

# 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 \$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, 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 47%
- County Jail; \$150/day, potential reduction of 65%
- Emergency Department; \$3000/visit, potential reduction of 44%

# 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?

Why do we think of WIC 5345 so differently from other parts of the LPS Act, even though other parts of the Act contain much more restrictive, disruptive, and costly services?

Why not consider the use of realignment, Medi-Cal, and MHSA where ever possible to pay for AOT?

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



**Michael Heggarty, MFT**  
**Nevada County Behavioral Health**  
[michael.heggarty@co.nevada.ca.us](mailto:michael.heggarty@co.nevada.ca.us)

**Carol Stanchfield, MS, LMFT**  
**Turning Point Providence Center**  
[carolstanchfield@tpcp.org](mailto:carolstanchfield@tpcp.org)

**Honorable Judge Thomas Anderson**  
**Nevada County Superior Court**  
[Tom.Anderson@nccourts.net](mailto:Tom.Anderson@nccourts.net)