

**ASSISTED OUTPATIENT TREATMENT  
(W&I CODE 5345) (AB 1421)  
“LAURA’S LAW”**

**JUNE 13, 2014**

**The Nevada County Experience**

# Jan 10, 2001

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- 3 people were killed by an individual with an untreated mental illness in Nevada County, including Laura Wilcox, “Laura’s Law”
- Several critically wounded
- Entire community closed down and fearful

# Stigma

- Not our intention to promote stigma of persons with mental illness
- We embrace recovery principles and the belief that all individuals can recover and live satisfying and productive lives
- We recognize that a small subset or persons with untreated mental illness, especially those with a co-occurring substance use disorder, may have a high potential to be dangerous to themselves or others

# Jan 1, 2003

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- California enacted court-ordered outpatient treatment, known as Assisted Outpatient Treatment (AOT), as an option for Counties
- Modeled after Kendra's Law in New York
- 45 states have similar laws
- Resulting from a collaboration with Treatment Advocacy Center, parents of victim, and state legislators

# Nevada County Process

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- No funding attached to legislation
- County resolved to use any available means to prevent future tragedies
- Mental Health Services Act (MHSA) funding was considered as possible funding source

# Nevada County Process

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- Approval from Department of Mental Health to use MHSA funds to implement treatment components of AOT, May 2007
- Board of Supervisor's approval to implement AOT, April 2008
- Implemented and began services, May 2008

# Issues to Consider

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- AOT is too expensive
- AOT violates civil rights
- Voluntary treatment is more effective than AOT
- AOT is not needed because we already have other interventions (e.g. 5150 and 5350)
- AOT is not effective because you can't force medication
- AOT outcomes are not documented, and are no more effective than voluntary treatment
- AOT won't work in counties with diverse cultural and ethnic populations

# AOT Criteria

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- County resident, minimum age 18
- Serious Mental Disorder (WIC 5600.3), (*may include co-occurring disorders*)
- The person is unlikely to survive safely in the community

# AOT Criteria

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Lack of compliance with treatment, indicated by:

- 2/36 months; hospital, prison, jail or
- 1/48 months; serious and violence acts, threats, attempts to self /others

*(the element of dangerousness is a lower threshold than 5150 or 5350, not an imminent threat, not gravely disabled)*

# AOT Criteria

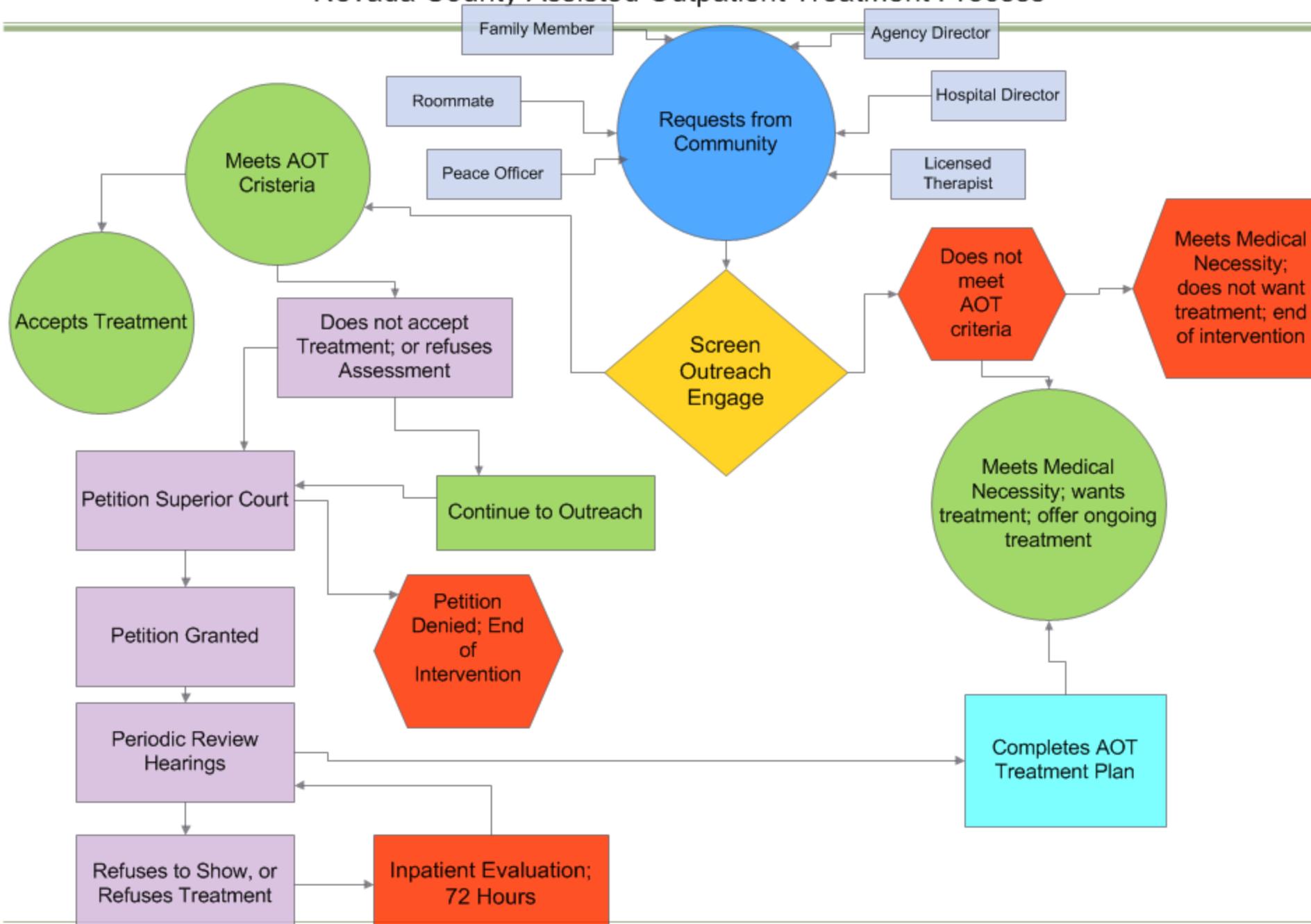
- The person has been offered an opportunity to participate in treatment and failed to engage, or refused (*therefore, voluntary services are not an alternative to AOT, as AOT requires that voluntary services have been offered and refused*)
- Condition is deteriorating
- Least restrictive placement
- Necessary to prevent 5150 condition
- Will benefit from treatment

# WIC 5150 and WIC 5350 Criteria-Not Met

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- These individuals do not pose an imminent danger to self or others, and do not meet WIC 5150 criteria
- These individuals are not gravely disabled, and so do not meet WIC 5350 criteria (Conservatorship)
- Therefore, simply attempting to hospitalize or conserve them is not a viable option

# Nevada County Assisted Outpatient Treatment Process



# Who Can Request AOT?

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- Any person 18 and older with whom the person resides
- The person's parent, spouse, sibling or child, who is 18 or older
- A peace officer, parole or probation officer

# Who Can Request AOT?

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- The director of a public or private agency providing mental health services to the person
- The director of a hospital where the person is being treated
- A licensed mental health provider who is supervising or treating the person

# AOT Program Requirements

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- Community-based, multi-disciplinary treatment, 24/7 on-call support, Individualized Service Plans, outreach, least restrictive housing options, mental health teams that use staff to client ratios of no more than 10 clients per 1 staff person
- Must include a Personal Service Coordinator (PSC) for full service coordination
- Team approach and capacity for frequent contacts
- For Example: Assertive Community Treatment (ACT)

# AOT Program Requirements

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- Stakeholder service planning and delivery.
- Individual Service Plan
- Comprehensive wraparound mental health, social, physical health, substance abuse, psychiatric, nursing, employment, and housing services
- Use of practices demonstrated to be effective in achieving positive quality-of-life outcomes.

# AOT Program Requirements

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- Specific strategies for AOT service recipients and stakeholders, such as families
- Comprehensive training and education program provided to AOT mental health treatment providers, law enforcement, probation, court personnel, hearing officers, and community at large.

# Voluntary v. Involuntary-SB 585

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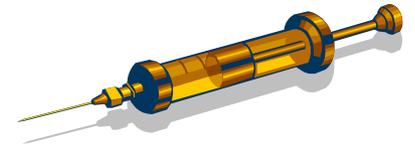
- Since Senate Bill 585 was enacted, we have clarification that specifically allows use of MHSA funds
- No locks, restraints, seclusion, or forced medication
- AOT services provided by the ACT Team are voluntary; the mandate, legal status, and order originate from the court



# No Forced Medication

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- Medication may be part of the court-ordered, individualized service plan
- Medications are not “forced”, but they are court-ordered
- Court-ordered treatment is commonly provided throughout the California mental health system
- Almost all participants take medication



# Court-Ordered Treatment

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Counties typically provide treatment to individuals with court orders for mental health treatment:

- LPS Conservatees
- Individuals on probation/parole
- Parents ordered into treatment in dependency court



# Court-Ordered Treatment

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- Mental Health Court participants
- Court Wards
- Court Dependents

# Court & Legal Process

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## 3 components -

- Pre-hearing notice of investigation and hearing
- Court hearings and due process requirements
- Collaborative supervision of AOT after the court order



# Court & Legal Process

- County files a petition and the licensed mental health treatment provider may testify
- The petition must be served on:
  - Person who is subject to the petition
  - County Office of Patient Rights
  - Current health care provider appointed
- The petition must determine there is no appropriate/feasible less restrictive option

# Court & Legal Process

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- County provider must file an affidavit (declaration) with the court at 60-day intervals (or sooner if determined by the team and/or court)
- The declaration does not require a hearing, unless the court has set one in advance
- Affidavit reflects level of participation and whether the person continues to meet criteria.
- Includes individualized recommendations or modifications that may be discussed in court

# Provider role

- Offers ACT services and supports
- Emphasis on partnership, client/family centered services, individualized plans, individual need and pace, no-fail, culturally competent, not withdrawn based on expectations of response
- No limitation on the engagement phase of services- (this increases the likelihood of success)
- This phase includes monitoring person for increased risk or increased participation in services offered

# Provider Role

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- High risk, not engaged and poorly coping; requires an emphasis on Outreach & Engagement and welcoming environments
- Advocacy and Empowerment
- Investigates/Assesses whether the person meets full criteria

# Provider Role

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- Prepares documents for County Counsel in support of petition
- Provides Notice of Hearing to the individual
- Provides AOT/AACT treatment following court order
- Provides status reports to the AOT court team at 60 day intervals or less.
- Reports include level of engagement, successes, challenges and recommendation.

# Additional Provider Tasks

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- Collaboration: with law enforcement, probation and public defenders/private lawyers, conservator, County Counsel, other County Departments
- Support: in court and/or hospital settings, correctional facilities and in successfully completing all steps required of the individual by the court
- Collect MHSA and Milestones Of Recovery Scales data to measure outcomes
- Submit data to Nevada County and CA DHCS

# Additional Supports

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- Assist client with housing (emergency, transitional and permanent)
- Assistance with entitlements (Social Security, Medi-Cal, etc)
- Psychiatric medication services and outreach
- Medical linkage and services
- Community integration
- Employment and education support
- Substance Use Disorder counseling and treatment
- Life Skills training

# Providence Center AOT Data

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Since May 2008:

- 81 referrals for AOT evaluations ; 67 unduplicated individuals
- 36 AOT court orders; 30 unduplicated individuals
- 6 incomplete orders due to hospitalization, incarceration, or death
- Approximately 5 people per year have received an AOT court order

# Providence Center AOT Data

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- 5 adversarial hearings (i.e. where the person appeared with counsel and challenged the petition.)
- 4 hearings where the person did not appear; an evidentiary hearing was held before the judge to present the evidence that the person met criteria.

# AOT Program Oversight

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- Report to State DHCS specific outcomes
- WIC 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.”
- Monitors programs to ensure training requirements are met
- Senate Bill 585 modified the original requirement

# Costs and Savings

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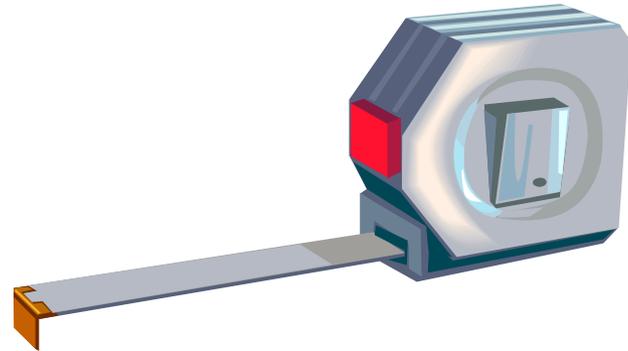
- Actual cost per individual varies; budget for Fiscal Year 14/15 projected at \$20,736/year/individual = same as ACT Team cost
- Average length of stay is 180 days
- \$1.81 is saved for every \$1 invested
- Bill Medi-Cal, Medicare, private insurance, patient fees for allowable services
- AOT costs are similar to ACT costs



# AOT Outcomes Are Similar to ACT Outcomes

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- Fewer hospital days
- Fewer jail days
- Higher employment rates
- Less homelessness
- Overall cost savings
- Better treatment engagement
- Higher Milestones of Recovery scores



**Actual Outcomes: For 19 unduplicated individuals, for the most recent 12 months pre-treatment vs. 12 months post-treatment**

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- **Psychiatric Hospital Days**  
510 days vs. 290 days post-treatment = 43.1% ↓
- **Incarceration Days**  
687 days vs. 327 days post-treatment = 52.4% ↓
- **Homeless Days**  
254 days vs. 117 days post-treatment = 53.9% ↓
- **Emergency Interventions**  
18 contacts vs. 36 contacts post-treatment = 100.0% ↑

**Actual Outcomes: For 19 unduplicated individuals, for the most recent  
12 months pre-treatment vs. 12 months post-treatment**

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- Satisfaction Rating: 72.4%
- MORS Extreme Risk 38.9%  6.5%
- MORS Coping/Rehabilitating 0.0%  40.0%

# 2011 National Association of Counties Achievement Award

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- reduction in *actual* hospital costs of \$213,300
- reduction in *actual* incarceration costs of \$75,600
- a net savings to the County of \$503,621 for 31 months

“The total AOT program costs of \$483,443, plus the actual hospital and jail costs for 31 months of \$136,200, was \$618,643. Based on utilization data from 12 months to implementation of AOT, the projected hospital plus jail costs without AOT for the same 31 months would be \$1,122,264, representing a net savings to the County of \$503,621.”



# Final Thoughts

- Three California Counties have BOS approval to fully implement AOT: Nevada, Yolo, and Orange (LA County AOT-light in one court)
- 45 states have adopted legislation to implement AOT
- AOT saves lives, protects civil rights, increases public safety, and improves the quality of life for the individual
- Provides treatment *before* an individual becomes gravely disabled, or does harm to self or others

# Final, Final Thoughts

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- AOT fills a gap in the treatment continuum
- AOT allows for a treatment option that is less restrictive than Conservatorship and locked inpatient care
- AOT is not a panacea, but does support the possibility of engaging some individuals in treatment that would not otherwise be possible
- It is possible to create a recovery based AOT program

# Contact Information

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# Laura Wilcox

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