

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

**DEC 18, 2014**

# Jan 1, 2003

2

- 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

# 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

# Issues to Consider

4

- 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 allows forced medication
- AOT is not effective because you can't force medication
- AOT outcomes are not documented
- AOT won't work in counties with diverse cultural and ethnic populations

# AOT Criteria

5

Lack of compliance with treatment, indicated by:

- 2/36 months; hospital, prison, jail or
- 1/48 months; serious and violent 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

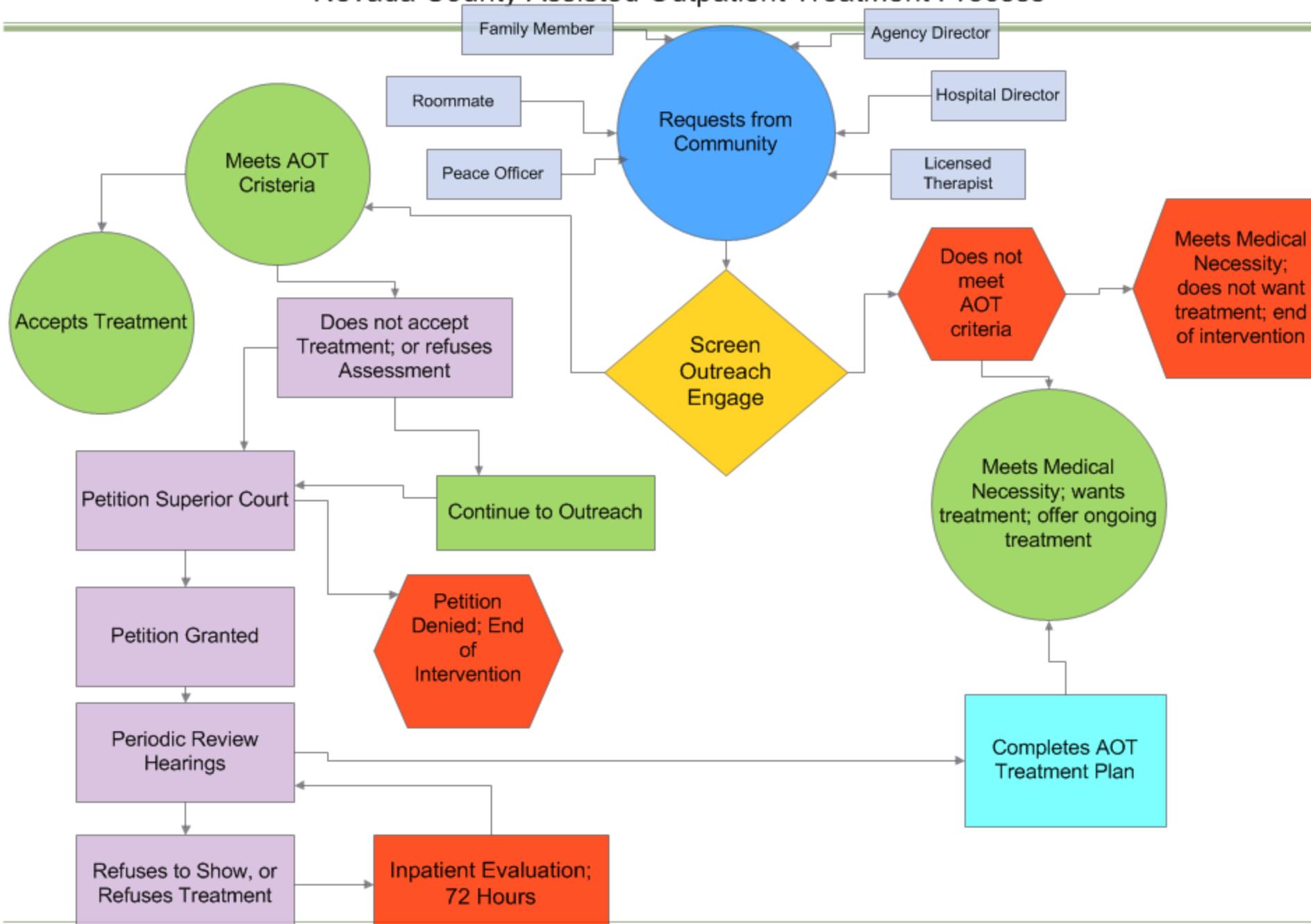
*(therefore, voluntary services are not an alternative to AOT, as AOT requires that voluntary services have already been offered and refused)*

# WIC 5150 and WIC 5350 Criteria-Not Met

7

- 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 (i.e. Conservatorship)
- Therefore, simply attempting to hospitalize or conserve them is not a viable option

# Nevada County Assisted Outpatient Treatment Process



# AOT Program Requirements

9

- Community-based, multi-disciplinary treatment, 24/7 on-call support, 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

10

- Services that are client directed and employ recovery principles
- Integrated services that include mental health, substance abuse, physical health
- Self management of their illness, personal choice and self determination
- Benefit advocacy

# Outreach

11

- ❑ Ongoing process; no set time limit
- ❑ Outreach to individuals, families, friends, health providers
- ❑ Emergency housing and health care
- ❑ Court order allows outreach to be possible to this population

# Individualized Service Plans

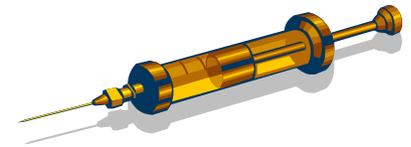
12

- Access necessary health care
- Create and maintain a support system
- Live in the most independent and least restrictive housing option; transitional and permanent
- Work or other productive activity
- Reduce or eliminate contact with criminal justice system

# No Forced Medication

13

- 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

14

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

- LPS Conservatees
- Individuals on probation; mental health court
- Parents ordered into treatment in dependency court



# Providence Center AOT Data

15

Since May 2008:

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

# Providence Center AOT Data

16

- 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.

# Costs and Savings

17

- 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



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

18

- **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% ↓

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

19

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

# Court & Legal Process

20

## 3 components -

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



# Court & Legal Process

21

- 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

22

- 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

# Final Thoughts

- Six California Counties have BOS approval to fully implement AOT: Nevada, Yolo, San Francisco, Los Angeles, Placer, and Orange
- 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

- 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

25

**Michael Heggarty, MFT**

**Nevada County Health and Human Services**

[michael.heggarty@co.nevada.ca.us](mailto:michael.heggarty@co.nevada.ca.us)

**Carol Stanchfield, MFT**

**Turning Point Providence Center**

[Carolstanchfield@tpcp.org](mailto:Carolstanchfield@tpcp.org)

**Honorable Judge Thomas Anderson**

**Nevada County Superior Court**

[Tom.Anderson@nevadacountycourts.com](mailto:Tom.Anderson@nevadacountycourts.com)

# Laura Wilcox

26

