



LAURA'S LAW IMPLEMENTATION IN NEVADA COUNTY

Agenda

- History of how Laura's Law came to be
- Brief overview of how we implement AOT in Nevada County
- Funding for AOT services
- Key considerations for implementation
- Questions?

January 10th, 2001



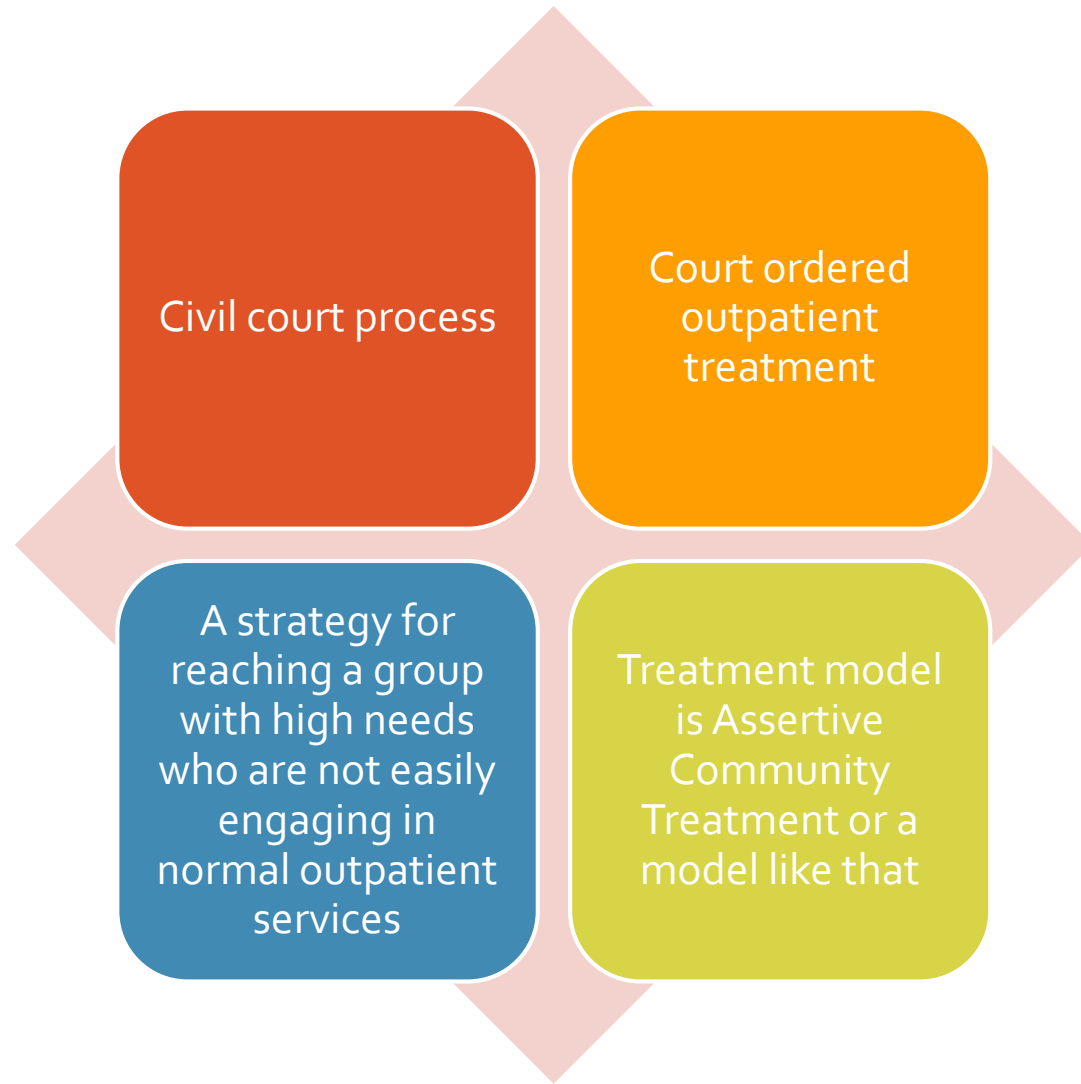
- Nevada County experienced the result of untreated mental illness and a clear **treatment** gap resulting in a tragedy that might have been prevented.
- 3 people died, including Laura Wilcox
- Several others were critically injured.
- Entire community closed down & fearful.

Laura's Law

- Laura's parents began advocating for a law that might prevent this from happening again (AB1421)
- January 1st 2003: California enacted court-ordered outpatient treatment, known as Assisted Outpatient Treatment (AOT)
- Modeled after Kendra's Law in New York (*Kendra Webdale, January 1999*).
- No funding attached to the legislation

Implementing AOT

- Nevada County resolved to use any available means to prevent/reduce risks of future tragedies
- Mental Health Services Act (MHSA) identified as possible funding source
 - November 2004 Prop 63 passes
 - May 2007 approval from DMH to use MHSA for treatment
 - August 2007 AACT/AOT contract awarded to Provider
 - April 22, 2008 Nevada County BOS Resolution
 - AOT implemented in May 2008 (1st hearing held July, 2008)
 - September 9, 2013, SB 585~ Clarified use of MHSA for AOT



What is AOT?

Key aspects of AOT



- Referred by a qualified party
- The Person is in the county or reasonable believed to be in the county
- All nine criteria are met W&I Code 5346 (a)
- The Treatment Plan involves services actually available from County Behavioral Health
- An exam of client was completed or attempted

- County resident, minimum age 18
- Serious Mental Disorder (W&I Code 5600.3)
- The person is unlikely to survive safely in the community
- History of lack of compliance with mental health treatment, indicated by:
 - Hospitalized: **2x in the last 36 months**
 - Treated in jail/prison: **2x in the last 36 months**
 - OR, Serious & violent acts, threats or attempts to harm self/others: **1x in the last 48 months**
- Voluntary treatment has been offered and refused
- Condition is deteriorating
- Least restrictive placement
- Necessary to prevent 5150 condition
- Will benefit from treatment

AOT Criteria

Referring Party

- 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
- 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
- Newly added: judges

Key Partners

Assertive
Community
Treatment Team

Behavioral
Health
Administration

County Counsel

Public Defender

Judge & Court
Staff

Law
Enforcement

Psychiatric
Hospital

Essential Ingredients



A culture of Respect & Compassion (cultural humility)



Due process at all stages of the proceedings



Collaboration among the court, treatment team, public defender



Evidence-Based treatment focused on engagement, safety, stability



Ongoing evaluation of treatment plan for any needed adjustments



Utilize court ordered hospitalization in the event of non-adherence

- The black robe effect: the term is not intended to intimidate; rather,, it is meant to describe why the AOT court process works
- AOT hospitalization orders: 5346 (d), *for the purpose of an AOT assessment to confirm eligibility requirements,* and 5346 (f), for the purpose of AOT evaluation (*determination is made if the person is in need of treatment pursuant to Section 5150*)
- AOT status hearings: the frequency is individualized and determined by level of treatment engagement
- Court-ordered medication outreach: while medication is not forced, medication outreach is ordered when a client agrees to medication as part of treatment

Value of Court Engagement Mechanisms

Costs and Savings

Actual cost per individual varies; approximately \$23,736/year/individual

Average length of order is 180 days

\$1.81 is saved for every \$1 invested

Services are billed to Medi-Cal, Medicare, private insurance, patient fees for allowable services

MHSA funds used for the match and unbillable services

AOT costs are similar to AACT services & supports

AOT Data



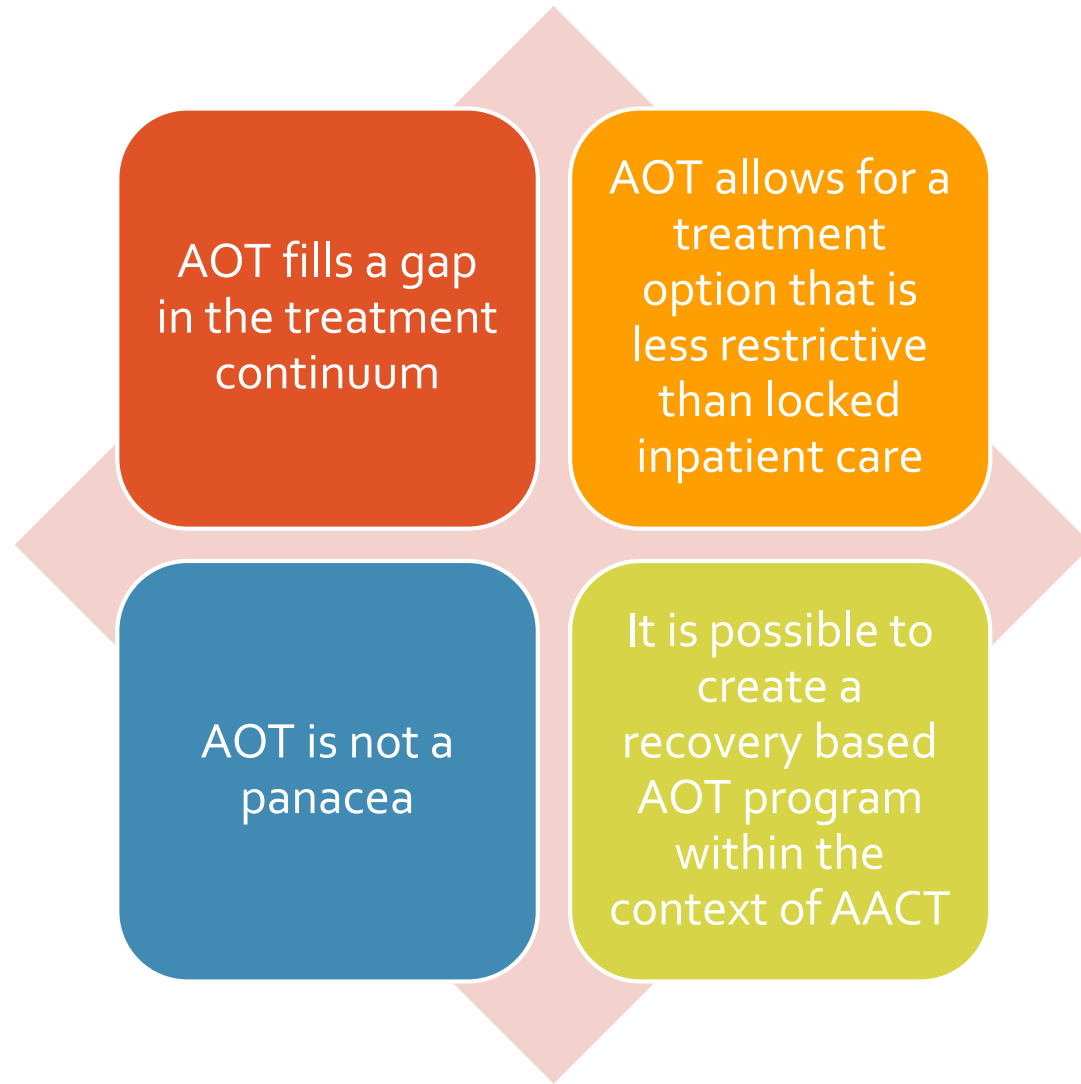
- 160 referrals for AOT evaluations (to provider)
- 79 petitions
 - 42 stipulated
 - 15 contested hearings with Orders Issued
- 57 AOT court orders (12 duplicated, 2 or more times)
- 16 hospital orders (W&I Code 5346)
- 11 AOT Orders Extended (by stipulation)
- Average number of status hearings/ 180 day order = 11
- Approximately 5 people per year have received treatment pursuant to an AOT court order

AOT Outcomes

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

Common AOT Myths

- AOT promotes stigma
- AOT criminalizes people with SMI
- Improving existing mental health treatment eliminates the need for AOT
- AOT helps everyone with SMI
- AOT forces medication
- Since medication is not forced, AOT has no teeth
- AOT is unnecessary because the county already has LPS Conservatorships



Final thoughts on AOT