AB 1421: Laura's Law Assisted Outpatient Treatment

Yolo County Board of Supervisors Presentation March 12, 2013 ~ modified for PSWG presentation on March 28, 2013

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• • Laura's Law

- Purpose: Provide assisted outpatient treatment to individuals who cannot access community mental health services voluntarily because of their mental illness.
- **Operative:** Only available in those counties in which the Board of Supervisors have passed a resolution authorizing its use 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 its implementation. *WIC § 5349.*

AB 1421 Assembly Woman Helen Thomson

- o 44 States have similar laws
- o 1999-New York's Kendra's Law
- o 2003—California's Laura's Law
 - AB 1421 Assisted Outpatient Treatment (AOT)
 - AOT was extended until January 1, 2017

• • • Nevada County

- AB 1421 became known as Laura's Law following the tragic deaths of 3 individuals, including Laura Wilcox in Nevada County
- Nevada Co.'s Settlement Agreement with the family was to use AOT
- Nevada is currently the only county that has designated AOT services
- o Program was implemented May 2008
- o Contract Provider—Turning Point

• • California Counties

o Nevada—Sole Implementer Contract Provider—Turning Point o LA County—Small Pilot Contract Provider—Gateways o San Diego—Laura's Law Alternative Contract Provider—Telecare Orange—Provides Alternative services including MHSA FSP

• • • AB1421 Laura's Law

o AB 1421 became effective 1/2/2003
• W&I Code 5345-5349.5

- Creates an Assisted Outpatient Treatment (AOT) program that provides court-ordered treatment for persons with severe mental illness who meet certain criteria
- o No funding attached to the legislation

• • • Assembly Bill 1421

- To "opt in" the Board of Supervisors must pass a resolution to establish AOT
- Funding the program may NOT REDUCE any Children's Mental Health Program nor reduce any voluntary Adult Mental Health Program

• • • AOT Criteria

- Adult county resident with history of 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
- Person was offered opportunity to participate in treatment & failed to engage, or refused
 - Condition is deteriorating, unlikely to survive safely in the community without supervision
 - Will benefit from treatment
 - Necessary to prevent 5150

• • • Who can request AOT?

- o The person's parent, spouse, sibling or child, who is 18 or older
- o Adults residing with the individual;
- Director of treating agency, organization, facility or hospital
- o The treating licensed mental health professional
- Peace officer, parole or probation officer supervising the individual

• • • AOT Services

- Community-based, multi-disciplinary treatment, 24/7 on-call support, Individualized Service Plans, outreach, least restrictive placement, staff to client ratios of 1 to 10
- Personal Service Coordinator (PSC)
- o AOT service strategies for client & family
- Training and education provided to AOT mental health treatment providers, law enforcement, probation, court personnel, hearing officers, etc.

• • • Voluntary v. Involuntary

o W&I 5348.5.c – Medications

- (c) Involuntary medication shall not be allowed absent a separate order by the court pursuant to Sections 5332 to 5336, inclusive.
- o Title 9 CCR, § 3400 MHSA
 - (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."

• • • AOT Petition

- o County files a petition and may testify
- **o** 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 per team and/or court)

Pending Legislation

The interest in Laura's Law has increased most recently after the Colorado and Connecticut incidents.

There are currently four (4) pending bills addressing Laura's Law

- o SB 664
- o SB 585
- o AB 1367
- o AB 1265

••• SB 664 (Yee/Wolk)

- Would no longer require BOS to authorize AOT implementation nor that they make a finding that no voluntary mental health program may be reduced as a result of the implementation
- Authorizes counties to limit the number of persons to whom it provides AOT services

• • • SB 585 (Steinberg)

 Would clarify that services may be provided and funded pursuant to the procedures specified in the MHSA.

• • • **AB 1367** (Mansoor)

- Requires the MHSA-Prevention & Early Intervention program to include outreach and funds to school districts, county offices of education and charter schools for training and intervention to students with mental health issues that may result in a threat to themselves or others
- Adds AOT/Laura's Law to the list of programs the state is required to fund through MHSA and clarifies services to be provided

• • • **AB1265** (Conway)

- Extends from 6 months to 12 months the initial period for which the court is authorized to order a person to obtain AOT
- Requires 5150-designated facilities to evaluate whether each person released from involuntary treatment meets the criteria for AOT upon their release

Next Steps Recommendations

March 12, 2013 BOS Meeting Recommendations: ...bring back recommended policy and financing for a Laura's Law program by June 2013, and seek recommendations from the legislative sub-committee on related legislation.

- Review pending legislation and make recommendation on whether to support
- Request presentation from Nevada County and review their outcomes & funding
- Review other Counties' Alternative Programs & funding
- Request LMHB recommendations
- Engage MHSA Stakeholder planning process