

Assisted Outpatient Treatment (AOT)

W&I Code 5345~5349.5

Beyond Stigma: Promoting Hope in the Context of Court-Ordered Treatment

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Presented: April 16, 2019

Hon. Thomas Anderson~ Michael Heggarty~ Carol Stanchfield

Objectives ~

Promoting Hope, Moving Beyond Stigma, Saving Lives

- ❑ *Trace the milestones in the implementation of AOT, as an alternative to higher levels of restrictive placement; examine what investments in community-based and judicial resources are necessary to practice AOT*
- ❑ *Differentiate civil, court-ordered AOT with other alternative courts * identify what takes place at an AOT court hearing * recognize judicial resources utilized including due process and collaborative supervision following an AOT order*
- ❑ *Examine fundamental components of an EBP AOT program, reviewing the foundation of integrated services as well as corresponding measurable outcomes*

The Nevada County Process: Michael Heggarty

- *Trace the milestones in the implementation of AOT, as an alternative to higher levels of restrictive placement; examine what investments in community-based and judicial resources are necessary to practice AOT*

January 10th, 2001

- Nevada County experienced first hand the result of untreated mental illness and a clear treatment gap resulting in a tragedy that might have been prevented.
- 3 people died, in a shooting incident involving a man with untreated mental illness (Laura Wilcox, Pearlie Mae Feldman, Michael Markel).
- Several others were critically injured.
- Entire community closed down & fearful.
- Laura's parents began advocating for a law that might prevent this from happening again (AB~1421).
- *~Nevada County agreed to implement AOT once a funding source was identified~ MHSA 2004*

January 1st, 2003

- 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
- Resulted from a collaboration with Treatment Advocacy Center, parents of victim, and state legislators

“Assisted Outpatient Treatment”

Also referred to as “AOT”, “*Laura’s Law*” AB1421
W&I Code 5345-5349.5, ***Outpatient Commitment***~

- ❑ Categories of outpatient services and supports that have been ordered by a court (*pursuant to Section 5346 or 5347 of the law*).
- A process of determining an individual’s need for mental health treatment.
- Treatment model for AOT is *Adult Assertive Community Treatment (AACT)* or similar model.

Who qualifies?

AOT Criteria

1. County resident, minimum age 18
2. Serious Mental Disorder (W&I Code 5600.3)
3. Unlikely to survive safely in the community
4. History of not participating in mental health treatment resulting in **at least one of the following:**
 - (A) **Two** psychiatric hospitalizations within the last 36 months; OR received mental health services in a correctional facility
 - (B) **One** incident of violent behavior within the last 48 months, including threats of violence against others or self

Who qualifies?

5. The person has been offered an opportunity to participate in treatment and refused.

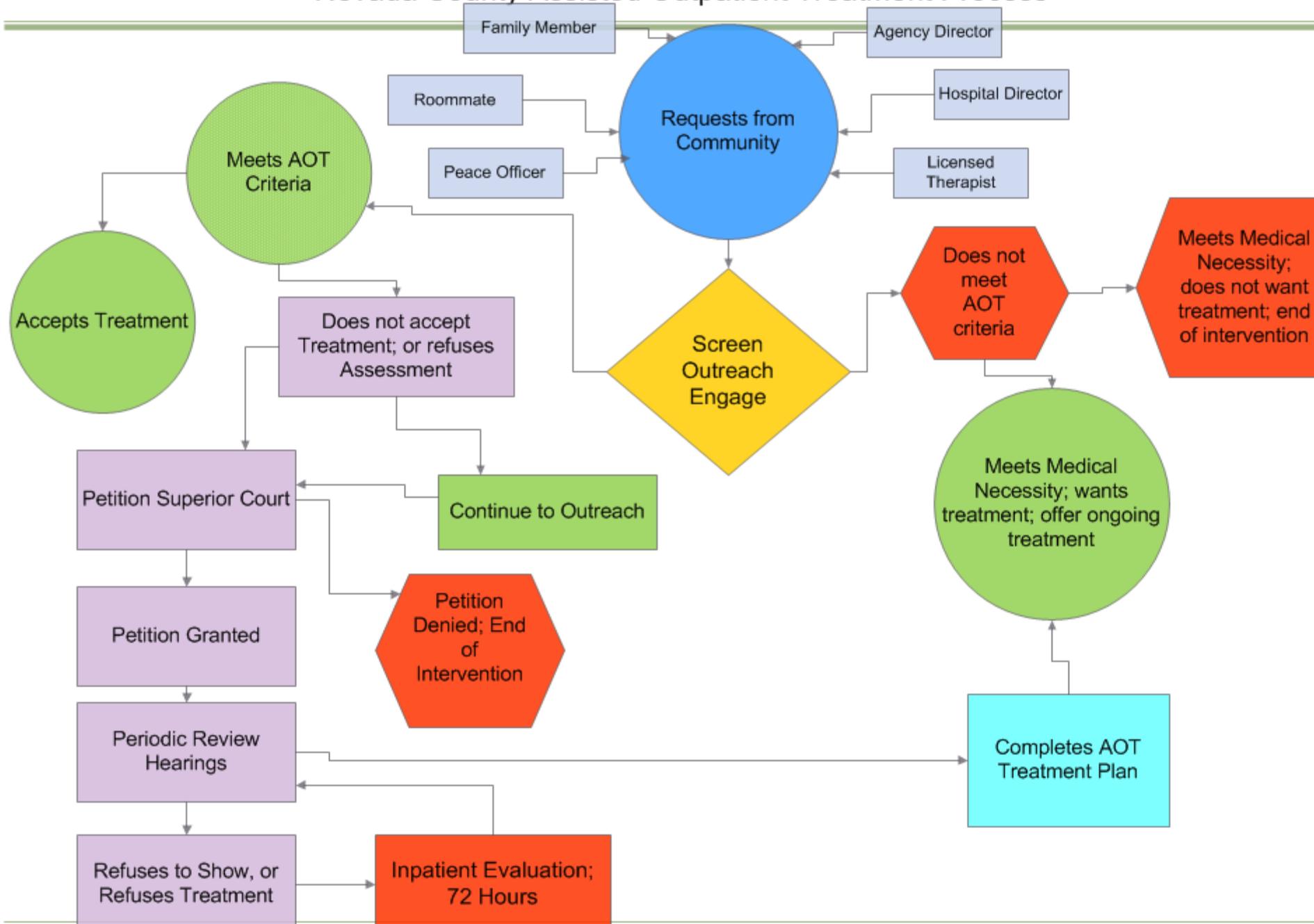
(Therefore, voluntary services are not an alternative to AOT, as AOT requires that voluntary services have already been offered and refused).

AOT *Qualifying* Criteria

6. The person's condition is substantially deteriorating
7. AOT is least restrictive placement
8. Necessary to prevent 5150 condition~
9. Likely the person will benefit

(The element of dangerousness is a lower threshold than 5150 or 5350, not an imminent threat, not gravely disabled.)

Nevada County Assisted Outpatient Treatment Process



Who Can Request AOT?

A qualified party requesting AOT for a client under W&I 5346(b)(2) is:

- 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
- A licensed mental health provider who is supervising or treating the person.

Investments in Community-Based Resources

- ▶ *Multidisciplinary, integrated mental health services & supports*
- ▶ *Certified Alcohol Drug Abuse Counselor, Co-Occurring SUD groups with Peer Support*
- ▶ *Housing options and supports that address homelessness and improve housing maintenance*
- ▶ *Investment in relationships and solutions that reduce/criminal justice involvement, crisis contacts, homelessness and hospitalization*
- ▶ *Collaborations to support recovery success including: partnerships with stakeholders, law enforcement, County Court, Public Defender, County Counsel, Behavioral Health continuum of Care, hospital, correctional facility. property owners/managers and housing specialists*
- ▶ *Cross system training in EBP approaches*

The Nevada County Court Process: Hon. Judge Thomas Anderson

- *Differentiate civil, court-ordered AOT with other alternative courts * identify what takes place at an AOT court hearing * recognize judicial resources utilized including due process and collaborative supervision following an AOT order*

Court & Legal Process

3 components -

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



Court & Legal Process

- 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
 - ✓ Patient Rights Advocate
 - ✓ Current health care provider
- The petition must determine there is no appropriate/feasible less restrictive option

Court & Legal Process

- Closed, civil court
- Client may be ordered, or “settle” pursuant to *Section 5346 or 5347~ (both hold the same weight)*
- Judge may dismiss if determines criteria are not met
- Client is represented by counsel
- Process empowers client to make choices that improve overall health

Court & Legal Process

- County provider must file an affidavit with the court within 60-days (typically more frequently in early stages of engagement)
- Affidavit (status summary) reflects level of participation and continued criteria
- Status summary includes individualized recommendations or modifications that are reviewed with the court team at a status hearing

Court & Medication

- Medication may be part of the court-ordered individualized service plan
- Medications are not forced, but are court-ordered
- Court-ordered treatment is commonly provided throughout the California mental health system
- Almost all participants take medication

Court and legal process

The court may order hospitalization under two (2) conditions:

- ▶ The person who is the subject of the petition has refused to be examined by an LMHT provider and the court finds reasonable cause that criteria are met~ Exam is completed in the community or hospital setting to confirm eligibility requirements are met. W&I Code 5346 (d)
- ▶ The person who is the subject of the petition is in need involuntary admission to a hospital for evaluation for up to 72 hours. W&I Code 5346 (f). Determination is made if the person is in need of treatment pursuant to Section 5150.

Nevada County AOT Hearings Results

- 15 contested hearings (i.e. where the person appeared with counsel and challenged the petition.)
- 1 contested hearing without an order
- 5 hearings where the person did not appear; an evidentiary hearing was held before the judge to present the evidence that the person met criteria.
- Average length of order is 180 days

Nevada County AOT Data

Since May 2008:

- 144 referrals for AOT evaluations
- 75 petitions
- 56 AOT court orders (12 duplicated, 2 or more times)
- 16 hospital orders
- Approximately 5 people per year have received treatment pursuant to an AOT court order

AOT Provider Services & Supports

Carol Stanchfield

- *Examine fundamental components of an EBP AOT program, reviewing the foundation of integrated services as well as corresponding measurable outcomes*

AOT Program Requirements

- 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 (service coordinator) for full service coordination
- Team approach and capacity for frequent contacts
- For Example: EBP~ Assertive Community Treatment (ACT) or similar

AOT Program Requirements

- Services that are client-directed and employ recovery principles
- Integrated services that include mental health, substance use recovery, physical health
- Self management, personal choice, self determination
- Benefit Advocacy

Foundation of Integrated Treatment~ *Outreach*

An ongoing process of reaching & identifying unserved or underserved individuals/families

- Homeless or at risk of homelessness, frequently incarcerated, repeatedly hospitalized or those with frequent emergency contacts
- Includes outreach to families
- Medication Outreach
- Warm line and prescribed calls

Treatment Engagement

The foundation of a partnership

- Select Outreach PSC and Peer Specialist best suited
- Determine key issues and barriers; no fail, no time limits
- Appreciate ways in which culture affects the client's willingness to seek help
- Empowers client and encourages recovery steps

Provider Team Role

Offers AOT/ACT services and supports

- Integrates EBPs into all facets of treatment including: *Motivational Interviewing, Acceptance & Commitment, Moral Reconciliation Therapy, Trauma Informed CBT, Seeking Safety and others.*
- Emphasis on partnership, client/family centered services, individualized plans, no-fail, culturally competent, not withdrawn based on expectations of response
- No limitation on the engagement phase of services- (this increases the likelihood of success)
- Continually monitor for level of engagement

Provider Role

- Prepares documents for County Counsel in support of petition (Checklist narrative, Treatment Plan and Declaration)
- Offers and Provides AACT treatment following end of court order
- Provides status reports to the AOT court team at 60 day intervals (frequency is determined by level of engagement).
- Reports include: level of engagement, successes, challenges and recommendations.

Additional Provider Tasks

- Collaboration: with county counsel, law enforcement, probation and public defenders/private lawyers, conservator and others
- Client Support: in court and/or hospital settings, correctional facilities and in successfully completing all steps required of the individual by the court
- Data collection MHSA and Milestones Of Recovery Scales (MORS), data to measure outcomes~ quarterly
- Annually~ submit specific data required to DHCS

AOT Outcomes Are Similar to AACT Outcomes

- Fewer hospital days
- Fewer jail days
- Higher employment rates
- Less homelessness
- Overall cost savings
- Better treatment engagement
- Higher Milestones of Recovery scores
- Resulting cost savings: \$1.81 is saved for every \$1 invested

AOT...

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- Empowers recovery steps & mitigates self stigma & social stigma
- Embraces recovery principles and the belief that all individuals can recover and live satisfying and productive lives
- Recognizes anosognosia (lack of insight) as a barrier to treatment
- And the subset of persons with untreated mental illness, especially those with a co-occurring substance use disorder, with potential for danger to self or others.
- Promotes hope & saves lives

Questions *or* Comments?

***We appreciate your
participation~***

Contact Information

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