



Laura's Law: Assisted Outpatient Treatment Demonstration Project Act of 2002

**For the Reporting Period
May 2014 – April 2015
and
July 1, 2015 Evaluation Report**

**Department of Health Care Services
Mental Health and Substance Use Disorder Services**

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EXECUTIVE SUMMARY

Assembly Bill (AB) 1421 (Thomson, Chapter 1017, Statutes of 2002) established the Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law (named after one of the individuals killed during a 2001 incident in Nevada County, California). Laura's Law authorizes court-ordered involuntary assisted outpatient treatment (AOT). The sunset date for this legislation was extended from January 1, 2013, to January 1, 2017, with the enactment of AB 1569 (Allen, Chapter 441, Statutes of 2012). With the enactment of SB 585 (Steinberg, Chapter 288, Statutes of 2013), counties can utilize various specified funding including Mental Health Services Act (MHSA) funds for AOT services.

Pursuant to Welfare and Institutions Code Section 5348(d), the Department of Health Care Services (DHCS) is required to establish criteria for the collection of outcomes data on the program for counties that choose to implement the program, and to produce an annual report to the Legislature by May 1, on the program's effectiveness. DHCS is required to provide information on the effectiveness of the county's AOT program in developing strategies to reduce the program's clients' risk for homelessness, hospitalizations, and involvement with local law enforcement. DHCS is also required, pursuant to WIC Section 5349.5(b), to produce an additional report to the Legislature by July 1, 2015, evaluating all the counties implementing any component of AOT. This report serves as both the annual report due May 2015 and the one-time report and evaluation due July 1, 2015.

Between 2004 and 2015, nine counties have received Board of Supervisors' approval to implement an AOT program: Contra Costa, Los Angeles, Mendocino, Nevada, Orange, Placer, San Diego, San Francisco and Yolo. Orange County began providing services in February 2015 as well as Placer County in January 2015; however, these two counties did not have enough data or client time in services to be included in this report. Currently, Nevada County is the only county that has implemented an AOT program under Laura's Law with enough data to evaluate the program's effectiveness. Therefore, this report reflects information gathered for Nevada County during May 2014 through April 2015. DHCS will continue working with the County Behavioral Health Directors Association of California to determine if any additional counties are planning to fully implement AOT.

2014-15 Report Summary

Nevada County continues to operate its AOT program through the Turning Point Providence Center (TPPC). Because there are a small number of individuals in the TPPC AOT program, privacy laws prevent DHCS from reporting summary-level data for each of the specified outcomes. Accordingly, this report reflects general findings for the TPPC AOT program participants using data that was submitted to DHCS for the ten individuals who were served by the TPPC AOT from May 2014 through April 2015:

- The number of participants who were homeless decreased.
- The majority who experienced psychiatric hospital days prior to participating in the program saw their hospital days decrease.
- The majority who had contact with law enforcement prior to entering the program decreased.
- Most individuals remained fully engaged with services.
- Several were able to secure education.
- Some were victimized during the early portion of their AOT services. Program support helped these individuals avoid further victimization.
- No individual demonstrated violent behavior during the reporting period.
- All of the clients had co-occurring diagnoses. All individuals exhibited various levels of challenge to reduce or eliminate substance use.
- Some were subject to court-ordered enforcement mechanisms during AOT. Some of these individuals were involuntarily evaluated, none received an increase in status hearings, and all received medication outreach.
- More than half of the individuals achieved moderate to moderately high levels of social functioning.
- The majority agreed to participate in satisfaction surveys and indicated a high satisfaction with services, as measured by the Mental Health Statistics Improvement Program satisfaction survey.

There are several important limitations of this analysis which are described in the Limitations Section of this report.

INTRODUCTION

Assembly Bill (AB) 1421 (Thomson, Chapter 1017, Statutes of 2002) established the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, known as Laura's Law. Under this statute, the Department of Health Care Services (DHCS) is required to establish criteria for counties that want to implement the program to collect data on the outcomes of the programs, and to report to the Legislature annually on the program's effectiveness. The former Department of Mental Health (DMH) issued a letter¹ specifying the documentation counties have to submit to DMH prior to the implementation of an AOT program, including a program description and data collection indicators. Laura's Law allows court-ordered involuntary AOT for individuals who do not voluntarily access local mental health services due to the symptoms of their mental illness.

The objective of this report is to inform the Legislature on the effectiveness of the programs implemented under Laura's Law. Pursuant to Welfare and Institutions Code (WIC) Section 5348, program effectiveness is evaluated based on the following required criteria:

- Ability to maintain housing and participation/contact with treatment;

¹ DMH LETTER NO. 03-01, March 20, 2003, found at: <http://www.dhcs.ca.gov/formsandpubs/Pages/MH-Letters-Archive2003.aspx>

- Reduction in, or avoidance of, hospitalization; and,
- Reduction in involvement with local law enforcement, and the extent to which incarceration was reduced or avoided.

If data are available, DHCS is also to report:

- Contact and engagement with treatment;
- Participation in employment and/or education services;
- Victimization;
- Incidents of violent behavior;
- Substance use;
- Required enforcement mechanisms;
- Improved level of social functioning;
- Independent living skills; and,
- Satisfaction with program services.

As of April 2015 Nevada County is the only county that has implemented an AOT program under Laura's Law with enough data to evaluate the program's effectiveness. Therefore, this report reflects data reported by Nevada County from May 2014 through April 2015.

BACKGROUND

In 2002, California passed AB 1421 (Thomson, Chapter 1017, Statutes of 2002), known as Laura's Law, that provides for court-ordered community treatment for individuals with a history of hospitalization and contact with the law. It is named after a woman who was killed in Nevada County by an individual with mental illness who was not following his prescribed mental health treatment. The legislation established an option for counties to utilize courts, probation, and the mental health systems to address the needs of individuals who are unable to participate on their own in mental health treatment programs in the community without supervision, previously resulting in homelessness, incarceration, or hospitalization. Laura's Law authorizes counties to implement an AOT program and specifies that established community services may not be reduced to accommodate the program.

The sunset date for this legislation was extended from January 1, 2013, to January 1, 2017, with the enactment of AB 1569 (Allen, Chapter 441, Statutes of 2012). The authority and administrative responsibilities for the program was transferred from DMH to DHCS and incorporated into DHCS' county mental health performance contracts with the enactment of Senate Bill (SB) 1009 (Committee on Budget and Fiscal Review, Chapter 34, Statutes of 2012).

The original statutory requirements for Laura's Law did not require counties to provide AOT programs and did not appropriate any additional funding for counties to implement. However, with the passage of SB 585 (Steinberg, Chapter 288, Statutes of 2013) counties are authorized to utilize MHPA funds for Laura's Law services, pursuant to WIC Sections 5347 and 5348.

A full history of Laura's Law background can be found in the previous year's report at <http://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Lauras-Law-FY2012-13andFY2013-14.pdf>

DATA COLLECTION AND REPORTING METHODOLOGY

Nevada County's TPPC provided a written report to DHCS on the program services data for all individuals who participated in its programs. TPPC used the same methodology as in the previous 2014 report, which includes the following:

- Client intake information.
- MHSa Full Service Partnership (FSP) Outcome Evaluation forms:
 - Partnership Assessment Form (PAF) - the FSP baseline intake assessment;
 - Key Event Tracking (KET) - tracks changes in key life domains such as employment, education, and living situation; and
 - Quarterly Assessment – tracks the overall status of a partner every three months. The Quarterly Assessment captures data in different domains than the KETs, such as financial support, health status, and substance use.
- “Milestones of Recovery Scale” (MORS)².
- Global Assessment of Functioning (GAF) - indicates the level of presence of psychiatric symptoms.
- Mental Health Statistics Improvement Program (MHSIP) Consumer Surveys measure matters that are important to consumers of publicly funded mental health services in the areas of access, quality/appropriateness, outcomes, overall satisfaction and participation in treatment planning.

Due to a small population size, AOT participants may be identifiable; thus, summary numbers for each of the specified outcomes cannot be reported in order to protect participants' health information and privacy rights. DHCS has made a strong public commitment to comply with federal law and maintain a culture of privacy and security; specifically, the Privacy Rule and the Security Rule contained in the Health Insurance Portability and Accountability Act (HIPAA), also clarified in Title 45, Code of Federal Regulation (CFR), Part 160 and 164. DHCS also complies with California privacy laws (e.g., the Information Practices Act, California Civil Code Section 1798.3, et. seq.). In order to achieve the goals of public reporting and personally identifiable information protection, applying standards and procedures that appropriately and accurately aggregate data are required.

²This scale was developed from funding by a Substance Abuse and Mental Health Services Administration (SAMHSA) grant and designed by the California Association of Social Rehabilitation Agencies (CASRA) and Mental Health America Los Angeles (MHALA) researchers Dave Pilon, Ph.D. and Mark Ragins, M.D. to more closely align evaluations of client progress with the recovery model. Data collected from the MORS is used with other instruments in the assessment of individuals functioning level in Social Functioning and Independent Living Skills sections. Engagement was determined using a combination of MORS score improvement, contact with treatment team tolerance and social activity.

FINDINGS FOR REPORTING PERIOD May 1, 2014 – April 30, 2015

TPPC provided the required data to describe the treatment participants and services, as described in WIC Section 5348, as well as demographic information. There were 10 individuals served by the TPPC AOT in 2014-15.

Demographic Information

During the 2014-15 reporting period, the majority of individuals court-referred to the program³ were male and ranged in age from 25 to 62 years of age, the majority of whom identified as Caucasian. All participants had co-occurring diagnoses, which refers to an individual having both a mental health and substance use disorder diagnoses.

Homelessness/Housing

During the reporting period, homelessness among those served decreased.

Psychiatric Hospitalization

Many of the individuals who were hospitalized prior to the court order for the reporting period experienced decreases in their hospitalization days during treatment.

Law Enforcement Contacts

Prior to AOT treatment, a few individuals served had contact with law enforcement and this was eliminated for these individuals during the reporting period. However, some individuals who did not have law enforcement contact prior to AOT treatment experienced incarceration during treatment.

Treatment Participation / Engagement

The majority of the individuals were able to engage and remain in services.

Employment

Some individuals participated in education activities. (Note: No participants gained employment during the reporting period.)

Victimization

Few individuals experienced victimization during the reporting period. Program staff reported that some of the victimization was financial in nature. These individuals were supported by the program to avoid further victimization.

³ TPPC staff report that approximately half of the individuals referred for evaluation are able to engage in services voluntarily without court order.

Violent Behavior

None of the individuals demonstrated violent behavior during the reporting period.

Substance Abuse

All of the individuals had co-occurring diagnoses, meaning that the individuals had both mental health and substance use disorder diagnoses. Many were able to significantly reduce their use of substances while they were in the AOT program. All were reported to have varying levels of challenge with this issue.

Enforcement Mechanisms

While voluntary treatment is offered, the court orders mental health treatment based on the criteria and risk factors presented in the petition. There are several key enforcement mechanisms ordered by the court that support a reduction of risks and promote recovery:

Psychiatric Hospitalization: As reported previously in the “Psychiatric Hospitalization” section of this report, many of the individuals experienced psychiatric hospitalization days prior to AOT, but this decreased during the reporting period.

Status hearings: These hearings are scheduled more frequently depending on the level of the individual’s engagement in treatment and may be as often as every two weeks and become less frequent once status reports suggest a reduction in risk and an increase in independent living skills and supports. This mechanism is designed to be strength-based by increasing the number of interactions with the AOT Court, which is described as supportive and focused on positive outcomes. No individuals were reported to receive increased status hearings for either reporting period. However, all participants had a minimum of one monthly status hearing.

Medication outreach: Medication support may be recommended by the psychiatrist and in some cases is court-ordered. If an individual struggles with self-managing medications, medication outreach may be helpful to provide support for the individual to re-gain a previous level of health. All of the participants were ordered to participate in medication outreach throughout the reporting period.

Social Functioning

The majority of the individuals were reported to have achieved moderate to moderately high levels of social functioning, as measured by the MORS.

Independent Living Skills

The majority of the participants were able to achieve independent living, which is defined as not requiring placement in a board and care or other supervised housing. Several

individuals were able to make various improvements to their independent living skills and decrease their need for supportive living.

Satisfaction with Services

Nevada County utilized the MHSIP-Adult Consumer Survey to obtain this data, which is also currently utilized by County Mental Health Plans to comply with federal reporting requirements.

The MHSIP survey was conducted in May 2014 for the May 2014 – April 2015 reporting period. Of those who completed the survey, the majority indicated that they were satisfied with AOT services.

LIMITATIONS

There are several notable limitations with the analysis. Since Nevada County was the only county fully implementing an AOT program during this reporting period and data to report, a comparison between programs is not possible; therefore, it is unknown if all of the improvements are attributed to the program or if other factors were responsible. The findings in this report are also not conclusive due to the small number of individuals served by the TPPC program. Some of the measures are based on self-reports and/or recollections of past events, which may or may not be accurate. Most importantly, the follow-up period varied for each participant. In some cases, there was an insufficient amount of time in which to capture outcomes data. Finally, since some individuals' services crossed over from the previous year, reporting periods may contain artifacts from prior years. Despite these limitations, the results of these analyses imply that there was improvement in many of the reported outcomes for individuals who were served during this reporting period.

DISCUSSION

All the individuals reflected in this report appeared to benefit from the increased level of services and supports provided by the TPPC AOT treatment team, as evidenced by reductions in psychiatric hospitalizations, homelessness, contact with law enforcement and substance use. Recovery from mental health issues and substance use disorders represents enormous challenges. Recovering from both simultaneously requires a great deal of support and counseling.

Prior to participating in the program, the individuals' experience with mental health treatment mainly involved locked facilities or psychiatric hospitalization; therefore, many had to adjust to forming new relationships with supportive community mental health workers and intensive services. The success of this adjustment was indicated by the engagement by most individuals in the TPPC program, as well as high satisfaction marks from the program's participants. During the reporting period, the majority of the individuals who were able to complete a satisfaction survey indicated that they were satisfied with the services and supports.

COUNTY STATUS REPORTS AND NEXT STEPS

Although the authorization of AOT services has been enacted for several years, the implementation of AOT programs has been limited. Nine counties have received Board of Supervisors' approval to implement an AOT program in the last two years. Each of these counties is presented below along with an implementation status update (as of February 2016):

Contra Costa

Contra Costa plans to implement its AOT program in February 2016, and began by proactively sending out a Request for Proposals in August 2015 for an agency to set up and conduct evaluations of their program.

Los Angeles

Los Angeles County fully implemented its AOT program in May 2015, and is filing petitions and conducting program and clinical trainings for a variety of stakeholder groups.

Mendocino

Mendocino began a pilot program in January 2016 through its MHSA Full Service Partnership.

Orange

Orange County has fully implemented AOT and began serving individuals in February 2015 through their Full Service Partnerships, but did not have enough data or clients in services long enough to be included in this report.

Placer

Placer County has fully implemented AOT and began serving individuals in January 2015 through their Full Service Partnerships, but did not have enough data or clients in services long enough to be included in this report.

San Diego

San Diego plans to implement AOT in April 2016, and began community trainings during its Board of Supervisors' approval process.

San Francisco

San Francisco implemented its program in October 2015, and has held 39 trainings for stakeholders and community members with 26 more planned.

Yolo

In June 2013, the Yolo County Board of Supervisors approved a one-year pilot program to serve four individuals under the provisions of Laura's Law, requiring four progress reports submitted to the Board of Supervisors during the year-long pilot. The pilot program ended, and the AOT program fully implemented in 2014,

and expanded to serve up to five clients. The County has also provided training to law enforcement and stakeholder groups. Currently the program is serving all voluntary clients; which do not qualify for AOT reporting since the reporting requirement is to evaluate the effect of the program on individuals who qualify for and were placed under court orders (i.e., voluntary individuals are not AOT clients).

DHCS will continue to work with the County Behavioral Health Directors Association and individual counties to determine if any counties are planning to fully implement AOT. DHCS will provide the last Laura's Law report to the Legislature in winter 2016 given the program sunsets January 1, 2017.

APPENDIX A

Turning Point Providence Center (TPPC)

The following information was provided by TPPC in their annual AOT Outcomes Report to DHCS. TPPC is a Full Service Partnership funded by MHSA, promoting wellness and recovery in partnership with clients 18 years old and older who are living with severe and persistent mental illness. The program utilizes the Adult Assertive Community Treatment (AACT) Model, an enhanced, community-based approach that reduces the risk of hospitalizations or more restrictive placements, while assisting individuals with services and supports that promote wellness, community integration and improved quality of life. All individuals receive the same basic levels of type/intensity/frequency of treatment from the assertive community treatment perspective of the program. The therapeutic partnership is at the center of services and supports, and the program focuses on each individual's strengths and self-identified needs. Clients may have daily contact with staff with a minimum of two contacts per week with the treatment team. This provides for the development of trust and empowers individuals in making decisions regarding their mental health and physical wellness, substance use, and community involvement. Treatment is individual/family centered and builds on an individual's strengths in achieving overall positive mental and physical health. Doctor appointments are scheduled monthly and more often as needed. Collaboration with community partners also assist clients with integrating more fully in the community and reestablishing relationships with family and friends.

The services include the following:

- Outreach and engagement;
- Assistance with least restrictive housing options;
- Psychiatric and medication services;
- Certified Alcohol and Drug Counselor (CADC) counseling;
- Structured therapeutic groups;
- Interagency collaboration and linkage;
- Staff-to-client ratio of one-to-ten;
- Integration with medical and CADC services;
- Support in accessing entitlements;
- Peer support and advocacy;
- 24/7 on-call support;
- Assistance for those involved with the court system;
- Flexible funding for emergency housing and basic needs;
- Access to employment services; and
- Other services as determined.

TPPC utilizes the AACT program to serve individuals referred through the AOT court processes. This voluntary program provides the same services to the individuals under Laura's Law that is provided to the other individuals in the program, per the Laura's Law requirements. TPPC reports that most individuals referred for AOT

assessment accept treatment and avoid the court process; those who do not are referred to Nevada County Courts through a formal AOT petition. The AOT hearing is held in a specialty or alternative court, which determines whether criteria are met for treatment. Individuals who qualify are given an opportunity to sign a “settlement agreement” with a plan for mental health services without a hearing, or may be ordered by the court following a hearing to participate in mental health services. Both a court order and a settlement agreement are usually for 180 days of participation in AOT.

TPPC also has formed linkages and relationships with local law enforcement. TPPC reports that local law enforcement was involved in their implementation process and is currently invited to participate in all quarterly program meetings and participates in trainings. The program works cooperatively and collaboratively with law enforcement to support the individuals in the program to avoid issues with the law.

AOT Access Criteria

Individuals access the program by qualifying under the legal criteria for a court order for 180 days of required outpatient treatment in their home community. The criteria for application for a court order are:

1. 18 years of age;
2. Suffering from a mental illness as defined;
3. A clinical determination that the person needs supervision to survive safely in the community;
4. The person has a history of lack of compliance with treatment for his/her mental illness as evidenced by hospitalizations in the last 36 months or incarceration related to the mental illness/violent behavior;
5. The person has been offered a voluntary program but has continued to fail to engage in treatment;
6. The person’s condition is substantially deteriorating;
7. Participating in the AOT program would be the least restrictive placement;
8. In regards to the person’s history, participation in AOT would prevent relapse or deterioration requiring involuntary holds under WIC Section 5150 (Lanterman-Petris-Short laws); and,
9. It is likely the person will benefit from AOT.

Only the county mental health director, or his or her designee, may file a petition to authorize AOT with the Superior Court in the county where the person resides. The following persons, however, may request that the county mental health department investigate whether to file a petition for court-ordered outpatient treatment of an individual:

1. Any adult with whom the person resides;
2. An adult parent, spouse, sibling, or child of the person;
3. The hospital director, if the person is an inpatient;
4. The director of a program providing mental health services to the

- person and in whose institution the person resides;
5. A treating or supervising licensed mental health treatment provider; or,
 6. A supervising peace, parole, or probation officer.

Upon receiving a request from a person in one of the classifications above, the county mental health director is required to conduct an investigation. The law requires, however, that the director only file a petition if he or she determines that it is likely that all the necessary elements for an AOT petition can be proven by clear and convincing evidence.