

Santa Barbara County
Department of Behavioral Wellness
Assisted Outpatient Treatment
Program Design
November 2016



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Santa Barbara County Department of Behavioral Wellness
Assisted Outpatient Treatment
Program Design

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Introduction

On May 10, 2016 the Santa Barbara Board of Supervisors (BOS) directed the Department of Behavioral Wellness to develop a ten (10) person Assisted Outpatient Treatment (AOT) feasibility pilot program design (Attachment B – Board of Supervisor’s Minute Order and Resolution). In June 2016 the Board of Supervisors approved and passed the AOT resolution, as part of the budget process.

AOT is a civil court-ordered treatment for persons with serious and persistent mental illness who demonstrate resistance to participating in services. The proposed program design contained herein complies with the above Board direction and incorporates stakeholder input, as well as a series of stakeholder workgroup meetings conducted in May through September of 2016, in addition to a larger community forum that was held in October, which provided feedback on the proposed program design. This design also incorporates feedback from meetings with Assertive Community Treatment (ACT) community providers as well as leadership from Central Coast Collaborative on Homelessness (C3H). We are most appreciative of the many dedicated and talented individuals who have guided us in this effort (Attachment C – AOT Stakeholder Participation).

California Welfare and Institutions Code (WIC) Sections 5345-5349.5 prescribe eligibility, the legal process and provisions for treatment. Behavioral Wellness’ program design adheres to the statute, and this proposed program design addresses the needed complementary procedures in order to implement the law (Attachment A – WIC Sections 5345-5349.5). It is recognized that AOT is an emerging response in California to our citizens with the most challenging mental health issues. As such, implementation of this proposed program design will require attention to applying statute provisions to practice on an ongoing basis to ensure compliance with the law. Also influencing the evolving nature of our program design will be the concurrent efforts of other counties who are developing and implementing their own AOT programs to meet the needs of their citizens.

In response to the Board of Supervisors’ May 10th motion, the Department of Behavioral Wellness, with assistance of the CEO’s office, convened the first AOT internal stakeholder meeting to study the issue with regard to the law and began to develop legal processes that will need to be set in place. This group met monthly. Simultaneously, Behavioral Wellness took the lead in bringing together a stakeholder group of family members, consumers, providers of Assertive Community Treatment (who will also be responsible for providing the AOT services) and key internal department staff. The goal of this stakeholder group was to compare and contrast various treatment approaches, and provide recommendations to the Department of Behavioral Wellness with regard to philosophy and design of the AOT program. This group met on four occasions to discuss program philosophy, the court process and evaluation criteria.

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For the proposed program design we have incorporated this information, and borrowed from the experiences of other counties who have implemented AOT in their counties. This design is first and foremost a response of compassionate care to both our citizens who are experiencing serious and persistent mental illness, and to their loved ones who are asking for help. This care will be culturally and linguistically appropriate, responsive to the needs of both Client and family members, flexible, individualized and coordinated into an integrated response for all parties involved.

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Purpose, Terms, and Definitions

Laura's Law was enacted in 2002 [AB 1421; codified at Welfare and Institutions (W&I) Code §§ 5345 et seq.]. It enables a county board of supervisors to apply Laura's Law to "Clients" suffering from a mental illness (age 18 and over) who are likely to benefit from court-ordered "assisted outpatient treatment". The "Clients" are noncompliant with voluntary services, are "clinically determined to be unlikely to survive safely in the community", and are "substantially deteriorating" or "in need of AOT in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others" under W&I Code Section 5150 et seq. Please note these terms and abbreviations:

1. **"AOT"** stands for Assisted Outpatient Treatment, the services provided according to an individualized Treatment Plan ordered by a court after hearing all relevant evidence, and finding "no appropriate and feasible less restrictive alternative" to formally mandated participation in outpatient mental health services for a particular Client (W&I Code §§ 5345-5349.5).
2. **"AOT Criteria"** or **"AOT Checklist"** are the nine criteria listed in § 5346(a) about a Client that must be supported by clear and convincing evidence in court. To assist Counsel's preparation for court, a checklist is recommended for showing the specific factual basis for meeting each criterion (Attachment E).
3. **"AOT Team"** is the Santa Barbara County Assisted Outpatient Treatment Team and consists of the Outreach and Engagement Team and the Program Manager, a licensed clinician and may include any of the following as part of the team: Recovery Specialist, Psychiatrist, Psychologist, Therapist, Registered Nurse, Substance Abuse Specialist and Peer Support Specialists.
4. **"Access Line Team"** is the Behavioral Wellness' 24 Hour Crisis Response and Service Access Line that response to all inquiries and information about obtaining mental health service accessed by telephone (888) 868-1649 or Fax (805) 861-5117.
5. **"Candidate"** or **"AOT Candidate"** is a person who has been referred to the AOT program but has not consented to receive mental health services from the AOT program.
6. **"Client"** or **"AOT Client"** is a person suffering from a mental illness who has been referred to the Department of Behavioral Wellness for voluntary services and/or AOT Services and is participating in such services either through voluntary agreement or court order.
7. **"Counsel"** is the civil law office for the county ("County Counsel") that represents Behavioral Wellness in court.
8. **"Declaration"** is a sworn written statement or affidavit in compliance with Code of Civil Procedure § 2015.5, made by a Licensed Mental Health Treatment provider (Psychologist or licensed mental health clinician under Santa Barbara County procedures), which is required under W&I Code Section 5346(b)(5) to support a Petition filed in court.

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9. **“Outreach and Engagement (O&E) Team”** is a designated team of Behavioral Wellness staff who will provide the first caring response to the referring party, the referred individual, and the referred individual’s family and significant others. The goal of the O&E team is to facilitate voluntary treatment, and to ensure the right treatment services are provided for a referred individual, whether or not it consists of Assisted Outpatient Treatment. This team will provide intensive outreach and engagement to AOT candidates, verify Client symptoms and eligibility to the program, and refer Client to appropriate services.
10. **“Exam”** is a bio-psycho-social assessment conducted in the field or clinic on Client’s current presentation, plus known history. This exam is completed by a licensed clinician, or by a pre-doctoral intern in psychology under the direct supervision of a licensed psychologist. If necessary, the results of this examination will be filed with the court as part of the AOT process.
11. **“MH Director and/or DMH Director”** is the director of a County mental health department (Department of Behavioral Wellness), and it includes his or her designee for procedures under Laura’s Law (W&I Code §§ 5345 et seq.). This is NOT the Director of the AOT Program and NOT the Director of any outpatient treatment program that a Laura’s Law Client may receive services from.
12. **“Notice of Hearing”** is the notice of a court proceeding in which Behavioral Wellness seeks an AOT order for individual, in accordance with W&I Code Section 5346(d)(1). The Notice of Hearing will conspicuously list the individual’s legal rights under Laura’s Law, and specifically show names of persons that the individual wants notified of hearings.
13. **“Peer Recovery Assistant”** is a paraprofessional (person who is not licensed to practice as a fully qualified professional staff member) who has lived experience with the mental health system as a recipient of those services and has received specialized training in providing peer support to persons in need of and/or receiving mental health services.
14. **“Likely to Benefit”** means that according to a Clinical evaluation of Client, including history and current condition, there is evidence the Client has a treatable mental health condition, as demonstrated by previous good response to treatment or a clinical presentation that is associated with response to evidence-based practices.
15. **“Substantially Deteriorating”** shall mean a recurrence of previously resolved symptoms of a mental illness that is likely to cause a return of severe impairment and distress. Deterioration additionally includes exacerbation of other associated behavioral health problems related to the Client’s mental illness that are causing increasing functional impairment, as evidenced by decreasing ability to adequately care for self or to refrain from serious harm to himself or herself or to others.

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16. **“Treatment Plan”** means the court-ordered Assisted Outpatient Treatment plan recommended by the examining licensed mental health treatment provider, consisting of those services authorized by W&I Code Section 5348, for up to 180 days (with possible petition for another 180-day extension). The Treatment Plan covers the strategy for future interventions and intensive support and treatment.
17. **“Unlikely to survive safely (in the community without supervision)”** is a clinical determination that means that the referred individual is unable to provide for themselves reasonable food, clothing or shelter. This person is also unable to refrain from serious harm to self or others without supervision. Additionally, a Client will be considered unlikely to survive safely if his or her condition results in exposure to easy victimization or exposure to environmental health dangers.
18. **“5150”** or **“Section 5150”** is the Welfare and Institutions Code section that authorizes involuntary detention for evaluation and treatment, potentially including hospitalization for up to 72 hours at an acute care psychiatric facility, for persons who are gravely disabled, or who are an imminent danger to self and/or others by reason of a mental health disorder. Under Laura’s Law, when the Client is non-compliant with court-ordered AOT, then under W&I Code Section 5346(f) a Licensed Mental Health Treatment provider may request detention of the Client for up to 72 hours to obtain an evaluation of whether the Client is in need of treatment pursuant to W&I Code Section 5150.

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AOT Program Philosophy

The AOT outreach and engagement process is essential to the program's success. As such, the Outreach and Engagement team will be key to providing seamless support to AOT Candidates and their loved ones throughout the process; from very first engagement to eventual connection to the appropriate levels of care. Outreach will be intensive (minimum three (3) contact attempts per week), and will be tailored to each Candidate's individual wants and needs (may include initially providing Candidate with basic needs such as food, water, blanket, etc. as a means of building a trusting relationship). Outreach and Engagement staff will use motivational interviewing strategies to engage Candidates and will persevere in their efforts to gain the Candidate's trust, even when Candidate is initially unwilling to participate. The AOT Outreach and Engagement Team will work closely with current outreach providers in the community and there will be high communication and synergy between the teams. Although typically, the first 30 days of AOT outreach and engagement are used to triage and determine Candidate's program eligibility, in Santa Barbara County, flexibility will be the norm rather than the exception. This may mean that triage and outreach services last well beyond the initial thirty (30) days and up to ninety (90) days.

The Outreach and Engagement teams will be coordinated by a Behavioral Wellness licensed clinician, who will also act as the AOT Program Manager, and will include representation from the current in-house and contracted Assertive Community Treatment (ACT) teams. The AOT program manager and the outreach teams will meet on a weekly basis to discuss Candidate or programmatic concerns and to problem solve any issues that arise in a timely manner. At all times AOT Candidates and Clients will be treated with dignity and respect and the team will be responsive to their cultural and linguistic needs. The primary goal of outreach will be to engage the Candidate into voluntary services as a Client, and connect him/her with the appropriate level and type of care indicated.

The Behavioral Wellness Department recognizes the value of the family or "significant other"; that may be making the referral to AOT for their loved one; and will work collaboratively with them to gather information that would best assist in the outreach process. Behavioral Wellness also recognizes the importance of working with the family or "significant others" throughout the treatment process and will attempt to gain the Candidate's permission to communicate regarding the progress and provisions of care that are being provided or coordinated. Peers and/or Family Partners can bring hope to Candidates and families by normalizing the process and sharing their lived experience and recovery with mental illness and thus will be valued members of the Outreach and Engagement team as well as the treatment team.

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All services provided to a Client, whether voluntary or via the court process, will be recovery and wellness-oriented and will consider all aspects of the Client's well-being (mental health, physical health, substance use issues, vocational needs, etc.). Should a petition be requested to pursue AOT, the Outreach and Engagement staff will assist in the interview of the subject of the request. Law enforcement presence, from the appropriate jurisdiction, may be requested to serve as a civil standby, should reasonable safety concerns exist. All clinical evaluations will be conducted in the least restrictive environment possible and every attempt will be made to meet with the Candidate in their preferred environment/location. A Candidate may be taken to the Psychiatric Health Facility (PHF) for an assessment only if he/she meets Section 5150 criteria. The AOT team will be responsible for ensuring that the Candidate's rights are protected, and will provide appropriate advocacy resources.

Upon consenting to or being court-ordered to AOT treatment, Clients will be provided with ongoing services by the current in-house and contracted ACT teams in the Client's home region. ACT teams are comprised of mental health clinicians, nursing staff, Psychiatrists, case managers and peers/family members. The ACT Team staff-to-client ratio will follow the 1:10 recommendation for ACT programs and all services provided will follow the tenants of the Mental Health Services Act (MHSA). Thus, services provided through the AOT process will have a "whatever-it-takes" philosophy and be welcoming, client-focused, inclusive, culturally competent, and recovery oriented.

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AOT Training and Education

The Behavioral Wellness Deputy Director of Clinical Operations and the AOT Program Manager will oversee the training and education component related to the implementation of Laura's Law (W&I Code Sections 5345-5349.5) in Santa Barbara County. A training and education protocol has been developed which describes the referral criteria, appropriate referring parties and legal processes related to AOT per W&I Code 5345-5349.5. AOT training and education will be provided to all Behavior Wellness and contract provider direct service staff. The Behavioral Wellness Deputy Director of Clinical Operations will collaborate with law enforcement officials, hospital administrators, and other community stakeholders to provide training and education related to AOT.

Families

The training and education component of this program will focus on meeting the needs of the concerned family members who have long advocated for mental health treatment for their loved ones, who remain resistant to treatment due to the acuity of their symptoms and impairments. There will be significant efforts in providing families with information related to the criteria for consideration of a referral as well as the list of appropriate referring parties, and the AOT processes. Families will be informed that they now have an additional resource for their love ones, who remain persistently ill with no insight into the benefits of treatment. The Department of Behavioral Wellness will provide education to families through community groups and organizations such as the National Alliance on Mental Illness (NAMI).

Mental Health Providers

AOT training and education will be provided to all Behavioral Wellness licensed mental health providers as well as our contract providers. This training will be offered annually for all licensed staff.

Hospitals

The Department of Behavioral Wellness will work closely with hospital administrators to provide in-service training related to AOT. Hospital staff will be able to make referrals through their administrator or clinical director. The specific concerns related to making referrals in this setting will be addressed during the development of the hospital-specific, in-service training.

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Law Enforcement

AOT training and education will be provided during the Crisis Intervention Training (CIT), which is already being offered to law enforcement agencies.

Probation and Parole

Probation and Parole officers are both able to refer individuals they supervise to AOT, so these agencies will be provided with appropriate training and education related to the referral process and Candidate criteria.

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AOT Evaluation Plan

The Department of Behavioral Wellness will contract with an external evaluator who will provide an analysis of this project to best understand the role of AOT in Santa Barbara County's system of care. It is expected that this evaluation will:

1. Meet annual DHCS reporting requirements (W&I Code § 5348(d)); and
2. Provide information to the Board of Supervisors, Santa Barbara's Department of Behavioral Wellness, stakeholders, and the public about the programmatic and cost effectiveness of the three- year, ten- person AOT pilot project.

The evaluator will design evaluation and data collection procedures to ensure the following data are collected in an efficient and accurate manner:

- A. The number of referrals received for AOT;
- B. The number of referrals that met criteria for AOT vs. those that did not meet AOT criteria;
- C. The number of outreach attempts made per AOT Candidate;
- D. The number of outreach contacts per AOT Candidate;
- E. The number of AOT Candidates/Clients that accepted voluntary treatment;
- F. The number of court petitions filed;
- G. The number of AOT Clients that entered into a Settlement Agreement;
- H. The number of AOT Clients that were "court-ordered" to treatment;
- I. The number of Emergency Room visits per AOT Candidate/Client (based on information available);
- J. Reduction of homelessness;
- K. Reduction of inpatient psychiatric hospitalizations;
- L. Reduction in incarcerations;
- M. The number of AOT Clients who were able to maintain housing; and
- N. The number of AOT Candidates/Clients who maintain contact with treatment system.

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The evaluator will analyze data on a quarterly basis and be available to provide quarterly updates with a focus on making recommendations and improvements, as requested by the Department of Behavioral Wellness. A written report and oral feedback to the Department of Behavioral Wellness will be provided at six (6) months following implementation of the program and will provide initial feedback on program activities occurring from January 2017 to June 2017. A written report will also be provided to Behavioral Wellness following twelve (12) months of implementation and a final report will be provided by 9/30/19 detailing data collection procedures, data analytical procedures, results, progress made towards objectives and recommendations for the entire project period. Behavioral Wellness will provide the results of such evaluations and updates to the Mental Health Commission as requested and will receive recommendations and input from them regarding the program operations.

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AOT Implementation Model

Step 1: Referral Made:

- A. Referrals can be made by phone (888) 868-1649.or by submitting an AOT referral form by fax 805-681-5117(Attachment D) to the Behavioral Wellness Access Line

Step 2: Determine Qualified Requesting Party:

- A. Access Line Team determines if the referring party is eligible to request AOT filing and documents disposition of the referral.
- B. Eligible requesting parties are:
 - i. Co -habitant aged 18 or older;
 - ii. Any person who is the parent, spouse, or sibling, or child, 18 years of age or older of the person being referred;
 - iii. Director of any public or private agency, treatment facility, charitable organization, or licensed residential care facility providing mental health services to the person being referred in whose institution the referred person resides;
 - iv. Hospital director where the referred person is hospitalized;
 - v. Licensed Mental Health Treatment provider who is either supervising the treatment of, or treating the referred person for a mental illness; and
 - vi. Peace officer, parole officer or probation officer assigned to supervise the candidate.
- C. If the referring party is determined by the Access Line Team to not be a qualified requesting party, the Access Line Team will handle the call per protocol of any other request for services and ensure the referring party is connected with the appropriate referral resources.
- D. If the referring party is determined to be an eligible qualifying party, the referral will be sent to the AOT Program Manager for further screening and coordination of outreach and engagement (O&E) processes.

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- E. AOT Program Manager contacts referring party to gather information about the Candidate, which may be helpful to the engagement process to individualize services, and to gather any other pertinent information.

Step 3: Initial Outreach and Engagement Process and Screening of Referrals:

- A. AOT Program Manager assigns specific O&E Team to begin engagement process (dependent on Candidate's current location);
- B. All individuals referred to AOT must be reviewed by the O&E Team to screen for the nine AOT criteria that include:
 - i. The referred individual is 18 years of age or older;
 - ii. The referred individual is suffering from a mental illness as defined by W&I Code Sections 5600.3(b)(2)-(b)(3);
 - iii. There has been a clinical determination that the referred individual is unlikely to survive safely in the community without supervision; and
 - iv. The referred individual has a history of lack of compliance in that at least one of the following is true:
 - a. The referred individual's mental illness has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including current hospitalization or incarceration;
 - b. The referred individual's mental illness has resulted in one or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempts to cause serious physical harm to himself or herself or another within the last 48 months, not including current hospitalization or incarceration.
 - v. The referred individual has been offered an opportunity to participate in a treatment plan that includes all of the services described in W&I Code Section 5348, and the person continues to fail to engage in treatment;
 - vi. The referred individual's condition is substantially deteriorating;
 - vii. Participation in the AOT program would be the least restrictive placement necessary to ensure the referred individual's recovery and stability;
 - viii. In view of the referred individual's treatment history and current behavior, the person is in need of AOT in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in W&I Code Section 5150;

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- ix. It is likely that the referred individual will benefit from assisted outpatient treatment;
and
 - x. The referred individual is reasonably believed to be present in Santa Barbara County.
- C. O&E team will respond within five (5) days to Candidate's condition with an initial intervention and offer voluntary services including, but not necessarily limited to, AOT services. Attempts will be made to engage the Candidate and encourage voluntary participation in a mental health program;
- D. If Candidate meets criteria and accepts voluntary treatment, O&E team will provide warm hand-off to an Assertive Community Treatment (ACT) provider;
- E. If after thirty (30) days (or any subsequent time during the initial outreach period), the O&E team has determined that Candidate does not meet criteria, the AOT referral will be deemed unsubstantiated and closed;
- F. If after ninety (90) days of outreach and engagement Candidate continues to meet criteria for services, but continues to refuse services (or at any time the AOT outreach team feels that the Candidate is deteriorating and requires a more rapid filing of the petition), or within six (6) months of agreeing to any service offered as part of this initial intervention, the Client refuses services, the AOT Program Manager will be notified and will commence investigation for the purpose of filing a petition in accord with W&I Code Section 5345 et seq.
- G. O&E team will meet weekly with AOT Program manager during the engagement phase to discuss cases and problem-solve.

Step 4: Investigation:

- A. The O&E team, with the county's AOT Program Manager acting as the lead, will be responsible for implementing the Investigation protocol. This team, which may also include a peer or family member, will continue to work with the Candidate, the referring party, Patients' Rights, and significant individuals in the Candidate's life, to gather and verify the information necessary to determine whether or not the AOT criteria are present;
- B. O&E Team investigates the following information for each Candidate:
- i. Available health and hospitalization records;
 - ii. Available mental health history;
 - iii. Available incarceration history; and
 - iv. Current living situation.

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- C. Based on results of investigation, the team will determine whether or not the Candidate meets AOT criteria (Attachment E: AOT Checklist);
- D. A preliminary Treatment Plan is developed as a guide to ensure that team will be able to make an offer of treatment on a voluntary basis and it is revised by the AOT Team licensed mental health provider once as well as on a court-ordered basis.

Step 5: Decision to file:

- A. AOT Program Manager must find a “reasonable likelihood” that a petition on Client can be proven by “clear and convincing evidence”;
- B. AOT Program Manager should consult with County Counsel for assistance in determining whether evidence is “clear and convincing”;
- C. The Behavioral Wellness Director will move forward with the decision to file a petition upon belief that there is “reasonable likelihood that all the necessary elements to sustain the petition can be proven in a court of law”.

Step 6: Intervention Planning:

- A. As soon as a decision to file an AOT petition is made by the Behavioral Wellness Director, two tasks must be undertaken:
 - i. The offer of voluntary services (from Step 3C) and the preliminary treatment plan (from Step 4D) are formalized into a written Treatment Plan by the AOT team licensed clinician, which will be offered to the Client again during any next encounter to elicit voluntary participation in treatment services;
 - a. The AOT Program Manager, a licensed clinician, updates this initial Treatment Plan (if needed) based on any new information discovered during investigation.
 - ii. The AOT Team formulates the most practical strategy to approach the Candidate for a personal examination by the Program Manager, a licensed mental health treatment provider, in the field or the office;
 - a. The AOT Team works with the Candidate’s existing support system (family, friends, etc.) to increase the Candidate’s comfort with and engagement in the process.

Step 7: Notification to Law Enforcement:

- A. If there is reason to believe that the Candidate’s condition may pose a safety concern during the intervention, law enforcement should be contacted, with due regard for patient confidentiality, about its availability to serve as “civil standby” or to conduct a “welfare check”.

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Step 8: Intervention and attempt at assessment/examination:

- A. The AOT Outreach and Engagement worker, AOT Program Manager (a licensed clinician), and, if available, a supportive figure in candidate's life, make first official contact under AOT (with law enforcement assistance if needed);
- B. The AOT Program Manager will work to gain the Candidate's consent for an assessment and mental status exam;
- C. Once consent is given, the Candidate becomes a Client;
- D. At the conclusion of the exam, the AOT Program Manager will explain the services available to the Client and work with the Candidate to modify the Treatment Plan, as needed, to engage Candidate on a voluntary basis;
- E. The Candidate's condition, orientation, and consent will determine the next procedure:
 - i. If the Candidate consents to the assessment/exam and the Treatment Plan, the Candidate will become a Client and will be given resources to begin their treatment on a voluntary basis. The AOT process will end at this time. Should the Client fail to follow up with their Treatment Plan, a representative of the mental health treatment agency will contact the AOT Program Manager to determine the next steps needed to provide for Client's safety and care;
 - ii. If the Candidate consents to the exam, but refuses treatment, the Treatment Plan pre-interview prepared by the AOT Program Manager will be explained to Candidate. The Candidate will be given every opportunity to participate in the Treatment Planning process and consent voluntarily to receive treatment services. If the Candidate continues to refuse treatment, the AOT Program Manager will state the results of the assessment and mental status exam in a prepared Declaration to the court. The AOT Program Manager will update the treatment plan, as needed, based on results of exam and prepare to submit the treatment plan to court; or
 - iii. If the Candidate consents to neither the exam nor the treatment plan, the AOT Program Manager prepares a Declaration to the court stating the efforts made to engage the Candidate, the Candidate's refusal of the exam, and any relevant clinical information obtained in the process of engaging Candidate. The Treatment Plan will be updated as needed and prepared for submission to court. Note: If the Candidate is refusing an examination, the court may require that the Candidate receive an examination (see Step 15, Candidate at hearing but exam not completed).

Step 9: Notification to Counsel/ DMH Director signs Petition:

- A. Behavioral Wellness Director notifies County Counsel of the need to file a Petition within 24 hours of the Director's decision;
- B. The following should be sent promptly to Counsel:

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- i. Completed AOT checklist (Attachment E);
 - ii. Signed recommended Treatment Plan; and
 - iii. Signed Declaration by the AOT Program Manager.
- C. After review with Counsel, the AOT Program Manager will sign the Petition and Verification;
- i. The Petition will have 2 attachments:
 - a. The Declaration; and
 - b. Recommended Treatment Plan.
- D. Accompanying the Petition will be a “Notice of Hearing” and a “Proposed AOT Order”.

Step 10: Petition is filed and distributed with Notice of Hearing:

- A. When the Petition is filed, the court sets a hearing date and time (not later than five (5) court days after the filing);
- B. All court cases will be heard in the South County Superior Court by the judicial officer currently presiding over the mental health Lanterman-Petris Short Act (LPS) calendar;
- C. An attorney (Public Defender) will be assigned by the court, if the Candidate has not retained counsel;
- D. Copies of the Petition and Notice of Hearing are delivered or sent to the Public Defender, the Patient Rights Advocate, any current health care provider appointed for the Candidate, and any persons designated by the Candidate per W&I Code Section 5346(d)(4)(A);
 - a. Those persons receiving the Petition will be in a position to contact and advise the Candidate about hearing.

Step 11: Service on Candidate of Notice of Hearing:

- A. The Petition and Notice of Hearing are personally served on the Candidate by County Process Server;
- B. O&E Team, family and friends are encouraged to help provide support to Candidate;
- C. Law enforcement may be alerted to provide the Process Server with “civil standby” protection, if warranted by the circumstances;

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- D. O&E team attempts to meet daily with Candidate and continue engagement. AOT Program Manager is kept informed of any concerns and assists O&E team in problem-solving during this time.

Step 12: Preparation for Hearing, Settlement Agreements:

- A. Counsel prepares a proposed settlement agreement if Candidate's attorney indicates he/she is likely to settle (with the most updated Treatment Plan attached). Once Candidate consents to the Settlement Agreement, the Candidate becomes a Client.
 - i. The purpose of the Settlement Agreement is to create a legally binding agreement between the Client and the Department of Behavioral Wellness for engagement in AOT;
 - ii. This Settlement Agreement will have the same force as a court order for the Client to engage in Assisted Outpatient Treatment;
 - iii. The licensed clinician reviews the Declaration, prepares any updates and makes any final modifications to the Treatment Plan;
 - a. Close communication between the AOT Team and other involved parties is necessary in order to monitor the Client and respond to any sudden deterioration.

Step 13: The hearing with Candidate present and exam completed:

- A. The court establishes, on the record, the appearances and relevant factors for opening the hearing;
- B. The AOT Program Manager will testify to the assessment and mental status exam on the record;
- C. The O&E worker will assist the Candidate with interpreting and following the presented treatment plan (scheduling appointments, assisting with transportation resources, etc.);
- D. Other AOT Staff will participate as needed in the hearing. All evidence is admissible if relevant to the grounds and facts in the Petition. Continuances are permitted only for "good cause shown", upon consideration of the need for further exam, or for providing AOT expeditiously, per W&I Code Section 5346(d)(1);
- E. If the court finds AOT criteria not met, the Petition is dismissed;
- F. The court may order AOT if it finds W&I Code Section 5346(a) AOT criteria are met, and there is no appropriate feasible less restrictive alternative, that Candidate has refused or failed to engage in voluntary services, that AOT services are available, and that the Treatment Plan "will be delivered" to the Director of Behavior Wellness (or designee) per W&I Code Section 5346(e). The court may set another hearing date about sixty (60) days in advance in anticipation of Step 22 (reporting to the state).

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STEP 14: Candidate not present at hearing:

- A. The court will make a factual determination, on the record, to support conducting the hearing without Candidate present, under W&I Code Section 5346(d)(1);
- B. The AOT Team licensed clinician and other AOT staff, as needed, testify about the authenticity and contents of the Declaration and the recommended Treatment Plan (referring, as needed, to the AOT checklist, Attachment E);
- C. If AOT criteria are met, and the court finds that it is the least restrictive alternative available, the court may order the Candidate to receive AOT services, as set forth in the Treatment Plan. The Treatment Plan implementation order is stayed if the Candidate subsequently files a writ of habeas corpus.

Step 15: Candidate at hearing but exam not completed:

- A. The court may question the Candidate in chambers or in open court;
- B. The court may appoint the licensed clinician in the Candidate's presence and elicit Candidate's consent, and order a continuance for completion of the exam in or out of the courthouse;
 - i. If the Candidate's condition is volatile, a law enforcement escort may be arranged;
- C. Whether or not the AOT Program Manager has the exam results, the hearing may continue;
 - i. If Candidate refuses examination and the court finds "reasonable cause to believe" the Petition is true, the court may order an evaluation per W&I Code Section 5346(d)(3). "Any person designated under W&I Code Section 5150" (which should, at the least, include the AOT Director) may be ordered by the court to detain and transport the Candidate to a hospital for exam "as soon as is practicable", with detention not to exceed seventy-two (72) hours. The hospital's evaluator may consult with the AOT Licensed Clinician (Program Manager) who signed the Declaration for court;
 - ii. In instances where the judge orders a detention for evaluation not to exceed seventy-two (72) hours under W&I Code Section 5346(d)(3), the Candidate, accompanied by safety personnel as necessary, is transferred in detention to a hospital for the purposes of evaluation for AOT. If probable cause for W&I Code Section 5150 criteria is met, the Candidate may be held under this statutory process while assessment for AOT continues.

Step 16: Candidate waives hearing:

- A. The court starts hearing;

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- B. If the Candidate appears at the hearing, whether the exam is completed or not, the court may establish on the record (for Candidate to hear) the circumstances surrounding Candidate's failure to engage in, or refusal of, voluntary treatment;
- C. Candidate will confer with his/her Public Defender prior to the hearing;
- D. If the Candidate favors a Settlement Agreement as described in Step 12 (Preparation for Hearing, Settlement Agreement), the Candidate may waive the right to a hearing. Once consent is given, the Candidate becomes a Client.
 - i. The Settlement Agreement has the same legal force as an AOT order (W&I Code Section 5347(b)(5)). The AOT licensed clinician (Program Manager) testifies that the Candidate can survive safely in the community as long as the Candidate complies with the Settlement Agreement. If acceptable, the court puts the waiver of hearing on the record, finds that the Settlement Agreement is the least restrictive alternative available, and appoints "the appropriate county department" (Department of Behavioral Wellness) to monitor Candidate's compliance. A Settlement Agreement Treatment Plan may be modified by the court at any time upon a request by either the Candidate or Petitioner.

Step 17: Client non-compliant with treatment:

- A. The consequences vary depending on whether AOT is court-ordered, or if the Client has signed a Settlement Agreement;
 - i. If the Client is refusing court-ordered AOT, Program Manager may contact Counsel about going back to court;
 - a. Under W&I Code Section 5346(d)(6), the court may order the Client to meet with the AOT Team to gain the Client's cooperation with treatment ordered by the court;
 - ii. Inability to gain cooperation may subject the Client to a seventy-two (72)-hour involuntary hold for evaluation under W&I Code Section 5346(f), depending on the "clinical judgment" of the Licensed Mental Health Treatment (LMHT) provider;
 - a. The provider may request a person designated under W&I Code Section 5150 to transport the Client to a hospital to be held for up to seventy-two (72) hours to determine if the Client is in need of treatment pursuant to Section 5150 ;
 - b. If the hospital does not find the Section 5150 criteria to be met, and the Client requests release, the Client must be released. Any subsequent involuntary detention in a hospital shall be pursuant to Section 5150;
 - iii. If the Client's non-compliance violates the Settlement Agreement, the AOT Program Manager sends a Statement of Non-compliance to Counsel and to the attorney for Client;

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- iv. The matter will be set for hearing;
- v. A written statement of Client's non-compliance establishes prima facie evidence of a violation, which the Client can rebut by a preponderance of the evidence (W&I Code Section 5347(b)(6)). As the Settlement Agreement has the same force and effect as a court order (W&I Code Section 5347(b)(5)), a prima facie violation of the Settlement Agreement will be treated as a violation of a court order. However, failure to comply with an order of AOT alone may not be grounds for involuntary civil commitment or a finding that the Client who is the subject of the petition is in contempt of court. (W&I Code Section 5346(f)).

Step 18: Client remains persistently non-compliant:

- A. The AOT statutory process is not specific about this. Importantly, the Client remains subject to court-ordered AOT. Continued treatment and intervention by the AOT Outreach worker tends to keep the Client from drifting away from services. This reduces the risk of a Client's deterioration to the 5150 level, and reduces risks to the safety of the Client and community;
- B. Sudden deterioration of the Client may warrant a "welfare check" by law enforcement accompanied by the AOT Team. Under the W&I Code, any further civil commitment for evaluation and treatment under the 5150 process allows medical personnel to consider requesting a LPS conservatorship under W&I Code Section 5350.

Step 19: Declaration to court every 60 days after initial AOT order:

- A. Under W&I Code Section 5346(h), a Declaration shall be filed with the court on Client's continuing to meet the AOT Criteria at sixty (60) day intervals from the original AOT order, which will be accompanied by a Notice of Hearing;
 - i. A contested hearing will not be required unless the Client disagrees that he/she still meets AOT criteria. The Behavioral Wellness Department Director (or designee) bears the burden of proof;
- B. A representative from the AOT Treatment Provider (either a Behavioral Wellness ACT provider or a contracted ACT Provider) will work with the AOT Program Manager to update the court about Client's condition.

Step 20: Policy and procedure for involuntary medication:

- A. Under W&I Code Section 5348(c), involuntary medication shall not be allowed absent a separate order by the court pursuant to W&I Code Sections 5332-5336. AOT does not change existing law in this respect; and
- B. A Client's capacity to refuse antipsychotic medication must be determined at a noticed "capacity hearing" ("Riese Hearing") during a detention under W&I Code Section 5150, 5250, 5260 or 5270.15.

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Step 21: Extension of court-ordered AOT:

- A. Prior to the expiration of one hundred eighty (180) days, an extension of the AOT order may be sought for an additional one hundred eighty (180) days. However, the application to extend the AOT order requires following all of the foregoing steps, in compliance with W&I Code Section 5346(a)-(f) (W&I Code Section 5346(g));
- B. After the original AOT order has lapsed, the procedure to re-initiate AOT for a Client is the same as for an extension, following all of the foregoing steps, in compliance with W&I Code Section 5346(a)-(f);
 - i. A Settlement Agreement is valid for up to one hundred eighty (180) days. There is no provision for any extension. Instead, the procedure is to re-initiate the AOT process.

Step 22: Reporting to State Department of Health Care Services:

- A. Each county shall provide certain data to the State Department of Health Care Services (DCHS) as specified in W&I Code Section 5348(d). This data collection should be integrated into the AOT Team's management of the Client's case. State DCHS requires the data by March 1 of each year, and will use this data to report to the Legislature by May 1 of each year.

*AOT process flowchart of process can be seen in Attachment F.



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WELFARE AND INSTITUTIONS CODE - WIC

DIVISION 5. COMMUNITY MENTAL HEALTH SERVICES [5000 - 5912] (Division 5 repealed and added by Stats. 1967, Ch. 1667.)

PART 1. THE LANTERMAN-PETRIS-SHORT ACT [5000 - 5550] (Heading of Part 1 amended by Stats. 1968, Ch. 1374.)

CHAPTER 2. Involuntary Treatment [5150 - 5349.5] (Chapter 2 added by Stats. 1967, Ch. 1667.)

ARTICLE 9. The Assisted Outpatient Treatment Demonstration Project Act of 2002 [5345 - 5349.5] (Article 9 added by Stats. 2002, Ch. 1017, Sec. 2.)

5345. (a) This article shall be known, and may be cited, as Laura's Law.

(b) "Assisted outpatient treatment" shall be defined as categories of outpatient services that have been ordered by a court pursuant to Section 5346 or 5347.

(Added by Stats. 2002, Ch. 1017, Sec. 2. Effective January 1, 2003. Repealed as of January 1, 2017, pursuant to Section 5349.5.)

5346. (a) In any county in which services are available as provided in Section 5348, a court may order a person who is the subject of a petition filed pursuant to this section to obtain assisted outpatient treatment if the court finds, by clear and convincing evidence, that the facts stated in the verified petition filed in accordance with this section are true and establish that all of the requisite criteria set forth in this section are met, including, but not limited to, each of the following:

- (1) The person is 18 years of age or older.
- (2) The person is suffering from a mental illness as defined in paragraphs (2) and (3) of subdivision (b) of Section 5600.3.
- (3) There has been a clinical determination that the person is unlikely to survive safely in the community without supervision.
- (4) The person has a history of lack of compliance with treatment for his or her mental illness, in that at least one of the following is true:
 - (A) The person's mental illness has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition.
 - (B) The person's mental illness has resulted in one or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempts to cause serious physical harm to himself or herself or another within the last 48 months, not including any period in which the person was hospitalized or incarcerated immediately preceding the filing of the petition.
- (5) The person has been offered an opportunity to participate in a treatment plan by the director of the local mental health department, or his or her designee, provided the treatment plan includes all of the services described in Section 5348, and the person continues to fail to engage in treatment.
- (6) The person's condition is substantially deteriorating.
- (7) Participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the person's recovery and stability.
- (8) In view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in Section 5150.

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- (9) It is likely that the person will benefit from assisted outpatient treatment.
- (b) (1) A petition for an order authorizing assisted outpatient treatment may be filed by the county mental health director, or his or her designee, in the superior court in the county in which the person who is the subject of the petition is present or reasonably believed to be present.
- (2) A request may be made only by any of the following persons to the county mental health department for the filing of a petition to obtain an order authorizing assisted outpatient treatment:
- (A) Any person 18 years of age or older with whom the person who is the subject of the petition resides.
- (B) Any person who is the parent, spouse, or sibling or child 18 years of age or older of the person who is the subject of the petition.
- (C) The director of any public or private agency, treatment facility, charitable organization, or licensed residential care facility providing mental health services to the person who is the subject of the petition in whose institution the subject of the petition resides.
- (D) The director of a hospital in which the person who is the subject of the petition is hospitalized.
- (E) A licensed mental health treatment provider who is either supervising the treatment of, or treating for a mental illness, the person who is the subject of the petition.
- (F) A peace officer, parole officer, or probation officer assigned to supervise the person who is the subject of the petition.
- (3) Upon receiving a request pursuant to paragraph (2), the county mental health director shall conduct an investigation into the appropriateness of the filing of the petition. The director shall file the petition only if he or she determines that there is a reasonable likelihood that all the necessary elements to sustain the petition can be proven in a court of law by clear and convincing evidence.
- (4) The petition shall state all of the following:
- (A) Each of the criteria for assisted outpatient treatment as set forth in subdivision (a).
- (B) Facts that support the petitioner's belief that the person who is the subject of the petition meets each criterion, provided that the hearing on the petition shall be limited to the stated facts in the verified petition, and the petition contains all the grounds on which the petition is based, in order to ensure adequate notice to the person who is the subject of the petition and his or her counsel.
- (C) That the person who is the subject of the petition is present, or is reasonably believed to be present, within the county where the petition is filed.
- (D) That the person who is the subject of the petition has the right to be represented by counsel in all stages of the proceeding under the petition, in accordance with subdivision (c).
- (5) The petition shall be accompanied by an affidavit of a licensed mental health treatment provider designated by the local mental health director who shall state, if applicable, either of the following:
- (A) That the licensed mental health treatment provider has personally examined the person who is the subject of the petition no more than 10 days prior to the submission of the petition, the facts and reasons why the person who is the subject of the petition meets the criteria in subdivision (a), that the licensed mental health treatment provider recommends assisted outpatient treatment for the person who is the subject of the petition, and that the licensed mental health treatment provider is willing and able to testify at the hearing on the petition.
- (B) That no more than 10 days prior to the filing of the petition, the licensed mental health treatment provider, or his or her designee, has made appropriate attempts to elicit the cooperation of the person who is the subject of the petition, but has not been successful in persuading that person to submit to an examination, that the licensed mental health treatment provider has reason to believe that the person who is the subject of the petition meets the criteria for assisted outpatient treatment, and that the licensed mental health treatment provider is willing and able to examine the person who is the subject of the petition and testify at the hearing on the petition.
- (c) The person who is the subject of the petition shall have the right to be represented by counsel at all stages of a proceeding commenced under this section. If the person so elects, the court shall immediately appoint the public defender or other attorney to assist the person in all stages of the proceedings. The person shall pay the cost of the legal services if he or she is able.
- (d) (1) Upon receipt by the court of a petition submitted pursuant to subdivision (b), the court shall fix the date for a hearing at a time not later than five days from the date the petition is received by the court, excluding Saturdays, Sundays, and holidays. The petitioner shall promptly cause service of a copy of the petition, together with written notice of the hearing date, to be made personally on the person who is the subject of the petition,

and shall send a copy of the petition and notice to the county office of patient rights, and to the current health care provider appointed for the person who is the subject of the petition, if any such provider is known to the petitioner. Continuances shall be permitted only for good cause shown. In granting continuances, the court shall consider the need for further examination by a physician or the potential need to provide expeditiously assisted outpatient treatment. Upon the hearing date, or upon any other date or dates to which the proceeding may be continued, the court shall hear testimony. If it is deemed advisable by the court, and if the person who is the subject of the petition is available and has received notice pursuant to this section, the court may examine in or out of court the person who is the subject of the petition who is alleged to be in need of assisted outpatient treatment. If the person who is the subject of the petition does not appear at the hearing, and appropriate attempts to elicit the attendance of the person have failed, the court may conduct the hearing in the person's absence. If the hearing is conducted without the person present, the court shall set forth the factual basis for conducting the hearing without the person's presence.

(2) The court shall not order assisted outpatient treatment unless an examining licensed mental health treatment provider, who has personally examined, and has reviewed the available treatment history of, the person who is the subject of the petition within the time period commencing 10 days before the filing of the petition, testifies in person at the hearing.

(3) If the person who is the subject of the petition has refused to be examined by a licensed mental health treatment provider, the court may request that the person consent to an examination by a licensed mental health treatment provider appointed by the court. If the person who is the subject of the petition does not consent and the court finds reasonable cause to believe that the allegations in the petition are true, the court may order any person designated under Section 5150 to take into custody the person who is the subject of the petition and transport him or her, or cause him or her to be transported, to a hospital for examination by a licensed mental health treatment provider as soon as is practicable. Detention of the person who is the subject of the petition under the order may not exceed 72 hours. If the examination is performed by another licensed mental health treatment provider, the examining licensed mental health treatment provider may consult with the licensed mental health treatment provider whose affirmation or affidavit accompanied the petition regarding the issues of whether the allegations in the petition are true and whether the person meets the criteria for assisted outpatient treatment.

(4) The person who is the subject of the petition shall have all of the following rights:

(A) To adequate notice of the hearings to the person who is the subject of the petition, as well as to parties designated by the person who is the subject of the petition.

(B) To receive a copy of the court-ordered evaluation.

(C) To counsel. If the person has not retained counsel, the court shall appoint a public defender.

(D) To be informed of his or her right to judicial review by habeas corpus.

(E) To be present at the hearing unless he or she waives the right to be present.

(F) To present evidence.

(G) To call witnesses on his or her behalf.

(H) To cross-examine witnesses.

(I) To appeal decisions, and to be informed of his or her right to appeal.

(5) (A) If after hearing all relevant evidence, the court finds that the person who is the subject of the petition does not meet the criteria for assisted outpatient treatment, the court shall dismiss the petition.

(B) If after hearing all relevant evidence, the court finds that the person who is the subject of the petition meets the criteria for assisted outpatient treatment, and there is no appropriate and feasible less restrictive alternative, the court may order the person who is the subject of the petition to receive assisted outpatient treatment for an initial period not to exceed six months. In fashioning the order, the court shall specify that the proposed treatment is the least restrictive treatment appropriate and feasible for the person who is the subject of the petition. The order shall state the categories of assisted outpatient treatment, as set forth in Section 5348, that the person who is the subject of the petition is to receive, and the court may not order treatment that has not been recommended by the examining licensed mental health treatment provider and included in the written treatment plan for assisted outpatient treatment as required by subdivision (e). If the person has executed an advance health care directive pursuant to Chapter 2 (commencing with Section 4650) of Part 1 of Division 4.7 of the Probate Code, any directions included in the advance health care directive shall be considered in formulating the written treatment plan.

(6) If the person who is the subject of a petition for an order for assisted outpatient treatment pursuant to subparagraph (B) of paragraph (5) of subdivision (d) refuses to participate in the assisted outpatient treatment program, the court may order the person to meet with the assisted outpatient treatment team designated by the director of the assisted outpatient treatment program. The treatment team shall attempt to gain the person's cooperation with treatment ordered by the court. The person may be subject to a 72-hour hold pursuant to subdivision (f) only after the treatment team has attempted to gain the person's cooperation with treatment ordered by the court, and has been unable to do so.

(e) Assisted outpatient treatment shall not be ordered unless the licensed mental health treatment provider recommending assisted outpatient treatment to the court has submitted to the court a written treatment plan that includes services as set forth in Section 5348, and the court finds, in consultation with the county mental health director, or his or her designee, all of the following:

(1) That the services are available from the county, or a provider approved by the county, for the duration of the court order.

(2) That the services have been offered to the person by the local director of mental health, or his or her designee, and the person has been given an opportunity to participate on a voluntary basis, and the person has failed to engage in, or has refused, treatment.

(3) That all of the elements of the petition required by this article have been met.

(4) That the treatment plan will be delivered to the county director of mental health, or to his or her appropriate designee.

(f) If, in the clinical judgment of a licensed mental health treatment provider, the person who is the subject of the petition has failed or has refused to comply with the treatment ordered by the court, and, in the clinical judgment of the licensed mental health treatment provider, efforts were made to solicit compliance, and, in the clinical judgment of the licensed mental health treatment provider, the person may be in need of involuntary admission to a hospital for evaluation, the provider may request that persons designated under Section 5150 take into custody the person who is the subject of the petition and transport him or her, or cause him or her to be transported, to a hospital, to be held up to 72 hours for examination by a licensed mental health treatment provider to determine if the person is in need of treatment pursuant to Section 5150. Any continued involuntary retention in a hospital beyond the initial 72-hour period shall be pursuant to Section 5150. If at any time during the 72-hour period the person is determined not to meet the criteria of Section 5150, and does not agree to stay in the hospital as a voluntary patient, he or she shall be released and any subsequent involuntary detention in a hospital shall be pursuant to Section 5150. Failure to comply with an order of assisted outpatient treatment alone may not be grounds for involuntary civil commitment or a finding that the person who is the subject of the petition is in contempt of court.

(g) If the director of the assisted outpatient treatment program determines that the condition of the patient requires further assisted outpatient treatment, the director shall apply to the court, prior to the expiration of the period of the initial assisted outpatient treatment order, for an order authorizing continued assisted outpatient treatment for a period not to exceed 180 days from the date of the order. The procedures for obtaining any order pursuant to this subdivision shall be in accordance with subdivisions (a) to (f), inclusive. The period for further involuntary outpatient treatment authorized by any subsequent order under this subdivision may not exceed 180 days from the date of the order.

(h) At intervals of not less than 60 days during an assisted outpatient treatment order, the director of the outpatient treatment program shall file an affidavit with the court that ordered the outpatient treatment affirming that the person who is the subject of the order continues to meet the criteria for assisted outpatient treatment. At these times, the person who is the subject of the order shall have the right to a hearing on whether or not he or she still meets the criteria for assisted outpatient treatment if he or she disagrees with the director's affidavit. The burden of proof shall be on the director.

(i) During each 60-day period specified in subdivision (h), if the person who is the subject of the order believes that he or she is being wrongfully retained in the assisted outpatient treatment program against his or her wishes, he or she may file a petition for a writ of habeas corpus, thus requiring the director of the assisted outpatient treatment program to prove that the person who is the subject of the order continues to meet the criteria for assisted outpatient treatment.

(j) Any person ordered to undergo assisted outpatient treatment pursuant to this article, who was not present at the hearing at which the order was issued, may immediately petition the court for a writ of habeas corpus. Treatment under the order for assisted outpatient treatment may not commence until the resolution of that petition.

(Amended by Stats. 2003, Ch. 62, Sec. 326. Effective January 1, 2004. Repealed as of January 1, 2017, pursuant to Section 5349.5.)

5347. (a) In any county in which services are available pursuant to Section 5348, any person who is determined by the court to be subject to subdivision (a) of Section 5346 may voluntarily enter into an agreement for services under this section.

(b) (1) After a petition for an order for assisted outpatient treatment is filed, but before the conclusion of the hearing on the petition, the person who is the subject of the petition, or the person's legal counsel with the person's consent, may waive the right to an assisted outpatient treatment hearing for the purpose of obtaining treatment under a settlement agreement, provided that an examining licensed mental health treatment provider states that the person can survive safely in the community. The settlement agreement may not exceed 180 days in duration and shall be agreed to by all parties.

(2) The settlement agreement shall be in writing, shall be approved by the court, and shall include a treatment plan developed by the community-based program that will provide services that provide treatment in the least restrictive manner consistent with the needs of the person who is the subject of the petition.

(3) Either party may request that the court modify the treatment plan at any time during the 180-day period.

(4) The court shall designate the appropriate county department to monitor the person's treatment under, and compliance with, the settlement agreement. If the person fails to comply with the treatment according to the agreement, the designated county department shall notify the counsel designated by the county and the person's counsel of the person's noncompliance.

(5) A settlement agreement approved by the court pursuant to this section shall have the same force and effect as an order for assisted outpatient treatment pursuant to Section 5346.

(6) At a hearing on the issue of noncompliance with the agreement, the written statement of noncompliance submitted shall be prima facie evidence that a violation of the conditions of the agreement has occurred. If the person who is the subject of the petition denies any of the facts as stated in the statement, he or she has the burden of proving by a preponderance of the evidence that the alleged facts are false.

(Added by Stats. 2002, Ch. 1017, Sec. 2. Effective January 1, 2003. Repealed as of January 1, 2017, pursuant to Section 5349.5.)

5348. (a) For purposes of subdivision (e) of Section 5346, a county that chooses to provide assisted outpatient treatment services pursuant to this article shall offer assisted outpatient treatment services including, but not limited to, all of the following:

(1) Community-based, mobile, multidisciplinary, highly trained mental health teams that use high staff-to-client ratios of no more than 10 clients per team member for those subject to court-ordered services pursuant to Section 5346.

(2) A service planning and delivery process that includes the following:

(A) Determination of the numbers of persons to be served and the programs and services that will be provided to meet their needs. The local director of mental health shall consult with the sheriff, the police chief, the probation officer, the mental health board, contract agencies, and family, client, ethnic, and citizen constituency groups as determined by the director.

(B) Plans for services, including outreach to families whose severely mentally ill adult is living with them, design of mental health services, coordination and access to medications, psychiatric and psychological services, substance abuse services, supportive housing or other housing assistance, vocational rehabilitation, and veterans' services. Plans shall also contain evaluation strategies, which shall consider cultural, linguistic, gender, age, and special needs of minorities and those based on any characteristic listed or defined in Section 11135 of the Government Code in the target populations. Provision shall be made for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services as a result of having limited-English-speaking ability and cultural differences. Recipients of outreach services may include families, the public, primary care physicians, and others who are likely to come into contact with individuals who may be suffering from an untreated severe mental illness who would be likely to become homeless if the illness continued to be untreated for a substantial period of time. Outreach to adults may include adults voluntarily or involuntarily hospitalized as a result of a severe mental illness.

(C) Provision for services to meet the needs of persons who are physically disabled.

(D) Provision for services to meet the special needs of older adults.

(E) Provision for family support and consultation services, parenting support and consultation services, and peer support or self-help group support, where appropriate.

(F) Provision for services to be client-directed and that employ psychosocial rehabilitation and recovery principles.

(G) Provision for psychiatric and psychological services that are integrated with other services and for psychiatric and psychological collaboration in overall service planning.

(H) Provision for services specifically directed to seriously mentally ill young adults 25 years of age or younger who are homeless or at significant risk of becoming homeless. These provisions may include continuation of services that still would be received through other funds had eligibility not been terminated as a result of age.

(I) Services reflecting special needs of women from diverse cultural backgrounds, including supportive housing that accepts children, personal services coordinator therapeutic treatment, and substance treatment programs that address gender-specific trauma and abuse in the lives of persons with mental illness, and vocational rehabilitation programs that offer job training programs free of gender bias and sensitive to the needs of women.

(J) Provision for housing for clients that is immediate, transitional, permanent, or all of these.

(K) Provision 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, but are at risk of becoming homeless unless a comprehensive individual and family support services plan is implemented. These clients shall be served in a manner that is designed to meet their needs.

(3) Each client shall have a clearly designated mental health personal services coordinator who may be part of a multidisciplinary treatment team who is responsible for providing or assuring needed services. Responsibilities include complete assessment of the client's needs, development of the client's personal services plan, linkage with all appropriate community services, monitoring of the quality and followthrough of services, and necessary advocacy to ensure each client receives those services that are agreed to in the personal services plan. Each client shall participate in the development of his or her personal services plan, and responsible staff shall consult with the designated conservator, if one has been appointed, and, with the consent of the client, shall consult with the family and other significant persons as appropriate.

(4) The individual personal services plan shall ensure that persons subject to assisted outpatient treatment programs receive age-appropriate, gender-appropriate, and culturally appropriate services, to the extent feasible, that are designed to enable recipients to:

(A) Live in the most independent, least restrictive housing feasible in the local community, and, for clients with children, to live in a supportive housing environment that strives for reunification with their children or assists clients in maintaining custody of their children as is appropriate.

(B) Engage in the highest level of work or productive activity appropriate to their abilities and experience.

(C) Create and maintain a support system consisting of friends, family, and participation in community activities.

(D) Access an appropriate level of academic education or vocational training.

(E) Obtain an adequate income.

(F) Self-manage their illnesses and exert as much control as possible over both the day-to-day and long-term decisions that affect their lives.

(G) Access necessary physical health care and maintain the best possible physical health.

(H) Reduce or eliminate serious antisocial or criminal behavior, and thereby reduce or eliminate their contact with the criminal justice system.

(I) Reduce or eliminate the distress caused by the symptoms of mental illness.

(J) Have freedom from dangerous addictive substances.

(5) The individual personal services plan shall describe the service array that meets the requirements of paragraph (4), and to the extent applicable to the individual, the requirements of paragraph (2).

(b) A county that provides assisted outpatient treatment services pursuant to this article also shall offer the same services on a voluntary basis.

(c) Involuntary medication shall not be allowed absent a separate order by the court pursuant to Sections 5332 to 5336, inclusive.

(d) A county that operates an assisted outpatient treatment program pursuant to this article shall provide data to the State Department of Health Care Services and, based on the data, the department shall report to the

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Legislature on or before May 1 of each year in which the county provides services pursuant to this article. The report shall include, at a minimum, an evaluation of the effectiveness of the strategies employed by each program operated pursuant to this article in reducing homelessness and hospitalization of persons in the program and in reducing involvement with local law enforcement by persons in the program. The evaluation and report shall also include any other measures identified by the department regarding persons in the program and all of the following, based on information that is available:

- (1) The number of persons served by the program and, of those, the number who are able to maintain housing and the number who maintain contact with the treatment system.
- (2) The number of persons in the program with 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) The number of persons in the program participating in employment services programs, including competitive employment.
- (4) The 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) 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.
- (14) Satisfaction with program services both by those receiving them and by their families, when relevant.

(Amended by Stats. 2012, Ch. 34, Sec. 95. Effective June 27, 2012. Repealed as of January 1, 2017, pursuant to Section 5349.5.)

5349. This article shall be operative in those counties in which the county board of supervisors, by resolution or through the county budget process, authorizes its application 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 the implementation of this article. To the extent otherwise permitted under state and federal law, counties that elect to implement this article may pay for the provision of services under Sections 5347 and 5348 using funds distributed to the counties from the Mental Health Subaccount, the Mental Health Equity Subaccount, and the Vehicle License Collection Account of the Local Revenue Fund, funds from the Mental Health Account and the Behavioral Health Subaccount within the Support Services Account of the Local Revenue Fund 2011, funds from the Mental Health Services Fund when included in county plans pursuant to Section 5847, and any other funds from which the Controller makes distributions to the counties for those purposes. Compliance with this section shall be monitored by the State Department of Health Care Services as part of its review and approval of county performance contracts.

(Amended by Stats. 2013, Ch. 288, Sec. 2. Effective January 1, 2014. Repealed as of January 1, 2017, pursuant to Section 5349.5.)

5349.1. (a) Counties that elect to implement this article, shall, in consultation with the State Department of Health Care Services, client and family advocacy organizations, and other stakeholders, develop a training and education program for purposes of improving the delivery of services to mentally ill individuals who are, or who are at risk of being, involuntarily committed under this part. This training shall be provided to mental health treatment providers contracting with participating counties and to other individuals, including, but not limited to, mental health professionals, law enforcement officials, and certification hearing officers involved in making treatment and involuntary commitment decisions.

(b) The training shall include both of the following:

- (1) Information relative to legal requirements for detaining a person for involuntary inpatient and outpatient treatment, including criteria to be considered with respect to determining if a person is considered to be gravely disabled.

(2) Methods for ensuring that decisions regarding involuntary treatment as provided for in this part direct patients toward the most effective treatment. Training shall include an emphasis on each patient's right to provide informed consent to assistance.

(Amended by Stats. 2012, Ch. 34, Sec. 97. Effective June 27, 2012. Repealed as of January 1, 2017, pursuant to Section 5349.5.)

5349.5. (a) This article shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute that is enacted on or before January 1, 2017, deletes or extends that date.

(b) The State Department of Health Care Services shall submit a report and evaluation of all counties implementing any component of this article to the Governor and to the Legislature by July 1, 2015. The evaluation shall include data described in subdivision (d) of Section 5348.

(Amended by Stats. 2012, Ch. 441, Sec. 1. Effective January 1, 2013. Repealed as of January 1, 2017, by its own provisions. Note: Repeal affects Article 9, commencing with Section 5345.)

2016 Cal. Legis. Serv. Ch. 251 (A.B. 59) (WEST)

CALIFORNIA 2016 LEGISLATIVE SERVICE

2016 Portion of 2015-2016 Regular Session

Additions are indicated by **Text**; deletions by

Vetoed are indicated by ~~Text~~ ;
stricken material by ~~Text~~ .

CHAPTER 251

A.B. No. 59

MEDICAL CARE AND TREATMENT—MENTALLY ILL PERSONS—REPORTS

AN ACT to amend Sections 5348 and 5349.5 of the Welfare and Institutions Code, relating to mental health services, and making an appropriation therefor.

[Filed with Secretary of State September 9, 2016.]

LEGISLATIVE COUNSEL'S DIGEST

AB 59, Waldron. Mental health services: assisted outpatient treatment.

Existing law, the Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, until January 1, 2017, grants each county the authority to offer certain assisted outpatient treatment services for their residents by adoption of a resolution or through the county budget process and by making a finding that no mental health program, as specified, may be reduced as a result of implementation. Under that law, participating counties are required to provide prescribed assisted outpatient services, including a service planning and delivery process, that are client-directed and employ psychosocial rehabilitation and recovery principles. Existing law authorizes participating counties to pay for the services provided from moneys distributed to the counties from various continuously appropriated funds, including the Local Revenue Fund and the Mental Health Services Fund when included in a county plan, as specified. Existing law requires the State Department of Health Care Services to submit a report and evaluation of all counties implementing any component of these provisions to the Governor and the Legislature by July 1, 2015.

This bill would extend the operation of the program until January 1, 2022, and would delete that reporting requirement. By extending the authorization to pay for the services using moneys from various continuously appropriated funds, the bill would make an appropriation.

Existing law requires a county that operates an assisted outpatient treatment program pursuant to these provisions to provide data to the department, and requires the department to report to the Legislature on or before May 1 of each year based on that data, as specified.

This bill would additionally require the department to report that information to the Governor.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 5348 of the Welfare and Institutions Code is amended to read:

<< CA WEL & INST § 5348 >>

5348. (a) For purposes of subdivision (e) of Section 5346, a county that chooses to provide assisted outpatient treatment services pursuant to this article shall offer assisted outpatient treatment services including, but not limited to, all of the following:

(1) Community-based, mobile, multidisciplinary, highly trained mental health teams that use high staff-to-client ratios of no more than 10 clients per team member for those subject to court-ordered services pursuant to Section 5346.

(2) A service planning and delivery process that includes the following:

(A) Determination of the numbers of persons to be served and the programs and services that will be provided to meet their needs. The local director of mental health shall consult with the sheriff, the police chief, the probation officer, the mental health board, contract agencies, and family, client, ethnic, and citizen constituency groups as determined by the director.

(B) Plans for services, including outreach to families whose severely mentally ill adult is living with them, design of mental health services, coordination and access to medications, psychiatric and psychological services, substance abuse services, supportive housing or other housing assistance, vocational rehabilitation, and veterans' services. Plans shall also contain evaluation strategies, which shall consider cultural, linguistic, gender, age, and special needs of minorities and those based on any characteristic listed or defined in Section 11135 of the Government Code in the target populations. Provision shall be made for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services as a result of having limited-English-speaking ability and cultural differences. Recipients of outreach services may include families, the public, primary care physicians, and others who are likely to come into contact with individuals who may be suffering from an untreated severe mental illness who would be likely to become homeless if the illness continued to be untreated for a substantial period of time. Outreach to adults may include adults voluntarily or involuntarily hospitalized as a result of a severe mental illness.

(C) Provision for services to meet the needs of persons who are physically disabled.

(D) Provision for services to meet the special needs of older adults.

(E) Provision for family support and consultation services, parenting support and consultation services, and peer support or self-help group support, if appropriate.

(F) Provision for services to be client-directed and to employ psychosocial rehabilitation and recovery principles.

(G) Provision for psychiatric and psychological services that are integrated with other services and for psychiatric and psychological collaboration in overall service planning.

(H) Provision for services specifically directed to seriously mentally ill young adults 25 years of age or younger who are homeless or at significant risk of becoming homeless. These provisions may include continuation of services that still would be received through other funds had eligibility not been terminated as a result of age.

(I) Services reflecting special needs of women from diverse cultural backgrounds, including supportive housing that accepts children, personal services coordinator therapeutic treatment, and substance treatment programs that address gender-specific trauma and abuse in the lives of persons with mental illness, and vocational rehabilitation programs that offer job training programs free of gender bias and sensitive to the needs of women.

(J) Provision for housing for clients that is immediate, transitional, permanent, or all of these.

(K) Provision 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, but **who** are at risk of becoming homeless unless a comprehensive individual and family support services plan is implemented. These clients shall be served in a manner that is designed to meet their needs.

(3) Each client shall have a clearly designated mental health personal services coordinator who may be part of a multidisciplinary treatment team **that** is responsible for providing or assuring needed services. Responsibilities include complete assessment of the client's needs, development of the client's personal services plan, linkage with all appropriate community services, monitoring of the quality and followthrough of services, and necessary advocacy to ensure each client receives those services that are agreed to in the personal services plan. Each client shall participate in the development of his or her personal services plan, and responsible staff shall consult with the designated conservator, if one has been appointed, and, with the consent of the client, shall consult with the family and other significant persons as appropriate.

(4) The individual personal services plan shall ensure that persons subject to assisted outpatient treatment programs receive age-appropriate, gender-appropriate, and culturally appropriate services, to the extent feasible, that are designed to enable recipients to:

(A) Live in the most independent, least restrictive housing feasible in the local community, and, for clients with children, to live in a supportive housing environment that strives for reunification with their children or assists clients in maintaining custody of their children as is appropriate.

(B) Engage in the highest level of work or productive activity appropriate to their abilities and experience.

(C) Create and maintain a support system consisting of friends, family, and participation in community activities.

(D) Access an appropriate level of academic education or vocational training.

(E) Obtain an adequate income.

(F) Self-manage their illnesses and exert as much control as possible over both the day-to-day and long-term decisions that affect their lives.

(G) Access necessary physical health care and maintain the best possible physical health.

(H) Reduce or eliminate serious antisocial or criminal behavior, and thereby reduce or eliminate their contact with the criminal justice system.

(I) Reduce or eliminate the distress caused by the symptoms of mental illness.

(J) Have freedom from dangerous addictive substances.

- (5) The individual personal services plan shall describe the service array that meets the requirements of paragraph (4), and to the extent applicable to the individual, the requirements of paragraph (2).
- (b) A county that provides assisted outpatient treatment services pursuant to this article also shall offer the same services on a voluntary basis.
- (c) Involuntary medication shall not be allowed absent a separate order by the court pursuant to Sections 5332 to 5336, inclusive.
- (d) A county that operates an assisted outpatient treatment program pursuant to this article shall provide data to the State Department of Health Care Services and, based on the data, the department shall report to the **Governor and the Legislature** on or before May 1 of each year ~~***~~ **regarding the services the county provides ***** pursuant to this article. The report shall include, at a minimum, an evaluation of the effectiveness of the strategies employed by each program operated pursuant to this article in reducing homelessness and hospitalization of persons in the program and in reducing involvement with local law enforcement by persons in the program. The evaluation and report shall also include any other measures identified by the department regarding persons in the program and all of the following, based on information that is available:
- (1) The number of persons served by the program and, of those, the number who are able to maintain housing and the number who maintain contact with the treatment system.
 - (2) The number of persons in the program with 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) The number of persons in the program participating in employment services programs, including competitive employment.
 - (4) The 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) 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.
 - (14) Satisfaction with program services both by those receiving them, and by their families, when relevant.

SEC. 2. Section 5349.5 of the Welfare and Institutions Code is amended to read:

<< CA WEL & INST § 5349.5 >>

5349.5. ~~***~~ This article shall remain in effect only until January 1, **2022**, and as of that date is repealed, unless a later enacted statute, that is enacted ~~***~~ before January 1, **2022**, deletes or extends that date.

~~***~~

End of Document

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Attachment B



County of Santa Barbara BOARD OF SUPERVISORS

Minute Order

May 10, 2016

Present: 5 - Supervisor Carbajal, Supervisor Wolf, Supervisor Farr, Supervisor Adam, and Supervisor Lavagnino

BEHAVIORAL WELLNESS

File Reference No. 16-00342

RE: HEARING - Consider recommendations regarding a report on options on the Assisted Outpatient Treatment Services (Laura's Law), as follows: (EST. TIME: 1 HR. 30 MIN.)

a) Receive and file a report with further analysis of options and feasibility of implementing Assisted Outpatient Treatment for the parameters set forth in the Welfare and Institutions Code Sections 5345-5349.5 (AB 1421/Laura's Law);

b) Provide staff with conceptual direction about one of the following options, or provide other direction, subject to annual appropriations, and direct staff to return at a later date, as follows:

Option 1:

Targeted service expansion: Expand targeted services to address the needs of individuals who are High Users of Multiple Systems (HUMS), including those who would potentially benefit from AB 1421; adding 15 Assertive Community Treatment (ACT) slots, 45 or more intensive outreach/case management, 20 or more beds safe and stable housing; No adoption of AB 1421/ Requested General Fund Cost annually \$700,000.00 and a total program cost of \$850,000.00 with estimated Medi-Cal revenue; or

Option 2:

Robust service expansion: Broad service expansion to address the needs of high risk or hard to reach HUMS clients: System Expansion; adding 30 ACT slots, 90 or more regional intensive outreach/case management, 40 or more beds safe and stable housing; No adoption of AB 1421/Requested General Fund Cost annually \$1,375,000.00 and a total program cost \$1,675,000.00 with estimated Medi-Cal revenue; or

Option 3:

AB1421 Pilot Project Implementation: Adoption of AB1421/Requested General Fund Cost annually \$606,888.00 and a total program cost of \$755,496.00 with estimated Medi-Cal revenue (estimate about 10 persons served); or

Option 4:

Full AB 1421 implementation: Adoption of AB1421; Requested General Fund Cost annually \$2,047,692.00 and a total program cost \$2,384,387.00 with estimated Medi-Cal revenue (estimate about 75 persons evaluated and 38 served); or

Option 5:

No Service Expansion: No adoption of AB 1421; No additional annual cost.



**County of Santa Barbara
BOARD OF SUPERVISORS**

Minute Order

May 10, 2016

c) Determine that the above actions are exempt from the environmental review per California Environmental Quality Act (CEQA) Guideline Section 15378 (b)(5), since they are government administrative activities that do not involve a commitment to a specific project that may result in a potentially significant effect on the environment.

COUNTY EXECUTIVE OFFICER'S RECOMMENDATION: POLICY

HEARING TIME: 12:07 PM - 2:25 PM (2 HR, 18 MIN.)

Received and filed staff presentation and conducted public hearing.

A motion was made by Supervisor Farr, seconded by Supervisor Lavagnino, that this matter be acted on as follows:

a) **Received and filed.**

b) **Approved Option 3. Directed the County Executive Officer to prepare for consideration at FY 2016-17 Budget Hearings, recommended actions through which the Board can consider the statutory findings, consider a comprehensive budget proposal including the use of the \$121,000 previously allocated, authorizing the application for Assisted Outpatient Treatment Services for an initial 3 year period subject to annual appropriations and targeted to serve about 10 people with a start date of approximately November 1, 2016 to provide those Assisted Outpatient Treatment Services and those same services on a voluntary basis. Further directed staff to begin work to ensure community participation, to partner with the Santa Barbara County Service Departments and the Courts in the AOT program design, to develop a program utilizing an external evaluator to determine overall impacts to the individuals and the cost savings to the County for the individuals ordered to participate in the program as opposed to those participating voluntarily in the same level and type of service, to review the MHSA plan via the community program planning process, to determine the feasible use of funds for program service delivery and direct the the Department of Behavioral Wellness, the County Executive Office and partner agencies to immediately pursue all grant funding options to offset the cost of implementation, evaluation and for sustaining the AOT program.**

c) **Approved.**

The motion carried by the following vote:

Ayes: 4 - Supervisor Carbajal, Supervisor Farr, Supervisor Adam, and Supervisor Lavagnino

Noes: 1 - Supervisor Wolf

**RESOLUTION OF THE BOARD OF SUPERVISORS OF THE
COUNTY OF SANTA BARBARA, STATE OF CALIFORNIA**

IN THE MATTER OF AUTHORIZING THE) RESOLUTION NO. _____
APPLICATION OF ASSISTED OUTPATIENT)
TREATMENT (“LAURA’S LAW”) WITHIN THE)
COUNTY OF SANTA BARBARA, FOR AN)
INITIAL THREE-YEAR PERIOD, SUBJECT TO)
ANNUAL APPROPRIATIONS, AND TARGETED)
TO SERVE ABOUT 10 ADULTS ANNUALLY)

WHEREAS, in 2002 the State of California enacted the “Assisted Outpatient Demonstration Project Act of 2002,” also known as “Laura’s Law,” which is codified at California Welfare and Institutions Code Sections 5345 through 5349.5; and;

WHEREAS, Laura’s Law is only operative in counties in which the Board of Supervisors authorizes its operation 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 implementing Laura’s Law; and

WHEREAS, the health and safety of some adults with mental illness may be improved by the availability of court intervention and assisted outpatient treatment under Laura’s Law; and

WHEREAS, Laura’s Law provides that a petition to the court, for an order that a person receive assisted outpatient treatment, may be filed with the court only under specified conditions, and with statutory safeguards for that person’s individual rights, including the right to counsel; and

WHEREAS, a court may order a person to obtain assisted outpatient treatment services only if the court finds, by clear and convincing evidence, that the facts establish that all nine required statutory criteria are met, including both that: 1) there has been a clinical determination that the person is unlikely to survive safely in the community without supervision; and 2) the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to that person, or to others; and

WHEREAS, funding for the costs for the first year of an initial three-year program, targeted to serve about 10 adults annually, is included within the Fiscal Year 2016-17 Recommended Budget in an amount not to exceed costs of \$755,496, which includes \$148,608 in anticipated Medi-Cal revenue; and

WHEREAS, among its requirements, the “County Budget Act” at California Government Code Section 29000 et seq. requires that each year the Board of Supervisors must adopt a balanced budget, where funding sources equal uses; and

WHEREAS, California Welfare and Institutions Code Section 5703 expressly limits the amount of funds that counties must appropriate for mental health services.

Attachment F-1

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Supervisors of the County of Santa Barbara that, through the county budget process, the Board of Supervisors authorizes the application of Laura's Law within the County of Santa Barbara, for an initial three-year period, subject to annual appropriations, and targeted to serve about ten adults annually.

IT IS FURTHER RESOLVED that the Board of Supervisors of the County of Santa Barbara finds that no voluntary mental health program serving adults, and no children's mental health program, may be reduced as a result of implementing Laura's Law.

PASSED AND ADOPTED this _____ day of June, 2016, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

PETER ADAM
Chair of the Board of Supervisors

ATTEST:

MONA H. MIYASATO,
Clerk of the Board of Supervisors

APPROVED AS TO ACCOUNTING FORM:

THEODORE A. FALLATI, C.P.A.,
Auditor-Controller

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI,
County Counsel

Attachment C

List of AOT Stakeholder Participants

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Weber, Erin	eweber@countyofsb.org
Winter, Jan	wintercal@cox.net
Wooton, Tina	twooton@co.santa-barbara.ca.us

Attachment D

Assisted Outpatient Treatment Referral Form

To initiate referral, call Behavioral Wellness Access Team at 1-888-868-1649

OR Fax this completed form to 805-681-5117

Date of request: _____

Referral source:

Name of person making the referral: _____

Relationship to client: _____

Name of agency (if applicable): _____

Phone number: _____ E-mail address: _____

Client information:

Client's name: _____ Date of birth: _____

Address: _____

Gender: M F

Homeless: Yes No

Language: Spanish English Other: _____

Phone number: _____

Insurance: MediCal Medicare None Other: _____

Mental health and substance use history:

AOT Eligibility Checklist

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
1. The person is 18 years of age or older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The person is suffering from a mental illness. [See paragraphs (2) and (3) of 5600.3(b). [This excludes dementia and organic brain damage.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There has been a clinical determination that the person is unlikely to survive safely in the community without supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The person has a history of lack of compliance with treatment for his or her mental illness in that at least one of the following is true:			
i. The person's mental illness has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment D

OR	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
ii. The person's mental illness has resulted in one or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempts to cause serious physical harm to himself or herself or another within the last 48 months, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The person has been offered an opportunity to participate in a treatment plan by the Director of the local mental health department, or his or her designee, provided the treatment plan includes all of the services described in Section 5348, and the person continues to fail to engage in treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The person's condition is substantially deteriorating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Participation in the assisted outpatient treatment program would be the least restrictive placement, that is appropriate and feasible, and necessary to ensure the person's recovery and stability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in Section 5150.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. It is likely that the person will benefit from assisted outpatient treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment E Santa Barbara Behavioral Wellness AOT Checklist

Candidate: Client First and Last Name	Start Date for Investigation: As evidenced by	LPHA: Name of assessor	Summary
Checklist		Comments	
1. Referred by qualified party			
2. The person is in Santa Barbara or believed to be		Put address here	
3. All 9 criteria below are met:		D.O.B.	
a. 18 years or older			
b. Has a mental illness (except dementia & organic brain damage)			
c. Clinical determination person is unlikely to survive safely in community w/o supervision			
d. Hx of lack of compliance with treatment for his/her mental illness plus additional criteria is true (see below). Please specify:			
e. Has been offered an opportunity to participate in a tx plan by the director of mental health designee, and fails to engage in treatment.			
f. The person's condition is deteriorating.			
g. AOT would be the least restrictive placement to support recovery and stability			
h. The person is in need of AOT in order to prevent relapse or deterioration (serious harm to self or others)			
i. It is likely the person will benefit from AOT			
4. Mental illness has, 2x within the last 36 months, been a factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state or local correctional facility excluding hospitalization or incarceration immediately preceding the petition			
5. Person's mental illness has resulted in one or more acts of serious and violent behavior toward him/herself in the past 48 months			
6. Was Psychological Testing completed	Names of tests(s); Scores and narrative findings; Clinical/criminal Implications		
7. Other information			

ATTACHMENT F- ASSISTED OUTPATIENT TREATMENT (AOT) FLOW CHART

Referral to Access Team for screening (805) 681-5449

AOT Manager reviews referral and gathers additional information

**Behavioral Wellness
County Counsel**

No petition filed;
Individual connected to treatment

Investigation by O & E Team (Region Specific)

All AOT Conditions Met

All AOT Conditions ≠ Met

Individual given opportunity to voluntarily engage in AOT

Individual accepts voluntary treatment

Individual declines voluntary treatment

Court Petition Filed
(5 days to calendar)

"No appropriate feasible less restrictive option"

Public Defender

Individual is served/given opportunity to voluntarily engage in AOT

Individual declines voluntary treatment

Individual accepts voluntary treatment

Petition dismissed; individual connected to treatment

Court Hearing

All AOT Conditions Met

All AOT Conditions ≠ Met

Petition denied

Court

Individual declines AOT

Individuals accepts AOT

Individuals complies with AOT

Individual engaged in treatment

Evaluation conducted every 60 days to determine continued need for AOT

Court may order individual to meet with AOT Team

Individual fails to comply with AOT

Individual fails to comply with AOT

Individual fails to comply with AOT

Provider may initiate a 72-hour hold if individual meets existing 5150 criteria. Failure to comply with AOT alone may not be grounds for involuntary commitment or contempt of court finding.

Individual declines AOT

Individual declines AOT

Individual declines AOT

Individual declines AOT

Individual declines AOT

PHF

Attachment G

AB1421

Assisted
Outpatient
Treatment

Training Power
Point



SANTA BARBARA COUNTY
DEPARTMENT OF

Behavioral Wellness

A System of Care and Recovery

Who can request AOT?

- Immediate Adult family members.
- Person 18 years of age or older residing with the individual.
- Director of treating agency, charitable organization, licensed residential care facility or hospital.
- Treating licensed mental health professional.
- Peace Officer, parole or probation officer supervising the individual.



Criteria for an AOT Referral

- County resident, minimum 18 years of age.
- Person is suffering from a mental illness as defined in W&I Code Section 5600.3 subdivision (b) paragraphs (2) and (3).
- There has been a clinical determination that the person is unlikely to survive safely in the community without supervision.



Criteria for an AOT Referral

The person has a history of lack of compliance with treatment for his or her mental illness, in that at least one of the following is true:

- The person's mental illness has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization or receipt of services in a forensic or other mental health unit of a state or local correctional facility, not including any period in which the person was hospitalized or incarcerated immediately preceding the filing of the petition.

OR

- The person's mental illness has resulted in one or more acts of serious and violent behavior toward himself or herself or another within the last 48 months, not including any period in which the person was hospitalized or incarcerated immediately preceding the filing of the petition.



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Criteria for an AOT Referral

- The person has been offered an opportunity to participate in a treatment plan by Department of Behavioral Wellness Director, or his/her designee, provided the treatment plan includes all of the services described in W&I Code Section 5348, and the person continues to fail to engage in treatment W&I Section 5348 handout available.
- The person's condition is substantially deteriorating.
- Participation in AOT Program would be the least restrictive placement necessary to ensure the person's recovery and stability.
- In view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in W&I Code Section 5150.
- It's likely that the person will benefit from assisted outpatient treatment.



AOT Referral Number

Phone 888-868-1649

OR

Fax 805 681-5117

This office will be responsible for receiving AOT referrals and conducting a brief screening of eligibility criteria. Once verified, this office will assist in facilitating the referral to the AOT Program for commencement of outreach and engagement activities.



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Assisted Outpatient Treatment Referral Form and Eligibility Check List

To initiate referral, call Behavioral Wellness Access Team at 1-800-868-1649 or FAX Referral Form to 805 681-5117

Date of request: _____

Referral source:

Name of person making the referral: _____
Relationship to client: _____
Name of agency (if applicable): _____
Phone number: _____ E-mail address: _____

Client information:

Client's name: _____ Date of birth: _____
Address: _____
Gender: M F Homeless: Yes No
Language: Spanish English Other: _____
Phone number: _____
Insurance: MediCal Medicare Other: _____

Mental health and substance use history:



AOT Eligibility Checklist

- | | <u>Yes</u> | <u>No</u> | <u>Unknown</u> |
|---|--------------------------|--------------------------|--------------------------|
| 1. The person is 18 years of age or older. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The person is suffering from a mental illness. [W&I Code 5600.3 2 and 3. [This excludes dementia and organic brain damage.] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. There has been a clinical determination that the person is unlikely to survive safely in the community without supervision. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The person has a history of lack of compliance with treatment for his or her mental illness in that at least one of the following is true: <ul style="list-style-type: none">i. The person's mental illness has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OR | | | |
| ii. The person's mental illness has resulted in one or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempted to cause serious physical harm to himself or herself or another within the last 48 months, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



AOT Eligibility Checklist Cont'd

- | | <u>Yes</u> | <u>No</u> | <u>Maybe</u> |
|---|--------------------------|--------------------------|--------------------------|
| 5) The person has been offered an opportunity to participate in a treatment plan by the director of the local mental health department, or his or her designee, provided the treatment plan includes all of the services described in W&I Code Section 5348, and the person continues to fail to engage in treatment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) The person's condition is substantially deteriorating. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Participation in the assisted outpatient treatment program would be the least restrictive placement, that is appropriate and feasible, and necessary to ensure the person's recovery and stability. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) In view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in W&I Code Section 5150. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) It is likely that the person will benefit from assisted outpatient treatment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



AOT Team

- Santa Barbara County Assisted Outpatient Treatment Team may include any of the following: Recovery Specialist, Licensed Clinician, Psychiatrist, Psychologist, Therapist, Registered Nurse, Substance Abuse Specialist and Peer Support Specialists.
- AOT Team will conduct all outreach, verify eligibility criteria, and link client to services.
- Psychologist/Licensed Mental Health Clinician will conduct clinical assessments prior to petition being filed to ensure the need for AOT.
- Psychologist/Licensed Mental Health Clinician will testify to findings and make treatment recommendations in court.



AOT Process

- AOT referrals will be screened face to face by County Outreach and Engagement Team.
- The team will respond and make all efforts to engage referred Candidate and offer voluntary services.
- If services are accepted, referred Candidate will be linked to appropriate provider and process will stop here.
- If AOT Candidate refuses services, but is open to engagement, the team will continue to see clients as they gather supporting evidence of criteria and continue to offer/facilitate linkage to services (building relationship) for a period of up to 90 days.
- The AOT Outreach and engagement team will continue to engage Candidate until such time that it is determined that Candidate does not meet AOT eligibility criteria, will not engage or accept services voluntarily, or determines that AOT is best course of action and that all criteria can be substantiated in court.

Petition Process (Pre-Hearing)

1. Petition filed with County Counsel.
2. County Counsel will file petition with court and notify Public Defender and Patient Rights.
3. Candidate will be offered settlement prior to proceedings.
4. Petition will only be granted if criteria can be proven by clear and convincing evidence.
 - If Candidate refuses, Court may order that the Candidate consent to a clinical assessment.
 - If Candidate refuses, court may order Candidate be taken to hospital for the assessment. Detention of the Candidate: under the order may not exceed 72 hours and Candidate must meet W&I Code Section 5150 criteria.
 - Purpose of assessment is to determine if an individual meets AOT clinical necessity criteria.
 - An order for assessment under this section is not an order for treatment



AOT Hearing Process

- Subject of AOT Petition has a right to legal counsel.
- Court hears testimony and recommendation.
- If the court finds that the Candidate meets the criteria for AOT, and there is no appropriate and feasible less restrictive alternative, the court may order AOT.
- Hearing may be conducted in absence of Candidate **ONLY** if:
- County has personally served a copy of the petition to Candidate.

AND

- Candidate was given written notice and can show that appropriate attempts to elicit the attendance of the Candidate have failed.



AOT Petition Granted

- If granted in court, the treatment plan development may not exceed six (6) months.
- Candidate will be linked to full Service Partnership Program for treatment plan implementation.
- AOT shall not be ordered unless the provider recommending AOT to the court has submitted to the court a written treatment plan that includes services, as set forth in W&I Code Section 5348, and that those services will be available for the duration of the order.
- If Candidate refused to comply with the ordered treatment, if there is strong belief that criteria for AOT is still present and efforts were made for voluntary compliance, the treatment provider may request that the Candidate be transported for assessment pursuant to W&I Code Section 5150.



AOT Granted Continued...

- However, if at any time the Candidate is determined not to meet criteria for W&I Code Section 5150, that Candidate must be released, unless they voluntarily agree to stay in the hospital.
- Failure to comply with AOT order alone may not be grounds for involuntary commitment or hospitalization or a finding that the person is in contempt of court.
- There are no civil or criminal penalties for violation of AOT Order and treatment plan.



AOT Implementation Continued...

- AOT Program Manager files affidavit each sixty (60) days that Candidate continues to meet AOT criteria:
- Candidate is entitled to a hearing every sixty (60) days challenging the need for an AOT Order.
- Candidate also has a right to habeas corpus.
- If the Candidate was not present at the hearing at which the order was issued, Candidate may immediately petition the court for a writ of habeas corpus. Treatment under the order may not commence until the resolution of that petition.



A sample of AOT provisions

Recovery-focused, strength-based services

- Small case loads (10 clients to 1 staff ratio).
- Intensive case management/wrap-around-services.
- Co-occurring disorder treatment.
- 24/7 on-call staff response if needed.
- Field-based services.
- Peer coaching and support.
- Educational/Vocational assistance.
- Housing assistance.

AOT Treatment- Full Service Partnership Program

- All-encompassing continuum of services available just as in regular Assertive Community Treatment (ACT) programs.
- Carefully tailored treatment plan.
- Assistance with entitlements (Social Security, Medi-Cal).
- Integrated Person focus (Substance-use disorders, Psychiatric, Medical).
- Like Skills training.
- Community Integration.



Annual AOT Report to DMH Information from June 1 to May 31 of each year.

- It is required that each county that operates an assisted outpatient treatment program provides data to the State Department of Health Care Services (DHCS) and must include, at a minimum, an evaluation on the effectiveness of the strategies employed by the County and following data markers:



AOT Outcomes

State requirements in accordance with W&I Code Section 5348(d):

1. Reduction of homelessness;
2. Reducing of inpatient psychiatric hospitalizations; and
3. Reduction in incarcerations and law enforcement involvement.



AOT Outcomes

Other indicators of success and reporting may also include the following, based on information that is available:

- i. Number of persons served by the program;**
- ii. Number of persons in the program with contacts with local law enforcement;**
- iii. Number of persons in the program participating in employment services programs, including competitive employment;**
- iv. Days of hospitalization of persons in the program that have been reduced or avoided;**
- v. Adherence to prescribed treatment by persons in the program;**



AOT Outcomes

- vi. Other indicators of successful engagement, if any, by persons in the program;
- vii. Victimization of persons in the program;
- viii. Violent behavior of persons in the program;
- ix. Substance abuse by persons in the program;
- x. Type, intensity and frequency of treatment of persons in the program;
- xi. Extent to which enforcement mechanisms are used by the program, when applicable;
- xii. Social functioning of persons in the program;

AOT Outcomes

- xiii. Skills in independent living of persons in the program;
- xiv. Satisfaction with program services both by those receiving them and by their families, when relevant.

The evaluation and report shall also include the following additional measures identified by Behavioral Wellness regarding persons in the Program:

- a. Number of referrals received;
- b. Number of referrals that met criteria vs. those that did not meet criteria;
- c. Number of outreach attempts made per client;



AOT Outcomes

- d. Number of outreach contacts per client;
- e. Number of clients accepting voluntary treatment;
- f. Number of clients entered into a settlement agreement;
- g. Number of Clients “court-ordered to treatment;
- h. Number of Emergency Room Visits per client;
- i. Number of clients able to maintain housing;
- j. Number of clients maintaining contact with treatment system;

