

Estimated First Year Costs for Implementation of Laura's Law Pilot Program

(General Fund Expenditure)

<u>County Counsel</u>	
Review 30 referrals*	3,000
File 12 petitions	36,000
	<u>39,000</u>

*first year # of referrals may be higher

<u>Public Defender</u>	
12 cases	36,000

<u>HHSA</u>	
Training	5,000
Administrative	10,000
Evaluation	10,000
	<u>25,000</u>

<u>Courts</u>	
No additional costs	-

District Attorney
No Information Available
to include in this report

General Fund Cost** **100,000**

**Does not include any costs
that may be incurred by the
District Attorney

(Mental Health Services Act (MHSA) Expenditure)

Assisted Outpatient Estimated Cases = 4 (\$15,000 ea.)
Therapy (MHSA)

Estimated Expenditure **\$60,000**

Total Estimated Cost **\$160,000**



Mendocino County Health & Human Services Agency

Healthy People, Healthy Communities

Stacey Cryer, Director

Behavioral Health and Recovery Services



November 10, 2014

To: The Honorable Board of Supervisors

From: Stacey Cryer
Health and Human Services Agency Director

Subject: Recommendations and Report Regarding AB 1421 (Laura's Law) for the County of Mendocino

AB 1421 became known as Laura's Law following the tragic death of Laura Wilcox in Nevada County and became effective in California January 1, 2003. The purpose of AB 1421 is to provide assisted outpatient treatment to individuals who cannot access community mental health services voluntarily because of their mental illness. Under AB 1421, a person may be court ordered to receive services if a petition is filed with the Superior Court at the direction of the Mental Health Director for a hearing to determine the person's eligibility. AB 1421 is operative in counties in which the Board of Supervisors have passed a resolution authorizing its use and makes a finding that no voluntary mental health program servicing adults, and no children's mental health program, may be reduced as a result of its implementation. WIC § 5349.

Previous Board Actions

On June 27, 2012, the Mendocino Mental Health Advisory Board (MHAB) met for a presentation on AB 1421. The MHAB voted six yeas and one abstention to advise the Mendocino County Board of Supervisors to research alternative options to AB 1421, such as a Mental Health Court, expansion of Full Service Partnerships (FSP) and continuing utilization of conservatorships.

On July 10, 2012, Mendocino County's Health and Human Services Agency and the Public Defender's office provided a presentation to the Mendocino County Board of Supervisors on AB 1421, Laura's Law. AB1421 was not implemented. The Board of Supervisors directed County staff to pursue implementation of programs through the application of existing funding including the Mental Health Court/Homeless Court, expansion of Full Service Partnerships (FSP) and formation of an Assertive Care Management Team. At this time, Nevada County and a small pilot program in Los Angeles were the only California Counties which had implemented Laura's Law.

On October 15, 2012, Supervisors McCowen and Hamburg provided an update to the Board of Supervisors on the actions of County staff regarding the formation of a Mental Health/Homeless Court and were appointed to an Ad Hoc Committee to participate in the Mental Health Court Planning meetings.

On August 12, 2014, an update on the 11 o'clock Court calendar was provided to the Board of Supervisors.

Quarterly updates from Behavioral Health and Recovery Services have been provided to the Board of Supervisors, which have included information on full services partnership.

New Information since July 10, 2012

The MHAB held two special meetings pertaining to AB 1421. First, an educational meeting was held in Willits on October 31, 2013. A second meeting was held, in Ukiah on May 7, 2014, to discuss and take action on a recommendation regarding AB 1421. The MHAB voted 9-0 to advise the Board of Supervisors to implement AB 1421.

When Laura's Law was presented to the Board of Supervisors on July 10, 2012, the use of Mental Health Services Act (MHSA) funds was unclear. Senate Bill 585, which passed on September 9, 2013, clarified that MHSA funds could be used for the cost of treatment.

All other costs of implementing AB 1421 including start up and ongoing operational cost will be a general fund expense.

Several California Counties have now implemented Laura's Law.

- Los Angeles is preparing to expand to full expansion (360 Slots).
- Yolo County implemented a pilot program in June 2013 and expanded to a full ongoing program July 2014 (4 Slots).
- The Orange County Board of Supervisors voted in May 2014 to fully implement (170 slots).
- San Francisco Board of Supervisors voted in favor of full implementation in July 2014.

Some Counties are choosing to focus their energy on alternatives to Laura's Law such as San Diego, who implemented an In-home outreach team. Also in February 2014, Alameda's Board of Supervisors voted to delay action. Many Counties are still in discussions.

Mendocino County

The standard metrics is one treatment slot per 25,000 population. For our size County, we would recommend a maximum of four treatment slots at any given time.

AB 1421 is court ordered out-patient treatment, known as Assisted Outpatient Treatment (AOT). W&I Code 5348 Section 5346. There are many direct partners in this program: Judges and courts; Public Defenders office; District Attorney; County Counsel; Sheriff; Mental Health Director; Patient rights advocates and multi-disciplinary Mental Health Team. Each partner has a role as defined in the legislation.

Funding

Cost estimates for AB 1421 are attached.

Options for Consideration

1. Implement a general funded program under AB 1421 as advised by the Mendocino Mental Health Advisory Board during their special meeting on May 7, 2014. Direct County staff to further explore implementation of AB 1421 and associated costs and bring back an implementation plan, timeline, resolution and required certifications.
2. Continue the Board action of July 10, 2012; staff to continue implementation of programs through the application of existing funding, including Mental Health Court/Homeless Court, expansion of full services Partnerships and formation of an Assertive Care Management Team, 11 o'clock calendar.
3. Implement a one year pilot program under AB 1421 utilizing the Assertive Community Treatment model, for up to four treatment slots at any given time. Evaluate the pilot program for consideration for on-going implementation. Continue the 11 o'clock Court Calendar and Full Service Partnership expansion.

Recommendation

That the Board consider implementing a one year pilot program under AB 1421 utilizing the Assertive Community Treatment model, for up to four treatment slots at any given time, effective July 1, 2015. Evaluate the pilot program for consideration for on-going implementation. Continue the 11 o'clock Court Calendar and Full Service Partnership expansion.

Attachments

1. Laura's Law Implementation Requirements
2. AB 1421 Fact Sheet
3. Senate Bill Number 585
4. Mendocino County Mental Health Board Meeting Minutes – October 31, 2013
5. Mendocino County Mental Health Advisory Board Meeting Minutes – May 7, 2014
6. Spreadsheet of Estimated Costs

Laura's Law Implementation Requirements

Board of Supervisors' Resolution certifying that no voluntary mental health program serving adults or children is to be reduced as a result of implementation of an Assisted Outpatient Treatment (AOT) Program.

Assurance of Compliance (signed by the Director) that the County will comply with the provisions of the law as codified in W&IC Sections 5345 to 5349.5.

Development of comprehensive, wide ranged service delivery plan; involving a variety of stakeholders.

Documentation of Mendocino Mental Health Advisory Board's review of the County's plan for implementation of an AOT program.

Development of a comprehensive training and education program.

Annual reports to the State Department of Mental Health and oversight committee with required data.

"LAURA'S LAW" – WELFARE & INSTITUTIONS CODES 5345-5349.5

1. **Background**
 - In 2002 AB 1421 aka *Laura's Law* gave County Boards of Supervisors the option to implement Assisted Outpatient Treatment (AOT) programs as described in W & I Codes 5345-5349.5 in their counties. Section 5349 provided that no voluntary mental health program could be reduced in order to establish and pay for such programs.
2. **Eligibility Criteria**
 - Person must be 18 years or older
 - Must be suffering from a "Serious Mental Illness" – defined in WIC 5600.3
 - Is unable to "survive safely" in the community without "supervision"
 - Has a history of "lack of compliance with treatment," as evidenced by at least one;
 - i. Been hospitalized/incarcerated 2 or more times in last 36 months due to mental illness
 - ii. Demonstrated violent behavior towards self or others in the last 48 months
 - The person must have been offered and refused treatment on a voluntary basis
 - Their condition must be "deteriorating"
 - Assisted Outpatient Treatment (AOT) is considered the least restrictive treatment
 - AOT is needed to prevent relapse or further deterioration
 - The person will likely benefit from AOT
3. **Petition Process**
 - A request to file a petition to the Court is made to the County Mental Health Director, by any;
 - i. Adult, with whom the person resides
 - ii. Parent, spouse, sibling or child of person – 18 or older
 - iii. Director/designee of the mental health treatment facility or residential facility where person is/was receiving treatment
 - iv. Licensed mental health treatment provider for the person
 - v. Law enforcement, including parole and probation
4. **Investigation Process**
 - Licensed designee of Mental Health Director performs clinical investigation, and if request is confirmed, a petition to the Court includes;
 - i. Summary of the eligibility criteria met
 - ii. Facts supporting the clinical opinion
 - iii. The person must be currently residing in County
 - iv. Clinician must have examined person in last 10 days
 - If person refuses exam, Court may order up to 72 hour hospitalization. Person must meet 5150/5250 criteria for continued stay
 - v. Services recommended must be openly available in the community, and offered voluntarily
5. **Court Enforcement**
 - If petition upheld by "Clear & Convincing Evidence" standard, Court orders person to AOT
 - Initial period of 6 months, with 6 month renewal increments
 - Director of treatment facility must file affidavit every 60 days, attesting to continued need
 - If person refuses treatment, cannot force
 - i. Court orders person to meet with treatment team to "gain the person's cooperation"
 - ii. Failing that, 72 hr hospitalization "hold" to "gain the person's cooperation"
 - iii. Failing that, person would have to meet 5150/5250 criteria for continued stay in hospital
 - iv. Refusal to participate does not fall within "contempt of Court"
 - v. Rehearing required for involuntary medication
6. **Assisted Outpatient Treatment**
 - Like a full service partnership, 1:10 staff client ratio, community-based, mobile, multidisciplinary, rehabilitation & recovery focused, provides housing
 - Services must also be available on a voluntary basis in community, available to all (not just those under Laura's Law and Laura's Law services cannot be at expense of other services)
 - There is no provision for involuntary medication other than available under current law

Senate Bill No. 585

CHAPTER 288

An act to amend Sections 5349, 5801, and 5813.5 of the Welfare and Institutions Code, relating to mental health, and making an appropriation therefor.

[Approved by Governor September 9, 2013. Filed with
Secretary of State September 9, 2013.]

LEGISLATIVE COUNSEL'S DIGEST

SB 585, Steinberg. Mental health: Mental Health Services Fund.

Existing law contains provisions governing the operation and financing of community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified.

The act establishes the Mental Health Services Fund, continuously appropriated to and administered by the State Department of Health Care Services, to fund specified county mental health programs, including programs funded under the Adult and Older Adult Mental Health System of Care Act. The Adult and Older Adult Mental Health System of Care Act establishes service standards that require, among other things, that a service planning and delivery process provides for services that are client directed and employ psychosocial rehabilitation and recovery principles. The act authorizes the Legislature to clarify procedures and terms of the act by majority vote.

Existing law, the Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, until January 1, 2017, regulates designated assisted outpatient treatment services, which counties may choose to provide for their residents. In counties where assisted outpatient treatment services are available, a person is authorized to obtain assisted outpatient treatment pursuant to an order if requisite criteria are met, as specified. Under that law, participating counties are required to provide prescribed assisted outpatient services, including a service planning and delivery process, that are client directed and employ psychosocial rehabilitation and recovery principles.

This bill would clarify that services provided under Laura's Law may be provided pursuant to the procedures specified in the Mental Health Services Act, thereby making an appropriation.

Because the bill would clarify the procedures and terms of Proposition 63, it would require a majority vote of the Legislature.

Under existing law, the underlying philosophy for the system of care for adults and older adults includes clients who should be fully informed and volunteer for all treatments provided, unless danger to self or others or grave disability requires temporary involuntary treatment.

This bill would include within those exceptions clients who are under court order for treatment, as specified.

Existing law establishes the Local Revenue Fund, which contains specified accounts and subaccounts, including the Mental Health Subaccount, the Mental Health Equity Subaccount, and the Vehicle License Collection Account. Existing law establishes the Local Revenue Fund 2011, which contains specified accounts and subaccounts, including the Mental Health Account and the Behavioral Health Subaccount within the Support Services Account.

This bill would, to the extent otherwise permitted under state and federal law, specify that counties that elect to implement Laura's Law may pay for those services using funds distributed to counties from the Mental Health Subaccount, the Mental Health Equity Subaccount, and the Vehicle License Collection Account of the Local Revenue Fund, funds from the Mental Health Account and the Behavioral Health Subaccount, within the Support Services Account of the Local Revenue Fund 2011, funds from the Mental Health Services Fund, and any other funds from which the Controller makes distributions to the counties, for those purposes.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. The Legislature hereby finds and declares that the provisions of this act are consistent with, and further the intent of, the Mental Health Services Act.

SEC. 2. Section 5349 of the Welfare and Institutions Code is amended to read:

5349. This article shall be operative in those counties in which the county board of supervisors, by resolution or through the county budget process, authorizes its application and makes a finding that no voluntary mental health program serving adults, and no children's mental health program, may be reduced as a result of the implementation of this article. To the extent otherwise permitted under state and federal law, counties that elect to implement this article may pay for the provision of services under Sections 5347 and 5348 using funds distributed to the counties from the Mental Health Subaccount, the Mental Health Equity Subaccount, and the Vehicle License Collection Account of the Local Revenue Fund, funds from the Mental Health Account and the Behavioral Health Subaccount within the Support Services Account of the Local Revenue Fund 2011, funds from the Mental Health Services Fund when included in county plans pursuant to Section 5847, and any other funds from which the Controller makes distributions to the counties for those purposes. Compliance with this section

shall be monitored by the State Department of Health Care Services as part of its review and approval of county performance contracts.

SEC. 3. Section 5801 of the Welfare and Institutions Code is amended to read:

5801. (a) A system of care for adults and older adults with severe mental illness results in the highest benefit to the client, family, and community while ensuring that the public sector meets its legal responsibility and fiscal liability at the lowest possible cost.

(b) The underlying philosophy for these systems of care includes the following:

(1) Mental health care is a basic human service.

(2) Seriously mentally disordered adults and older adults are citizens of a community with all the rights, privileges, opportunities, and responsibilities accorded other citizens.

(3) Seriously mentally disordered adults and older adults usually have multiple disorders and disabling conditions and should have the highest priority among adults for mental health services.

(4) Seriously mentally disordered adults and older adults should have an interagency network of services with multiple points of access and be assigned a single person or team to be responsible for all treatment, case management, and community support services.

(5) The client should be fully informed and volunteer for all treatment provided, unless danger to self or others or grave disability requires temporary involuntary treatment, or the client is under a court order for assisted outpatient treatment pursuant to Section 5346 and, prior to the filing of the petition for assisted outpatient treatment pursuant to Section 5346, the client has been offered an opportunity to participate in a treatment plan on a voluntary basis and has failed to engage in that treatment.

(6) Clients and families should directly participate in making decisions about services and resource allocations that affect their lives.

(7) People in local communities are the most knowledgeable regarding their particular environments, issues, service gaps and strengths, and opportunities.

(8) Mental health services should be responsive to the unique characteristics of people with mental disorders including age, gender, minority and ethnic status, and the effect of multiple disorders.

(9) For the majority of seriously mentally disordered adults and older adults, treatment is best provided in the client's natural setting in the community. Treatment, case management, and community support services should be designed to prevent inappropriate removal from the natural environment to more restrictive and costly placements.

(10) Mental health systems of care shall have measurable goals and be fully accountable by providing measures of client outcomes and cost of services.

(11) State and county government agencies each have responsibilities and fiscal liabilities for seriously mentally disordered adults and seniors.

SEC. 4. Section 5813.5 of the Welfare and Institutions Code is amended to read:

5813.5. Subject to the availability of funds from the Mental Health Services Fund, the state shall distribute funds for the provision of services under Sections 5801, 5802, and 5806 to county mental health programs. Services shall be available to adults and seniors with severe illnesses who meet the eligibility criteria in subdivisions (b) and (c) of Section 5600.3. For purposes of this act, seniors means older adult persons identified in Part 3 (commencing with Section 5800) of this division.

(a) Funding shall be provided at sufficient levels to ensure that counties can provide each adult and senior served pursuant to this part with the medically necessary mental health services, medications, and supportive services set forth in the applicable treatment plan.

(b) The funding shall only cover the portions of those costs of services that cannot be paid for with other funds including other mental health funds, public and private insurance, and other local, state, and federal funds.

(c) Each county mental health program's plan shall provide for services in accordance with the system of care for adults and seniors who meet the eligibility criteria in subdivisions (b) and (c) of Section 5600.3.

(d) Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:

(1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.

(2) To promote consumer-operated services as a way to support recovery.

(3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.

(4) To plan for each consumer's individual needs.

(e) The plan for each county mental health program shall indicate, subject to the availability of funds as determined by Part 4.5 (commencing with Section 5890) of this division, and other funds available for mental health services, adults and seniors with a severe mental illness being served by this program are either receiving services from this program or have a mental illness that is not sufficiently severe to require the level of services required of this program.

(f) Each county plan and annual update pursuant to Section 5847 shall consider ways to provide services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program. Funds shall not be used to pay for persons incarcerated in state prison or parolees from state prisons. When included in county plans pursuant to Section 5847, funds may be used for the provision of mental health services under Sections 5347 and 5348 in counties that elect to participate in the Assisted Outpatient Treatment Demonstration Project Act of 2002 (Article 9 (commencing with Section 5345) of Chapter 2 of Part 1).

(g) The department shall contract for services with county mental health programs pursuant to Section 5897. After the effective date of this section,

the term grants referred to in Sections 5814 and 5814.5 shall refer to such contracts.

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MENDOCINO COUNTY MENTAL HEALTH BOARD MEETING

Special Session Minutes – October 31, 2013

BEFORE THE MENTAL HEALTH BOARD
 COUNTY OF MENDOCINO • STATE OF CALIFORNIA

REGULAR MEETING SPECIAL SESSION

The Mental Health Board of Mendocino County met for special session on October 31, 2013 at 10:00 a.m. at WISC, Atlantic Conference Room, 220 Lenore Ave, Willits

AGENDA ITEM NO. 1– OPEN SESSION, CALL TO ORDER, AND ROLL CALL, AGENDA CHANGES, QUORUM NOTICE– 3 MINUTES

Interim Chair Gorny called the meeting to order and took roll call, 10:05 a.m.

Mental Health Board members present: Interim Chair Presiding – Denise Gorny, John Wetzler, Dina Ortiz, James Bassler, Roger Schwartz, William Russell, Debra Ponton, Judy Judd, and Jane Ellen McCabe

Mental Health Board members absent: Jefferson Nerney (LOA), Alyson Blair, Vonna Kindred-Myers (excused) and Ken Scofield, Supervisor Hamburg (excused)

Interim Chair Gorny noted that a quorum was present at 10:07 a.m.

Agenda Revisions:

1. The agenda is accepted as is.

AGENDA ITEM NO. 2 – UPDATE PRESENTATION OF AB 1421 “LAURA’S LAW” – 45 Minutes

1. Revisit Assembly Bill, (AB) 1421 “Laura’s Law” (LL)
 - a. Introduction of AB 1421 – handout
 - b. Current – in Fort Bragg a known mentally ill resident was arrested for pretending to have a gun in his pocket. This gentleman is historically known to have mental illness and has been arrested 23 times. LL would go a long way to provide community members of the likes with help. The treatment it would provide would give him a better chance and the community would have done its best to provide this help for him, his family and the community.
 - c. Member Schwartz noted he became a member of this board to address the fact that these types of seriously mentally ill (smi) people are not receiving adequate services. He reminded the members that the Board of Supervisors was (purportedly) concerned about the need to fund Laura’s Law. This is no longer the case, since funding is available through the MHSA and that law goes into effect January 1st. It clarifies that counties that elect to implement LL (assisted outpatient treatment) are permitted to pay for the provision of mental health services (only) using MHSA funds. Member Schwartz wanted to know more about the pros and cons of the BOS understanding of this matter. Director Pinizzotto explained, effective January 1, 2014, counties that elect to implement LL (assisted outpatient treatment) are permitted to pay for the provision of mental health services using MHSA funds. MHSA funds cannot be utilized to implement and operate LL for the costs to the courts, (e.g., Public Defender, District Attorney, training, administrative).
 - d. Member Bassler reported his research indicates there have been cost savings realized in Nevada since the implementation of LL, out of 70 cases only 5 involved courts.

MISSION STATEMENT
 “To be committed to consumers, their families and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential.”

DENISE GORNY
 INTERIM CHAIR

VONNA KINDRED-MYERS
 TREASURER

JOHN WETZLER
 SECRETARY

SUPERVISOR HAMBURG
KEN SCOFIELD
JAMES BASSLER
WILLIAM J. RUSSELL
DINA ORTIZ
JEFFERSON NERNEY
ROGER SCHWARTZ
JANE ELLEN MCCABE
DEBRA PONTON
ALYSON BLAIR
JUDY JUDD

Open Seats

1ST DISTRICT – FILLED
 2ND DISTRICT – FILLED
 3RD DISTRICT – FILLED
 4TH DISTRICT – 2 SEATS
 5TH DISTRICT – FILLED

BOARD RESOURCE INFORMATION:
 OFFICE: (707) 472-2355
 FAX: (707) 472-2335

EMAIL THE BOARD:
 MHBOARD@CO.MENDOCINO.CA.US

WEBSITE: [HYPERLINK](http://www.co.mendocino.ca.us/hhsa/mh_board.htm)
 "HTTP://WWW.CO.MENDOCINO.CA.US/HHSA/MH_BOARD.HTM"
[WWW.CO.MENDOCINO.CA.US/HHSA/MH_BOARD.HTM](http://www.co.mendocino.ca.us/hhsa/mh_board.htm)

NEXT MEETING (AGENDAS ARE POSTED MONDAY PRIOR TO THE 3RD WEDNESDAY OF THE MONTH)
[HYPERLINK](http://www.co.mendocino.ca.us/hhsa/mh_board.htm)
 "HTTP://WWW.CO.MENDOCINO.CA.US/HHSA/MH_BOARD.HTM"
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- a. Interim Chair Gorny noted Civil Rights issues historically arise in relation to this subject.
- b. Member Schwartz hopes to see a pilot program put into place to iron out the rough edges.
- c. Member Ortiz suggested developing a program design to submit for consideration.
- d. Member McCabe asked; “are there statistics for our Jail for those with mental health issues residing in our jails”? She suggests looking at these statistics. If we have existing programs we are not utilizing fully we need to look into correcting this.
- e. Interim Chair Gorny explained the 11 O'clock court is already diverting clients from jail time with this program. Suggests we have a discussion with the courts. Now that we may have statistics on the costs.
- f. Director Pinizzotto reported the State cut budget to the courts this past year. Use of MHSA funds are not permitted to cover court costs for the implementation of LL.
- g. Member Wetzler explained his understanding is LL is for those who do not realize they are smi, and have not committed any crime, it is to prevent people from going to jail, it's a paradigm change. Statistics prove costs have fallen for the 40 states who have implemented LL or Kendra's Law. (handout) DA is not involved.
- h. Member Schwartz noted it is important to look at how costs affect a wide range of budgets not just a few. Suggests it is critical to have the Sheriff present for this discussion.
- i. Member Ponton notes there are proactive things happening within the county with the transition of contracting out. Would the implementation of LL be a new system within mental health (mh) or another contract to provide these services?
- j. Member McCabe understands LL focuses on how it could be if things got better. She suggests the group focus on this vision and the positive mh services that are happening within the community.
- k. Member Bassler suggests LL sets up the beginnings of a Full Service Partnership (FSP).
- l. Member Wetzler passed out LL document to be read before the next MHB meeting on Nov. 20.
- m. Member Judd suggests the next step is to invite those who would be affected by LL to the meeting.
 - i. Member Wetzler makes a motion to invite Tom Allman and Linda Thompson to the Nov. 20 MHB meeting. The motion is retracted.
 - ii. Director Pinizzotto recommends inviting the Public Defender, District Attorney, and Sheriff, to MHB meeting in January.
 - iii. Member Ortiz suggests inviting the MH Director from Nevada. Secretary Wetzler will invite the director.
 - **Board Action: Upon motion by Secretary Wetzler , seconded by Member McCabe and carried unanimously; IT IS ORDERED that the Behavioral Health and Recovery Services Director, Tom Pinizzotto will provide a list of invitees to Interim Chair Gorny to the January regular meeting.**

2. Related Legislation

- a. SB 364 – Revision and clarifications to the Lanterman – Petris Short (LPS) Act
 - i. SB 364 - it is important to look at LPS and how it ties into LL & SB 82
 - ii. Tari will send out all legislation electronically to the MHB members.
- b. SB 82 – Wellness Act – MHB members will review legislation and provide input at the next MHB meeting.

AGENDA ITEM NO. 3 – PUBLIC COMMENT – 60 MINUTES OR AT THE CHAIR’S DISCRETION

Citizen and Community comments and questions regarding Mental Health Services in the County are welcomed and encouraged and are one of the mandated functions of the Mental Health Board. Comments will be limited to three minutes (or longer, at the discretion of the Chair.) Speakers do not have to identify themselves as per the CA Welfare & Institutions Code. Public comment is also requested at each agenda item.

Josephine Silva, Donna Matthews

AGENDA ITEM NO. 4 – STANDING COMMITTEE REDEVELOPMENT – 45 Minutes

1. Discuss and review the status of the MHB Standing Committees and their functions.
 - a. Suggestions:
 - i. Stay current with legislative activity following amendments.
 - ii. Director Pinizzotto recommends placing Ortner Management Group (OMG) on the Adult Services Committee, Redwood Quality Management Company (RQMC) on the Children’s Services Committee.
 - iii. Community members should be solicited to participate.
 - iv. Member Schwartz recommends the committee chairs provide a one page (maximum) report to the members (included in the packet) sent before MHB monthly meetings. Director Pinizzotto supports this recommendation.
 - v. Debra Ponton suggested an Ad Hoc Committee to research what standing committees are needed. Members nominated Member Ponton to chair the committee unanimously. Member Ponton accepts the chair position for the Ad Hoc Standing Committee.
 1. Member Bassler suggests inviting previous MHB Chair Jim Shaw to join this committee.
 - vi. To be finalized at the November 20, 2013 MHB meeting.

AGENDA ITEM NO. 5 – PUBLIC COMMENT – 30 MINUTES OR AT CHAIR’S DISCRETION

Josephine Silva, Donna Matthews, Eric Wilcox

AGENDA ITEM NO. 6 – MEMBERSHIP – DISCUSSION / ACTION 15 MINUTES

1. Appointment of Interest Application submitted by Douglas D. Foote, District 2, Consumer (tabled from October meeting).
 - a. Membership – Interim Chair Gorny will contact Douglas Foote to clarify attendance noted on his application and invite him to the November meeting.

ADJOURNMENT

Meeting adjourned at 1:35 p.m.

For questions and comments contact Denise.gorny@scdd.ca.gov, 463-4700



MENDOCINO COUNTY MENTAL HEALTH BOARD MEETING

Action Minutes – May 7, 2014

BEFORE THE MENTAL HEALTH BOARD COUNTY OF MENDOCINO • STATE OF CALIFORNIA

MISSION STATEMENT

"To be committed to consumers, their families and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential."

REGULAR MEETING SPECIAL SESSION

JOHN WETZLER
CHAIR

ROGER SCHWARTZ
VICE CHAIR

VONNA KINDRED-MYERS
TREASURER

DENISE GORNY
SECRETARY

SUPERVISOR HAMBURG
JAMES BASSLER
WILLIAM J. RUSSELL
DINA ORTIZ
ROGER SCHWARTZ
JANE ELLEN MCCABE
DEBRA PONTON

Open Seats

1ST DISTRICT – 1 SEAT
2ND DISTRICT – FILLED
3RD DISTRICT – 2 SEAT
4TH DISTRICT – 2 SEAT
5TH DISTRICT – 1 SEAT

BOARD RESOURCE INFORMATION:
OFFICE: (707) 472-2355
FAX: (707) 472-2335

EMAIL THE BOARD:
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NEXT MEETING (AGENDAS ARE POSTED MONDAY PRIOR TO THE 3RD WEDNESDAY OF THE MONTH)

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[WWW.CO.MENDOCINO.CA.US/HHSA/MH_BOARD.HTM](http://www.co.mendocino.ca.us/hhsa/mh_board.htm)

The Mental Health Board of Mendocino County met for a Special AB 1421 meeting on May 7, 2014 at 10:00 a.m. at Department of Social Services, Big Sur Conference Room, 747 S. State St., Ukiah

AGENDA ITEM NO. 1—OPEN SESSION CALL TO ORDER, WELCOME, ROLL CALL, AGENDA CHANGES AND QUORUM NOTICE. (1: 07 PM)

Chair Wetzler called the meeting to order.

Vice Chair Schwartz took roll call.

Mental Health Board (MHB) members present: Chair Presiding, John Wetzler, Roger Schwartz, Denise Gorny, Vonna Kindred Myers, James Bassler, William Russell, Dina Ortiz, Debra Ponton, Supervisor Hamburg, and Jane McCabe

Mental Health Board members absent: All present.

Chair Wetzler noted that a quorum was present at 1:08 p.m.

Guest Speakers:

Carol Stanchfield, Program Director, AACT & AOT, MS, LMFT, and John Buck, CEO, Turning Point Community Programs, MBA, Nevada County.

HHSa Staff Present: Tom Pinizzotto; HHSa Assistant Director, Health Services, BHRS and Bev Rae; Program Administrator, BHRS,

Mental Health Services Act Stakeholder (MHSA) Committee members present:

Wynd Novotny, Camille Schraeder

AGENDA ITEM NO. 2 – INTRODUCTIONS – 10 MINUTES—CHAIR WETZLER

AGENDA ITEM NO. 3 – TOM PINIZZOTTO, MSW, HHSa ASSISTANT DIRECTOR, HEALTH SERVICES-BRIEF HISTORY - 10 MINUTES

1. AB1421, Laura's Law, Assisted Outpatient Treatment (AOT) has divided the mental health community. It has pitted family members against consumers. Providers have been compelled to take sides. We are at our best when we work together for change.
2. Timeline
 - A) Other Counties
 - a) January 2003-04 - AB 1421 was enacted, Proposition 63, Mental Health Services Act (MHSA) passed increasing funds for programs and services that are voluntary, focus on wellness recovery, client centered, including Full Service Partnerships (FSP).
 - b) 2008 – Nevada County and Los Angeles County approve AB1421. Moving forward in time Orange County is in the discussion stages.
 - c) Yolo County developed a pilot program providing 4 slots.

- d) February 25, 2014 - Alameda developed a set of recommendations in response to AB 1421 with a focus on voluntary programs and AOT pilot program with a maximum of five slots. Their Board of Supervisors (BOS) voted to delay implementation of the pilot program for 90 days and requested county mental health to provide a revised set of recommendations.
 - e) June 1, 2014 – SB 585 became effective. Clarifies counties that elect to implement LL, AOT, are permitted to pay for the provision of mental health services using MHSA funds. Only mental health services are funded not court costs associated with LL.
- B) Mendocino County
- a) June 27, 2012 – MHB Special meeting voted 7 yeas and 1 abstention recommend the BOS Consider alternate options to AB 1421.
 - b) July 10, 2012 – BOS meeting directed county mental health to develop an alternative plan / options to AB 1421.
 - i) Collaborate with courts to establish a Mental Health Court (MHC)
 - a. MHC planning meetings began Aug. 2012
 - b. Site visit to Napa County MHC in Nov. 2012
 - c. 11 O'clock Court Calendar – participants began attending Nov. 2012
 - ii) Expand Full Service Partnerships including Assertive Care Team (ACT)
 - iii) Utilize as appropriate the 5150 process for inpatient care
 - iv) Utilize the LPS Conservatorship process including placement ant mental health rehabilitation centers.
3. NAMI California
- A. Locally supports AB 1421 as part of a continuum of services from least restrictive and voluntary to more restrictive and involuntary.
4. California Association of Mental Health Peer-Run Organizations (CAMPRO)
- A. Strongly opposes the implementation of involuntary outpatient commitment in California counties
 - B. Voluntary enhanced services are the answer, not the expansion of involuntary treatment
 - C. Lack of a accessible services should not be the reason for involuntary treatment
 - D. Little Hoover Commission, 2000 Being there: making a commitment to mental health – conclusion Inadequate access to voluntary care should not warrant the use of involuntary care.
5. SB 585
- A. Effective June 1, 2014
 - B. Clarifies counties that elect to implement LL, AOT, are permitted to pay for the provision of mental health services using MHSA funds.
 - C. Only MH services, not court cost associated with implementation LL, are funded.

AGENDA ITEM NO. 4 — PRESENTATION BY GUESTS FROM NEVADA COUNTY – 15 MINUTES

- 1. John Buck CEO of Agency in Nevada County
 - A) Compared to the 1960s – 1970's mental health facilities are more protected requiring more security and steps to enter.
 - B) Statewide psychiatric hospitalizations have dropped. Our jails have become more crowded.
 - C) If a person wants and needs services, ordered by the court, and our agency is the best provider of these services, we should provide them for our community.
 - D) AOT is not the end alternative. Communities should come together and develop what works for everyone.
 - E) A short term advisory committee to oversee the initial development is recommended.

AGENDA ITEM NO. 5— PRESENTATION BY GUESTS FROM TURNING POINT – 15 MINUTES

Carol provided the following handouts: Assisted Outpatient Treatment (AOT) power point, Cost Savings for AOT, AOT in California Funding Strategies, and California Association of Mental Health Peer-Run Organizations Public Policy Statement on Involuntary Outpatient Commitment (CAMHPRO) (filed with the Mental Health Board (MHB) Special Meeting agenda on the MHB website www).

- 1. Funding Strategies
 - A) The Assertive Community Treatment (ACT) team in the community allows Seriously Mentally Ill (SMI) individuals to maintain housing and remain with their families. This would cost the same as AOT.

- B) LPS services funded with mostly realignments, Medi-Cal and MHSA funds.
- C) MHSA funds are used for assessments, evaluations, mobile units, 5150 outpatient mental health treatment, etc... Conserved clients are reintegrated back into the community as recovery is realized.
- D) 5345 AOT provides the client with choices.
- E) No funding attached to Assembly Bill 1421, Laura's Law.

2. Overall information for AOT

- A) Gives people choices. Empowerment encourages transformation. Engaging with the client and increasing their tolerance to the situation promotes wellness.
- B) To qualify the client must reside in the county the services are provided. Must be a serious threat to self or others. Offered an opportunity to participate and have refused, condition is deteriorating, least restrictive community based treatment. Not gravely disabled. There are many ways a referral can be made.
- C) Requirements revolve around integrated, wrap around care.
- D) Strategies – comprehensive training provided to AOT with law enforcement, court house staff, janitors, all involved who might interact with clients. Training is held annually.
- E) DMH helped to move forward this program under MHSA must be voluntary in nature. An AOT client may also be an ACT client.
- F) No locks, no restraints, no forced meds are ever used.
- G) Medication can be part of a court order or treatment plan provided to county council and signed by BHRS Director who approves the petition. The client is noticed along with the Patients' Rights Advocate and the County Council.
- H) Criteria are narrow and not many clients will qualify for this type of treatment.
- I) The provider role is the essence of why this works.
 - a) Provider offers Assertive Community Treatment (ACT) to the client (someone who has a history of not participating in treatment).
- J) MHSA tracks data and statistics of Full Service Partnerships (FSPs).
- K) Nevada County is the only county fully implementing this treatment at this time.

AGENDA ITEM NO. 6 – PRESENTATION BY MENDOCINO COUNTY AGENCIES – 15 MINUTES

AGENDA ITEM NO. 7– QUESTIONS AND ANSWERS FROM COUNTY MENTAL HEALTH BOARD AND PUBLIC / 20 MINUTES –CHAIR WETZLER

Member Schwartz - Has Nevada realized savings in costs? 2.5 years of data realized \$500K savings. These totals did not include ER costs. For the Jail vs. MH facility totals there was approximately \$500K savings realized. In terms of court costs, Judge Anderson of Nevada County, reports the time spent in court is much more significant if the client is in LPS conservatorship. In relation to court and county councils report realization of a huge savings.

Member Bassler - How do Mental Health Courts (MHC) and AOT courts work together? MHC is a criminal court. AOT is a civil court (another set of criteria to qualify). These courts do not work together. AOT is a closed court MHC is not.

Member Ortiz, Member Russell, Supervisor Hamburg, Camille Schraeder, Director Pinizzotto, Member Ponton, Wynd Novotny, Kate Gaston, Sonya Nesch, Tim Schraeder,

AGENDA ITEM NO. 8– SUMMARY AND CONCLUSIONS- 20 MINUTES–CHAIR WETZLER

Chair Wetzler - if this board continues to support AOT the board will write a letter to BOS.

AGENDA ITEM NO. 9 – ENTERTAIN A MOTION TO SUPPORT OR DECLINE WITH ALTERNATIVE OPTIONS THE IMPLEMENTATION OF AB1421 BY THE MENDOCINO COUNTY MENTAL HEALTH ADVISORY BOARD-- 10 MINUTES–CHAIR WETZLER

Board Action: Member Bassler makes a motion to recommend the BOS implement a program under AB 1421; Vice Chair Schwartz seconds the motion, discussion commenced. A vote was taken and motion is unanimously accepted.

**AGENDA ITEM NO. 10 – CREATE LETTER OF FINDINGS TO PRESENT TO THE MENDOCINO COUNTY BOARD OF SUPERVISORS-
ACTION–CHAIR WETZLER**

MHB Chair will create the letter for distribution to the BOS.

AGENDA ITEM NO. 11 – ADJOURNMENT

THERE BEING NOTHING FURTHER TO COME BEFORE THE BOARD, THE MENTAL HEALTH BOARD OF MENDOCINO COUNTY ADJOURNED AT 4:00 P.M.

John Wetzler, Chair

Attest: Tari Rogers, BHRS Administrative Secretary

NOTICE: PUBLISHED MINUTES OF THE MENDOCINO COUNTY BOARD OF SUPERVISORS MEETINGS

- Effective December 16, 2009, Mendocino County Mental Health Board minutes will be produced in “action only” format. As an alternative service, public access to recorded Mental Health Board proceedings will be available at the Mental Health Administrative office, 1120 So. Dora Street, Ukiah in audio format.
- Minutes are considered draft until adopted/approved by the Mental Health Board
- The Mental Health Board’s action minutes are also posted on the County of Mendocino website at: "<http://www.co.mendocino.ca.us/bos>" http://www.co.mendocino.ca.us/hhsa/mh_board.htm
- To request an official record of a meeting of the Mendocino County Mental Health Board, please contact the Administrative Assistant at (707) 472-2355

Thank you for your interest in the proceedings of the Mendocino County Mental Health Board