

Assisted Outpatient Treatment
Implementation Plan
“Laura’s Law”

2021

Siskiyou County Behavioral Health Division

Assisted Outpatient Treatment Implementation Plan

Background

On September 25, 2020, AB 1976 was chaptered into law amending the current legislation associated with Assisted Outpatient Treatment (AOT), commonly known as Laura’s Law, effective July 1, 2021. The AOT program permits court-ordered treatment services for a person with mental illness who meets specific criteria. AB 1976 repeals the sunset date of Laura’s Law, thereby extending the program indefinitely. The bill prohibits a county from reducing existing voluntary mental health programs as a result of the implementation of AOT services.

Participating counties are not required to become fully operational by July 1, 2021. Counties that choose to delay program operational effective date, should have an implementation plan in place.

Welfare and Institutions Code Section 5349.1 (a) requires participating counties to develop a training and education program in consultation with DHCS, client and family advocacy organizations, and other stakeholders. The purpose of the training and education program is to improve the delivery of services to mentally ill individuals who are, or are at risk of being, involuntarily committed under the Lanterman-Petris-Short Act.

Community Collaboration

Siskiyou County Behavioral Health (SCBH) stakeholder meetings started in April 2021 to assist in the development of the Implementation and Training Plan for the AOT program. The stakeholders included the following individuals:

- Tracie Lima— Clinical Director, Behavioral Health
- Sarah Collard—Director, Health and Human Services Agency
- Tara Ames—Project Coordinator, Behavioral Health
- John Lawrence—Judge, Siskiyou County
- Lael Kayfetz—Public Defender, Siskiyou County
- Toby Reusze—AOD Administrator, Behavioral Health
- Bren Manaugh—Technical Assistance, Health Management Associates
- Justin Mayberry— Police Chief, Weed
- Michael Coley— Chief Probation Officer, Siskiyou County
- Robert Gibson— Police Chief, Mount Shasta
- Shelly Davis—Director, Public Health
- Tim Bradford—Jail Captain, Siskiyou County

SCBH will continue to work with the stakeholder group to meet the implementation milestones for the AOT program. Additional stakeholder participation is encouraged from community-based organizations and other client and family advocacy organizations.

Authorized AOT Designee

Tracie Lima (Clinical Director) and Aimee Von Tungeln (Deputy Director) are authorized as the designees for all procedures and processes related to AOT in the event of the Mental Health Director's absence.

Board of Supervisor's Resolution

As of April 2021, SCHB has drafted a Board of Supervisor's (BOS) resolution and it is expected to be presented to the BOS on 5/18/2021. The resolution will certify that no voluntary mental health programs serving adults or children will be reduced as a result of the implementation of the AOT program. This document will be updated upon the BOS signing the resolution.

Implementation

The Siskiyou County AOT program is expected to be fully implemented by September 1, 2021.

Program Narrative

The SCBH AOT program is expected to serve four to five clients per year. The implementation date of the program is expected to be no later than September 1, 2021. SCBH is establishing an AOT treatment team that will be comprised of Behavioral Health Specialists, the Psychiatric Emergency Team, Peer Support Specialists, and clinical supervisors. Each AOT client will have a designated Behavioral Health Specialist and will be assisted by the other team members as appropriate. The AOT team will be a 24-hour community-based mental health treatment team with staff to client ratios of no more than one staff member per ten clients under AOT order.

The AOT team will utilize multidisciplinary stakeholders to address barriers to treatment and will leverage Mental Health Services Act (MHSA) Full-Service Partnership (FSP) services as a resource to help clients overcome those barriers. Each AOT client will be assigned to a Behavioral Health Specialist who will work with the treating clinician and the client to develop an individual service plan. The individual service plan will ensure that AOT clients receive age-appropriate, gender appropriate, and culturally appropriate services, to the extent feasible, that are designed to enable AOT clients to:

- Live in the least restrictive housing feasible in the local community;
- Create and maintain a support system consisting of friends, family, and participation in community activities;
- Access to an appropriate level of academic education or vocational training;
- Obtain an adequate income;
- Self-manage their illness and exert as much control as possible over day-to-day and long-term decisions that affect their lives;
- Access necessary physical health care and maintain the best possible physical health;
- Reduce or eliminate serious anti-social or criminal behavior to reduce or eliminate their contact with the criminal justice system;
- Reduce or eliminate the distress caused by the symptoms of mental illness; and
- Have freedom from dangerous addictive substances.

The AOT program will outline the specific plans for services and will address mental health services, medication services, psychiatric and psychological services, substance abuse services, supportive

housing or other housing assistance, vocational rehabilitation, and veterans' services. All services will consider cultural, linguistic, gender, age, and special needs of minorities as reported in the Siskiyou County Cultural and Linguistic Competency Plan.

The AOT service delivery plan includes the following provisions:

- Providing services to clients who are physically disabled;
- Providing services to meet the needs of older adults;
- Family support services;
- Providing client-directed services that employ psychosocial rehabilitation and recovery principles;
- Integrated psychiatric and psychological services;
- Providing services specifically directed to seriously mentally ill young adults (25 years of age or younger) who are homeless or at-risk of becoming homeless;
- Providing services that reflect the special needs of women from diverse cultural backgrounds;
- Providing housing for clients that is immediate, transitional, permanent, or all of these; and
- Providing services for clients who have been suffering from an untreated severe mental illness for less than one year, and who do not require the full range of services.

AOT Program Funding

Funding for the AOT program is expected to be provided through Medi-Cal billing and Proposition 63 (MHSA) FSP funds. Utilizing these funding sources will not reduce the voluntary services provided through SCBH. Both the MHSA funds and Medi-Cal revenues are sustainable funding sources and are expected to continue for the foreseeable future.

Training and Education Plan

SCBH held stakeholder meetings to discuss the training and education plan for the AOT program and to identify training opportunities. The purpose of the training plan is to improve the delivery of services to mentally ill individuals who are, or who are at risk of being, involuntarily committed. Trainings will be made available to mental health professionals, law enforcement officials, and other community providers. All trainings will include AOT legal requirements and criteria for detaining a person for involuntary outpatient treatment, methods for ensuring that AOT services direct patients toward the most effective treatment, and an emphasis on patient's rights.

Each training will be targeted to a specific audience which will include (at the minimum) mental health providers, law enforcement, and the AOT team. Community stakeholders that represent client and family advocacy organizations are invited to participate in all training programs. Stakeholder participation is encouraged to improve services to those receiving AOT services.

Data Collection and Reporting

Siskiyou County Behavioral Health will annually submit the AOT Survey Tool containing the required data and an evaluation report to the Department of Health Care Services (DHCS). The county will also submit data outcomes for the following required elements:

1. Number of persons served by the program, and of those, the number who can maintain housing and the number who maintain contact with the treatment system;
2. Contacts with local law enforcement, and the extent to which local and state incarceration of persons in the program has been reduced or avoided;
3. Number of persons in the program participating in employment services programs, including competitive employment;
4. Days of hospitalization of persons in the program that have been reduced or avoided;
5. Adherence to prescribed treatment by persons in the program;
6. Other indicators of successful engagement, if any, by persons in the program;
7. Victimization of persons in the program;
8. Violent behavior of persons in the program;
9. Substance abuse by persons in the program;
10. Type, intensity, and frequency of treatment of persons in the program;
11. The extent to which enforcement mechanisms are used by the program, when applicable;
12. Social functioning of persons in the program;
13. Skills in independent living of persons in the program; and
14. Family and participant satisfaction with program services, when relevant.

The required data elements will be gathered from client mental health assessments and Full-Service Partnership forms including the Adult Partnership Assessment Form, Adult Key Event Tracking Form, and Adult Quarterly Assessment Form. The data from these reports will be compiled and used for the annual evaluation report that is submitted to DHCS each year.

Implementation Milestones

Milestone	Due Date	Who's Responsible
First Stakeholder meeting	4/20/2021	AOT County Team
Submit AOT Plan	4/30/2021	Project Coordinator
2nd stakeholder meeting	5/18/2021	AOT County Team
Identify TX and engagement barriers	6/30/2021	AOT County Team
Draft AOT documents/P&P	6/30/2021	Project Coordinator
3rd stakeholder meeting	7/20/2021	AOT County Team
Finalize BH policies and procedures	7/31/2021	Project Coordinator
Draft court procedures and forms	7/31/2021	Court, Public Defender, Project Coordinator
Identify potential AOT clients	8/15/2021	AOT County Team
Complete 3 stakeholder AOT trainings	8/31/2021	BH Clinical Director, Project Coordinator
Finalize court policies and forms	8/31/2021	Court, Public Defender, Project Coordinator
Treatment team trainings completed	8/31/2021	BH Clinical Director
BH to begin investigating AOT clients	8/15/2021	BH Clinical Director
Court to begin accepting petitions	9/1/2021	Court, Public Defender