



Assisted Outpatient Treatment

Assembly Bill 1421 (“Laura’s Law”)

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Department of Health and Social Services
Behavioral Health Division

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What is Assisted Outpatient Treatment (AOT) & Laura's Law

- **Laura's Law was signed into California law in 2002, and became effective January 1, 2003**
 - Established Welfare and Institutions Code (WIC) Sections 5345 – 5349.5
 - A Board of Supervisors must resolve to implement Laura's Law and commit that no voluntary adult services, or children's mental health program, will be reduced as a result of implementation
 - Nevada County was the first to enact Laura's Law in 2008
 - In 2017, the statute was extended for 5 more years, and at that time 17 counties had adopted resolutions to implement AOT
 - Mental Health Services Act (MHSA) funds are now permitted to be used which has enabled more counties to implement
- **Court-ordered mental health care is referred to as Assisted Outpatient Treatment (AOT)**



Current Options for Involuntary Care

- **5150 – 72-hour hold (danger to self, others, or grave disability) – can be initiated by any law enforcement officer or certified mental health staff at the County, contractors, or hospitals**
 - If initiated by law enforcement, it must be followed by a clinical mental health evaluation to uphold the 5150
 - Placement in a locked acute care hospital
- **5250 – Up to another 14 days – if the criteria for 5150 are still present**
- **5270 – Up to 30 days for grave disability to prevent the need to apply for conservatorship**



Lanterman-Petris-Short Act (LPS) Conservatorship

- **Inpatient hospital psychiatrist applies for LPS conservatorship; temporary conservatorship begins**
- **Court determines if person is deemed chronically gravely disabled due to mental illness and unable to provide for or avail themselves to basic care**
 - County Public Guardian becomes responsible for the person
 - Private individuals can become the conservator if interested and deemed appropriate by the Court
- **Usually, upon being conserved, a person is admitted to a locked long-term facility**
 - Conserved individuals sometimes live in the community once stabilized in a locked facility; upon demonstrating independence the conservatorship may be dropped or renewal is not sought upon annual expiration



The Rationale for Assisted Outpatient Treatment (AOT)

- **If a person does not meet WIC 5150 criteria for involuntary services (in a hospital), but is clearly in need of care, yet refuses**
 - Outpatient services are less restrictive and can prevent restrictive (and costly) inpatient care
 - Tension between the lack of self-awareness that can exist for those with severe mental illness versus the personal choice for deciding one's own medical care
- **AOT allows for a proactive alternative for “involuntary” outpatient services through civil court proceedings**
 - Viewed as the “black robe effect”
 - There is no penalty for refusal to follow an order to participate in mental health services



Assisted Outpatient Treatment Referrals

- **Qualifying individuals who can refer and individual for AOT:**
 - Parent, spouse, sibling or child over 18
 - Adults residing with the individual
 - Director of the public or private facility providing mental health treatment where the individual resides (various facility types are applicable)
 - Director of the hospital in which the person is hospitalized
 - Treating licensed mental health professional
 - Peace Officer, Parole or Probation Officer supervising the individual



Required Criteria for Mental Health Court Filing

- Individual is 18 years of age or older
- Individual suffers from a mental disorder other than substance abuse, developmental disorder, or acquired traumatic brain injury
- Clinical determination that the person is unlikely to survive safely without supervision
 - That AOT is needed to prevent a deterioration that will likely result in grave disability or serious harm to oneself or another (Welfare and Institutions Code Section 5150)
- **Mental illness and a demonstrated lack of treatment adherence has resulted in either:**
 - At least two hospitalizations within the last 36 months
 - One or more acts, threats, or attempts of serious and violent behavior toward oneself or another within the last 48 months
- **Despite opportunity, continued refusal of voluntary care**
- **The AOT program would be the least restrictive placement necessary**



Process for Determining Whether to File a Petition

The County Behavioral Health Director receives a referral or request and conducts an investigation to determine:

1. That all AOT required criteria are met
2. A petition is likely to be sustained in Court by clear and convincing evidence
3. The individual is present within the County
4. A Licensed Mental Health treatment provider has personally examined or made efforts to elicit the cooperation of the individual to submit to an examination no more than 10 days prior to the submission of the petition and recommends AOT



If a petition for AOT is filed for an individual

- **County Counsel prepares and files the petition and Court sets a hearing date for petition**
- **The County must provide a Public Defender if the person does not have an attorney**
- **The Court determines if all AB1421 criteria are met to compel outpatient treatment**
- **The Mental Health provider will provide reports every 60 days to the Court regarding participation and progress in treatment**



Services to Be Offered under Assisted Outpatient Treatment

- **Assertive engagement to voluntarily participate in a Full Service Partnership (FSP) program**

- **Solano County and contractors operate several FSP programs that would be appropriate**
 - County FACT program (forensic assertive community treatment)
 - County Vallejo FSP
 - Caminar Adult/Older Adult FSP
 - Caminar HOME FSP (chronically homeless population)
 - Seneca TAY FSP (for adults younger than 26)

- **AOT does not allow the Court to order medication**



Experience in other counties with AOT

- **Counties set policy of offering assertive engagement for 1 to 3 months to encourage voluntary engagement in care prior to considering a Court petition.**
- **Few court orders have been initiated**
 - Kern County received 86 referrals, engaged 34 clients, filed 0 petitions
 - San Francisco received 135 referrals, engaged 23 clients, and obtained 6 court orders
- **Literature shows mixed findings for compulsory treatment; most suggest that AOT outcomes are similar to voluntary FSP outcomes**



Steps Required for AOT Implementation

- **Identify program start date and develop Policies & Procedures**
- **Develop referral form, update service brochures, and post all online**
- **Train Access Line staff to receive phone referrals**
- **Prepare triage team and FSP programs to receive referrals**
- **Establish ongoing monitoring procedures:**
 - **Any impact on voluntary services**
 - **Client outcomes for reports to the Court as required**
 - **Program outcomes and provide reports to the California Department of Health Care Services as required**



Local Support or Involvement for AOT (Laura's Law)

- Lead by the Local Mental Health Advisory Board (MHAB) and Supervisor Brown in 2018
- Assemblymember Frazier
- District Attorney Krishna Abrams
- Public Defender's Office
- Solano County Superior Court, Presiding Judge Ellis
- Solano County Sheriff and City law enforcement agencies
- National Alliance on Mental Illness (NAMI) Solano



Next Steps and Recommendations

- **Board options:**
 - Status quo (do not implement)
 - Pilot implementation for 2 years
 - Ongoing implementation

- **Stakeholder involvement presents support for implementation of either two year pilot or ongoing implementation**