

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

NOV 15, 2011

The Nevada County Experience

# Jan 10, 2001

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

# 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
- 44 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 entered into settlement agreement with family of victim to use any new funding to implement AOT
- Mental Health Services Act (MHSA) funding was mentioned as possible funding source

# Nevada County Process

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

# AOT Criteria

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- County resident, minimum age 18
- Serious Mental Disorder (WIC 5600.3)
- 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

# AOT Criteria

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- The person has been offered an opportunity to participate in treatment and failed to engage, or refused
- Condition is deteriorating
- Least restrictive placement
- Necessary to prevent 5150 condition
- Will benefit from treatment





# 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 client
- Must include a Personal Service Coordinator (PSC) for full service coordination
- For Example: Assertive Community Treatment (ACT)

# AOT Program Requirements

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- Stakeholder service planning and delivery.
- Individual Service Plan
- Comprehensive list of wraparound mental health, social, physical health, and housing services

# 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

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The “involuntary” exclusion related to using MHSA funds is referenced in:

DMH Letter 05-05.

“Programs funded under the Mental Health Services Act must be voluntary in nature. Individuals accessing services funded by the Mental Health Services Act may have voluntary or involuntary legal status which shall not effect their ability to access the expanded services under this Act.”

Title 9 CCR, § 3400.

“(b) Programs and/or services provided with MHSA funds shall:

(2) Be designed for voluntary participation. No person shall be denied access based solely on his/her voluntary or involuntary legal status.”

# Voluntary v. Involuntary

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So, in order to use MHSA funds, the programs and services must be voluntary in nature and designed for voluntary participation.

However, the statute and policy letter clearly stipulate that an individual's legal status shall not prevent an individual from accessing MHSA funded services.

# Voluntary v. Involuntary

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- AOT is allowable; no locks, restraints, seclusion, or forced medication
- Intent may have been to prevent use of MHSA funds to pay for locked inpatient care
- AOT services provided by the ACT Team are voluntary; the mandate, legal status, and order originates 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”, they are court-ordered like many other individuals we commonly treat



# Court-Ordered Treatment

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Counties commonly provide treatment funded by MHSA to many 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
- Most children and adolescents are 'involuntary', even if not court-ordered!

# AOT/ACT For Everyone on Demand?

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WIC 5348(b) “A county that provides assisted outpatient treatment services pursuant to this article also shall offer the same services on a voluntary basis.”

Does not mean anyone can demand AOT and automatically receive the service!

It does mean you need to have non-court-ordered ACT services available; you may still apply criteria, medical necessity, ‘as resources are available’, etc.

# Court & Legal Process

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3 components -

- Pre-filing arraignment of the person and investigation
- Court hearings and due process requirements
- Collaborative supervision of AOT after the court order



# Court & Legal Process

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- County files a petition and 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
- County must file an affidavit with the court at 60-day intervals (or sooner if determined by the team and/or court)

# Provider role

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- Offers ACT to the person referred
- Investigates/Assesses whether the person meets full meet criteria
- Prepares documents for County Counsel in support of petition
- Provides Notice of Hearing to the individual
- Provides AOT treatment following court order

# Additional Provider Tasks

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- Collaboration: with law enforcement, probation and public defenders/private lawyers, conservator
- Support: in court and/or hospital settings, correctional facilities and in successfully completing all steps required of the individual by the court



# Additional Supports

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- Assist client with housing options
- Assistance with entitlements if needed (Soc Security, Medi-Cal)
- Support with medication outreach if needed
- Medical issues are addressed
- Community integration
- AOD counseling as indicated
- Skills for Life and other service plan groups

# Providence Center AOT Data

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- 33 people have been referred
- 14 accepted treatment, avoiding a court order
- 9 didn't meet full criteria
- 10 people have been ordered (2 individuals were ordered more than one time), includes Settlement Agreements
- 2 people are currently on an AOT order

# AOT Program Oversight

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- Report to State DMH/DHCS specific outcomes
- **WIC 5349.** “This article shall be operative in those counties in which the county board of supervisors, by resolution, 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

# Costs and Savings

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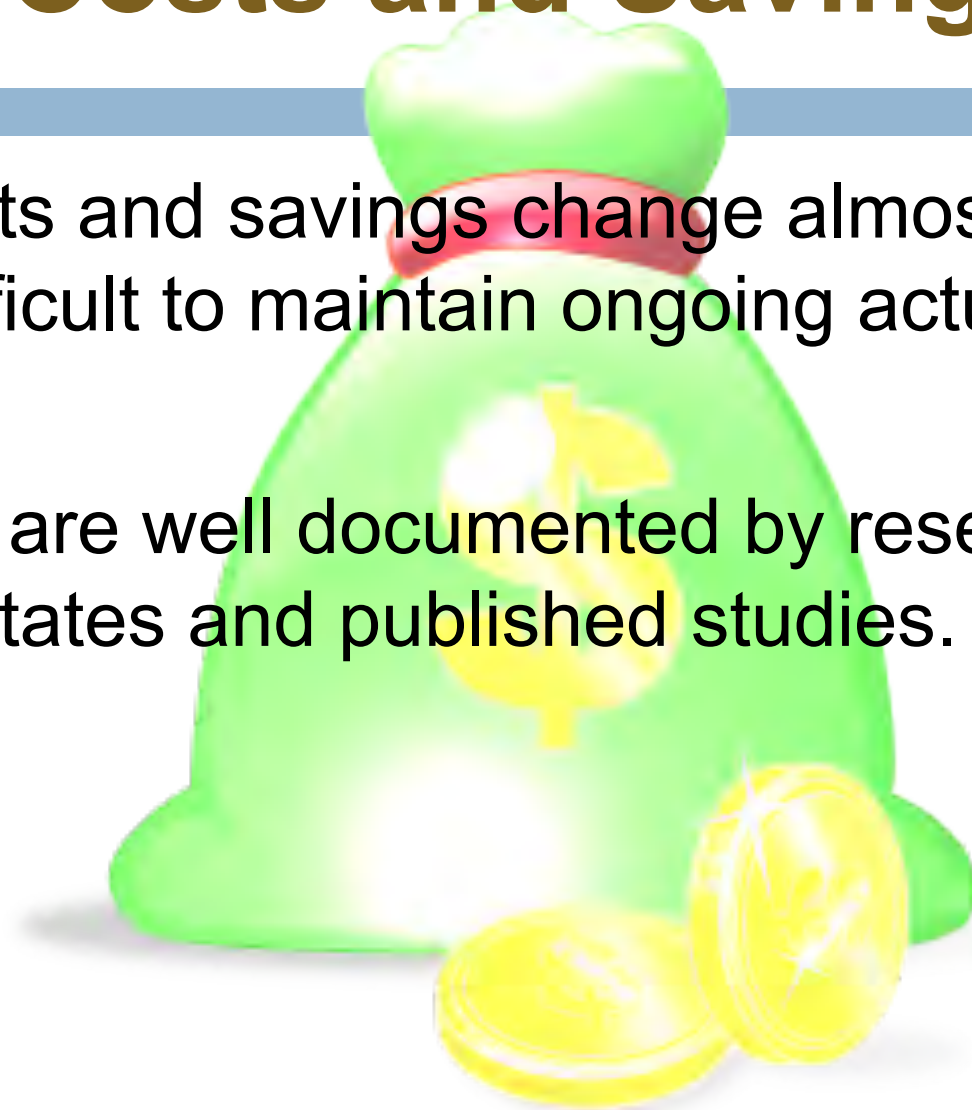
- Actual cost per individual varies; approximately \$20,000/year/individual = ACT Team cost
- Average length of stay is 180 days
- \$1.81-\$2.52 is saved for every \$1 invested
- Bill Medi-Cal, Medicare, private insurance, patient fees for allowable services
- AOT costs are similar to ACT costs

# Costs and Savings

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Both costs and savings change almost daily, so it is difficult to maintain ongoing actuals.

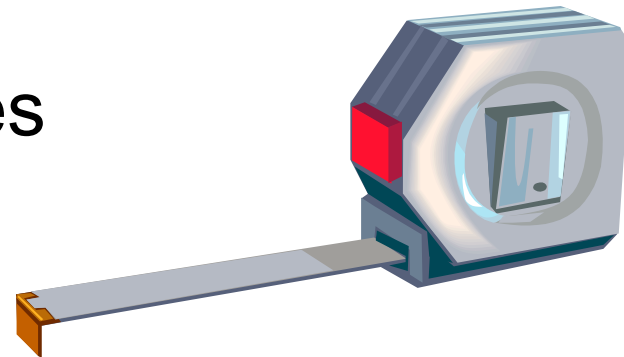
Findings are well documented by research in other states and published studies.



# 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: combined (AOT & ACT) 12 months pre-treatment vs. 12 months post- treatment

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- # of Psychiatric Hospital Days  
1404 days Vs. 748 days post-treatment = **46.7%** ↓
- # of Incarceration Days  
1824 days vs. 637 days post-treatment = **65.1%** ↓
- # of Homeless Days  
4224 days vs. 1898 days post-treatment = **61.9%** ↓
- # of Emergency Interventions  
220 contacts vs. 123 contacts post-treatment = **44.1%** ↓

# 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.”



# Consider Barriers to Treatment...

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## **Lack of insight (anosognosia), is the primary barrier to treatment**

“Impaired or lack awareness of illness - a neurological syndrome called anosognosia - is believed to be the single largest reason why individuals with schizophrenia and bipolar disorder do not take their medications. It is caused by damage to specific parts of the brain, especially the right hemisphere, and affects approximately 50 percent of individuals with schizophrenia and 40 percent of individuals with bipolar disorder.”

- ❑ Severe symptoms
- ❑ Stigma
- ❑ Lack of support
- ❑ Homelessness
- ❑ Undiagnosed mental illness
- ❑ Cultural barriers



# Final Thoughts

- Nevada County was the first California County to fully implement AOT
- 44 states have implemented AOT programs
- AOT saves lives, protects civil rights, improves safety and quality of life for the individual and the community
- 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 locked inpatient care via the 5150 process
- 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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