that produces better outcomes for a broader population in need (27).

Our analyses for New York State suggest that assisted outpatient treatment reduces total state costs for those it serves, mainly by shifting patterns of service provision from repeated inpatient episodes to regular outpatient

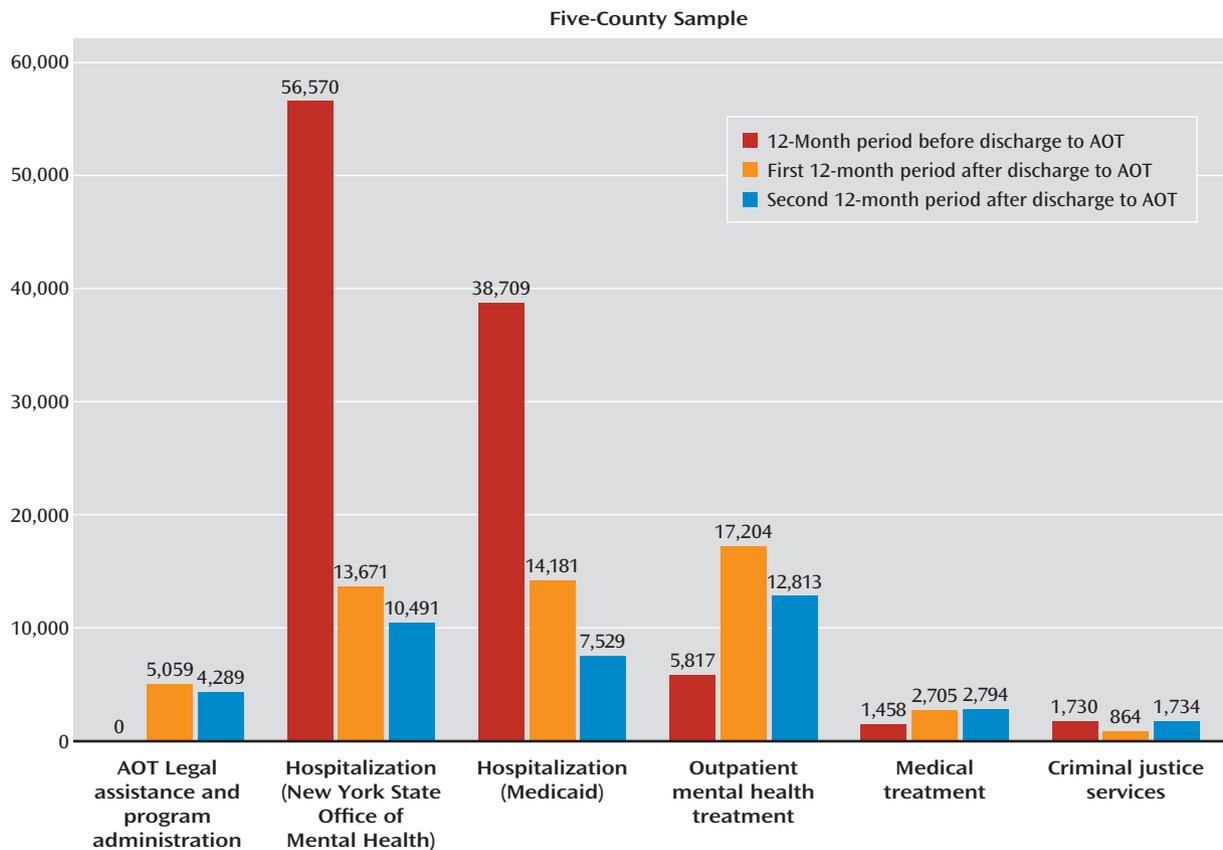
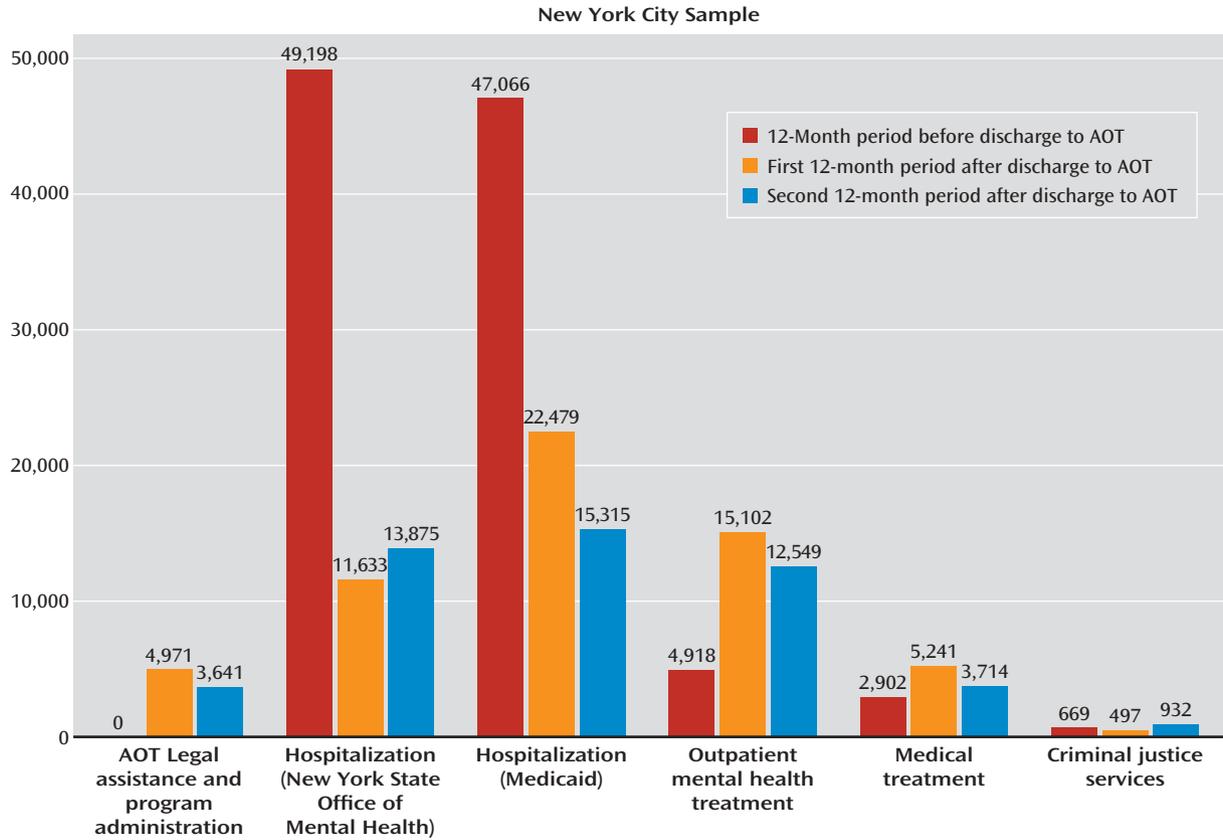
care and improved receipt of appropriate psychotropic medications. In the New York City sample, total combined costs for the assisted outpatient treatment program, mental health and medical treatment, and criminal justice services declined 50% in the first year after assisted outpatient treatment began and an additional 13% in the second year. In the five-county sample, these declines were even greater: 62% in the first year after treatment initiation and an additional 27% in the second year. However, these results from New York may not generalize to other states, where this type of program may operate differently and where the public system may be less generously funded; even in New York, the gains may not be sustainable if treatment resources are substantially reduced. Our analyses estimate net treatment and programmatic costs, and we did not attempt to estimate a host of other costs and savings that may result from reduced family or caregiver burden or other costs to society.

Parallel analyses for a sample of voluntary participants in intensive community-based services produced mixed results. In the New York City comparison sample, voluntary participation in assertive community treatment or intensive case management was associated with significant net declines in mental health service costs and total state costs, although the relative declines were not as dramatic as the declines related to assisted outpatient treatment. However, in the five-county comparison sample, no significant declines in costs were associated with voluntary community-based service participation.

The nonrandomized comparison of assisted outpatient treatment with voluntary treatment effects is limited; the fact that one group qualified for assisted outpatient treatment and the other group did not means that the groups differed in ways that could not be observed and controlled for. However, the before-and-after adjusted time-series comparison for the assisted outpatient treatment group is a quasi-experimental design capable of accounting for time-invariant differences across groups. Furthermore, our comparison uses the large number of person-period observations that are available for the periods before, as well as during and after, assisted outpatient treatment. Because of this relatively long period of observation before the start of the court-ordered treatment, these results are unlikely to be a result of regression to the mean, and because the program has been in place for several years, these results are also unlikely to be a transient response to programmatic change.

In short, these cost estimates provide crucial information to help public policy makers decide whether assisted outpatient treatment is warranted from both fiscal and clinical perspectives. Results of this study reveal significantly reduced overall costs under New York’s assisted outpatient treatment program, attributable mainly to a marked shift in patterns of mental health services provision from inpatient to outpatient care settings. For a

FIGURE 1. Summary Costs by Category, Assisted Outpatient Treatment (AOT) Period, and Sample



**TABLE 4. Regression-Adjusted Effects of Assisted Outpatient Treatment (AOT) and Non-AOT Intensive Services on Mental Health and Total State Costs (By Sample)<sup>a</sup>**

| Effect   | New York City Sample                                     |      |  |      | Five-County Sample                                      |      |   |      |
|--|--|------|--|------|---|------|---|------|
|  | AOT Sample<br>(N=16,284<br>Person-Month<br>Observations) |      | Non-AOT Sample<br>(N=11,541<br>Person-Month<br>Observations) |      | AOT Sample<br>(N=3,719<br>Person-Month<br>Observations) |      | Non-AOT<br>Sample (N=2,641<br>Person-Month<br>Observations) |      |
|  | B  | SE   | B  | SE   | B   | SE   | B   | SE   |
| <b>Effects on mental health treatment costs</b>                    |  |      |  |      |   |      |   |      |
| Intervention (AOT or non-AOT intensive services)                   |  |      |  |      |   |      |   |      |
| Twelve months before start of intervention<br>(reference category) |  |      |  |      |   |      |   |      |
| Actively receiving intervention                                    | -0.62***   | 0.07 | -0.27**  | 0.09 | -0.39*  | 0.18 | 0.16  | 0.18 |
| Postintervention period  | -0.86***   | 0.11 | -0.39**  | 0.14 | -1.00***  | 0.24 | 0.14  | 0.29 |
| Medication adherence   |  |      |  |      |   |      |   |      |
| Prescriptions filled to cover >80% of days needed                  | -0.54***   | 0.05 | -0.17*   | 0.07 | -0.46***  | 0.12 | -0.07   | 0.11 |
| <b>Effects on total state costs</b>                                |  |      |  |      |   |      |   |      |
| Intervention (AOT or non-AOT intensive services)                   |  |      |  |      |   |      |   |      |
| Twelve months before start of intervention<br>(reference category) |  |      |  |      |   |      |   |      |
| Actively receiving intervention                                    | -0.56***   | 0.06 | -0.28**  | 0.09 | -0.37*  | 0.16 | 0.27  | 0.16 |
| Postintervention period  | -0.77***   | 0.10 | -0.39**  | 0.13 | -0.96***  | 0.22 | 0.31  | 0.25 |
| Medication adherence   |  |      |  |      |   |      |   |      |
| Prescriptions filled to cover >80% of days needed                  | -0.52***   | 0.05 | -0.15*   | 0.06 | -0.43***  | 0.11 | -0.12   | 0.10 |

<sup>a</sup> Models are adjusted for study month, participants' demographic characteristics (age, sex, and race/ethnicity), psychiatric diagnosis, and county of residence.

\*  $p < 0.05$ . \*\* $p < 0.01$ . \*\*\* $p < 0.001$ .

large proportion of baseline services, costs were associated with lengthy hospitalizations preceding assisted outpatient treatment, which suggests that averting extended inpatient treatment could yield significant savings. However, while assisted outpatient treatment programs typically start after inpatient admissions, this is not a program requirement. Assisted outpatient treatment programs that are not preceded by a hospitalization may not result in as significant a savings. Finally, for persons with serious mental illnesses who do not legally qualify for assisted outpatient treatment, voluntary participation in intensive community-based services may also reduce overall service costs over time, at least in a population and mental health system resembling that of New York City.

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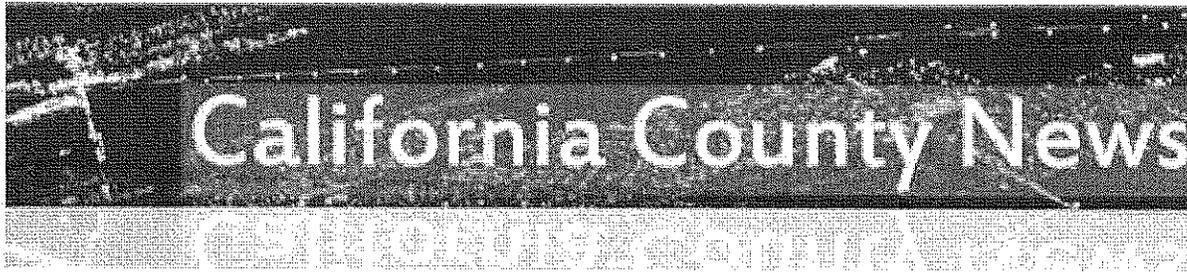
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## Alameda County Supervisors Back Off of Laura's Law Pilot Program

The Alameda County Board of Supervisors voted Tuesday to delay implementation of a pilot program which would have allowed for involuntary treatment of the county's most severely mentally ill.

The proposed 1-year pilot program would have provided intensive, court-ordered outpatient treatment to a maximum of 5 individuals who are currently refusing treatment for serious psychiatric illnesses.

The plan, which was largely billed as a more compassionate alternative to emergency detentions, stemmed from recommendations of state Assembly Bill 1421, also known as Laura's Law. The measure, which was **signed into law by Governor Gray Davis** in 2002, allows for court-appointed, mandatory outpatient therapy for those deemed "dangerously mentally ill," but is only effective in counties which have agreed to implement it.

So far, the only county to have fully implemented the law is that of Nevada County—the home of homicide victim Laura Wilcox, for whom the law is named—though the counties of San Diego and San Francisco have adopted similar programs of their own.

With the highest psychiatric detention rate in California, Alameda appeared to be the next best venue for a Laura's Law-inspired pilot program. But after an intense meeting Tuesday, featuring spirited opinions from both sides, Alameda supervisors opted to delay the proposal for 90 days and asked health officials to provide them with a better set of recommendations. The vote was 3 to 1 with Supervisor Nate Miley abstaining.

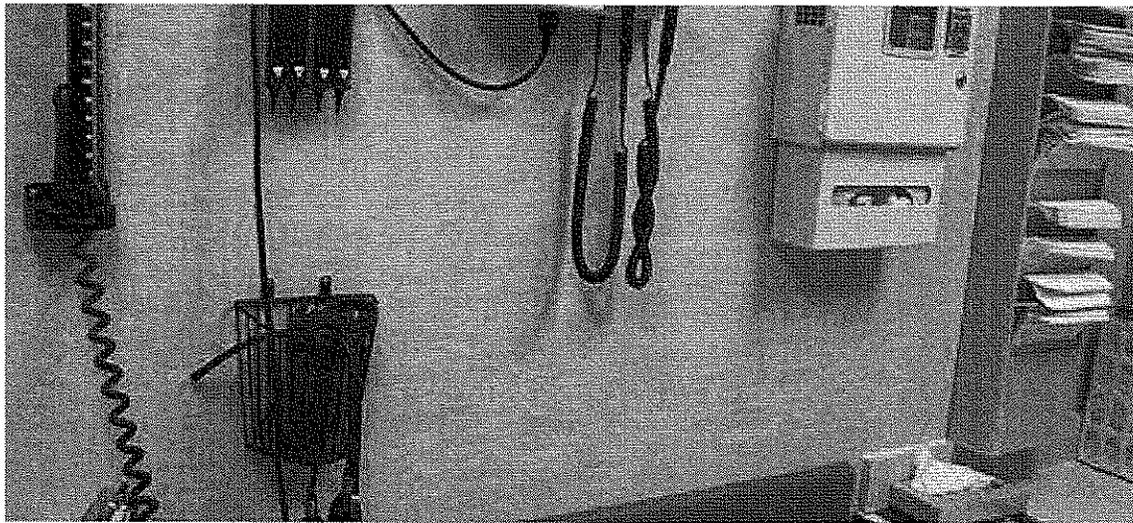
While individuals would not be forced to take medication under the proposal, they could be coerced into attending various counseling services. Opponents of the plan, including Lisa Smusz, director of Peers Envisioning and Engaging in Recovery Services, said such a form of coerced treatment was still unacceptable.

"It's outpatient, but it's still forced," **Smusz said previously**. "At any time you introduce force into a situation, where you're talking about somebody getting treatment, where they're forced to get a treatment, the

efficacy or how well that's going to work, it's going to fall apart basically because of that."

Alameda County Supervisor Wilma Chan was the only member of the board to vote against the proposal's delay.

Read more about the decision to delay implementation of the Laura's Law pilot program [here](#).



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