

Assisted Outpatient Treatment in California

Funding Strategies

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Assisted Outpatient Treatment (AOT) Components

- Assertive Community Treatment
- Behavioral Health Administration
- County Counsel
- Public Defender
- Judge and court staff
- Law Enforcement
- Psychiatric Hospital

Assertive Community Treatment

- approximately \$15,000-20,000/year per individual
- Must meet Welfare and Institutions Code (WIC) 5348. (a)-(d)
- Mental health treatment costs may be funded by:
 - ❖ Realignment
 - ❖ Medi-Cal
 - ❖ Mental Health Services Act (MHSA)
 - ❖ Medicare
 - ❖ Private insurance
 - ❖ Self pay

Behavioral Health Administration

- Cost varies and minimal; possibly few new/additional costs, because these same individuals would need administrative time related to, WIC 5350 Lanterman-Petris-Short (LPS) Court, Mental Health Court, public relations, if not being dealt with in AOT Court
- Funded by Medi-Cal, MHSA, realignment

County Counsel

- Cost varies; but minimal, possibly few new/additional costs, because the Department would need County Counsel involvement and representation related to WIC 5350 LPS Court and Dependency Court, if not being dealt with in AOT Court
- Funded by Behavioral Health Realignment, Medi-Cal, MHSA

Public Defender

- Cost varies; but, possibly few new/additional costs, because these same individuals would need representation in Criminal Court, WIC 5350 Lanterman-Petris-Short (LPS) Court, Mental Health Court, Dependency Court, or Adult Drug Court, if not being dealt with in AOT Court.
- Funded by County General Funds

Judge and Court Staff

- Cost varies; possibly few new/additional costs, because these same individuals would be in Criminal Court, WIC 5350 LPS Court, Mental Health Court, Dependency Court, or Adult Drug Court, if not being dealt with in AOT Court
- Funded by Superior Court State funds

Law Enforcement

- Cost varies; but, possibly few new/additional costs, because these same individuals would require law enforcement intervention related to criminal behavior, Mental Health Court, or Adult Drug Court, if not being dealt with in AOT Court
- Funded by County General Funds

Psychiatric Hospitalization

- ~\$800/day, but rarely necessary
- WIC 5346(d) and (f)
- May be funded by Medi-Cal, Medicare, Private Insurance, Behavioral Health Realignment

Potential Cost Off Sets

- Psychiatric hospitalization; \$800/day, potential reduction of 64%
- County Jail; \$150/day, potential reduction of 27%
- Emergency Department; \$3000/visit, potential reduction of 64%

What is in the “LPS Act”?

WIC 5000, The Lanterman-Petris-Short Act includes all of the following:

- Detention of Mentally Disordered Persons for Evaluation and Treatment [5150-5157](#)
- Certification for Intensive Treatment [5250-5259.3](#)
- Additional Intensive Treatment [5270.10-5270.65](#)
- The Assisted Outpatient Treatment Demonstration Project Act of 2002, [5345-5349.5](#)
- Conservatorship For Gravely Disabled Persons [5350-5372](#)

How do counties fund LPS Act services?

- Mostly with Realignment, for example WIC 5150, 5250, 5270, 5350
- But, counties also frequently use Medi-Cal and MHSA funds for mental health treatment associated with these services

When is Medi-Cal used?

- Medi-Cal is often used for WIC 5150 Assessments and 72 hour hold
- WIC 5250, 14 day additional certification
- WIC 5270, 30 day additional certification
- WIC 5350, *Outpatient treatment* for gravely disabled individuals

When is MHSA used?

- WIC 5150 Assessment, Evaluation, Mobile Crisis
- WIC 5350 Individuals who are gravely disabled and needing outpatient mental health treatment
- Full Service Partnerships, such as ACT Teams, that target WIC 5350 Individuals who are gravely disabled and needing outpatient mental health treatment

How to fund AOT?

We tend to think of WIC 5345 as separate and distinct compared to other parts of the LPS Act, even though other parts of the Act contain much more restrictive, disruptive, and costly services.

Consider the use of realignment, Medi-Cal, and MHSA where ever possible and allowable to pay for AOT.

This would be consistent with how Counties fund other parts of the Act.

Here's the logic...

AOT is a relatively low cost, front end 'prevention' intervention that can greatly reduce the amount of money being directed into high cost, back end services

Contact information

Michael Heggarty, MFT

Nevada County Behavioral Health

michael.heggarty@co.nevada.ca.us

Carol Stanchfield, MS, LMFT

Turning Point Providence Center

carolstanchfield@tpcp.org

Honorable Judge Thomas Anderson

Nevada County Superior Court

Tom.Anderson@nevadacountycourts.com