



# Department of Health Care Services Community Services Division - Operations Branch

## Assisted Outpatient Treatment

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# Housekeeping

- All participants have been muted to enable the speakers to present without interruption.
- Please reserve all questions for the Q & A section of the presentation.
- For technical assistance related to this webinar please contact [DHCSAOT@dhcs.ca.gov](mailto:DHCSAOT@dhcs.ca.gov)



# Assisted Outpatient Treatment Webinar Overview

- General Implementation Requirements
- New Requirements:
  - Counties are required to provide AOT services
  - Collaborative Implementation
  - County Opt Out
  - Adds a judge as an eligible requestor of a petition
- Training and Technical Assistance
- Annual Reporting



# Assisted Outpatient Treatment

- The Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, known as Laura's Law, provides for court-ordered community treatment for individuals with a history of hospitalization and contact with law enforcement.
- Counties utilize courts, probation, and mental health systems to address the needs of individuals unable to participate in community mental health treatment programs without supervision.



# Implementation Requirements

Participating counties are required to comply with all statutory provisions that include, but are not limited to the following:

- W&I Code Section 5348 (d) requires that each county operating an AOT program provide specified data to DHCS annually.
- W&I Code Section 5349 mandates that voluntary mental health programs serving adults and children cannot be reduced as a result of the implementation of an AOT program.



# Implementation Requirements

W&I Code Section 5349.1 (a) requires participating counties to develop a training and education program in consultation with DHCS, client and family advocacy organizations, and other stakeholders.



# Implementation Requirements

The plan must describe how training will 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.



# Implementation Requirements

The training must include the following:

- 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.
- Methods for ensuring that decisions regarding involuntary treatment as provided in AOT, directs patients toward the most effective treatment. Training shall include an emphasis on each patient's rights to provide informed consent for assistance.





# Implementation Requirements

Counties must have a training and education development plan established prior to implementation.

DHCS is requesting all participating counties submit the training and education development plan by April 30, 2021.



# Collaborative Implementation Requirements

A Memorandum of Understanding (MOU) must be established and submitted to DHCS for Collaborative County Implementation must be executed to establish a designated lead county.



# Collaborative Implementation Requirements

The MOU must include:

- A process to ensure that services are provided, and appropriate follow-up care is in place upon an individual's release from a treatment program;
- Location of services; and
- Determines the county incurring financial responsibility;



# Collaborative Implementation Requirements

DHCS requests the MOU to additionally include:

- A plan that proposes how the group of counties intend to collect and report the specified data (Section 5348) to DHCS; and
- Specifies length of the MOU between participating counties.



# Collaborative Implementation Requirements

Counties must notify DHCS if the MOU is amended or dissolved. DHCS requests that this notification is submitted to [DHCSAOT@dhcs.ca.gov](mailto:DHCSAOT@dhcs.ca.gov) within 30 days of the date of the change.



# County Opt-out Process

If a county declines participation of the AOT program, they must submit the Board of Supervisors resolution which outlines the reasons for opting out, and any facts or circumstances relied on in making that decision.



# County Opt Out Process

These documents must be submitted to DHCS no later than 60 days prior to the statewide implementation date of July 1, 2021.

Counties may elect to participate or opt-out of the AOT program at the beginning of each state fiscal year (July 1 – June 30).



# Requestors of an AOT Petition

- A person 18 years of age or older
- A person who is the parent, spouse, or sibling or child 18 years of age or older
- The director of a public or private agency, treatment facility, charitable organization, or licensed residential care facility providing mental health services





# Requestors of an AOT Petition

- The director of a hospital where the person is hospitalized.
- A licensed mental health treatment provider
- A peace officer, parole officer, or probation officer
- A judge of a superior court before whom the person who is the subject of the petition appears.



# Training and Technical Assistance

- To schedule an appointment for additional technical assistance or any questions related to the implementation and reporting requirements of the AOT program, please contact [DHCSAOT@dhcs.ca.gov](mailto:DHCSAOT@dhcs.ca.gov).
- The Crisis and Recovery Enhancement Technical Assistance Center (CARE TA Center)



# Crisis and Recovery Enhancement (CARE)

## TA Center

Heliana Ramirez, PhD, LISW  
Project Director





# OBJECTIVES

01

**Introduce the Technical Assistance (TA) Center Team and Partners**

02

**Learn about our Approach**

- Goals and Scope
- TTA Opportunities
- Resource Library
- Asset Map

03

**How to Request TTA**



# CARE TA CENTER STAFF



**Kerrilyn Scott-Nakai**  
CARS Executive Director



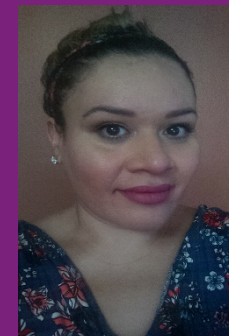
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**Kim Weis, MA**  
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# OUR TA CENTER PARTNERS

- Center for Applied Research Solutions (CARS)
- RI International
- National Association of Mental Illness (NAMI) CA Chapter
- C4 Innovations (C4; formerly Center for Social Innovation)
- Impact Justice
- Stanford Sierra Youth and Families





# WHAT IS CARE



The Crisis and Recovery Enhancement (CARE) TA Center, funded by the Department of Health Care Services (DHCS), supports the MHSAs-funded county and city behavioral health agencies and their systems partners to establish, implement, and expand the crisis care continuum.



## OUR ROLE

We offer a collaborative CARE model in order to provide training, technical assistance (TTA), and resource dissemination that supports the mental health workforce to adopt and effectively implement evidence-based practices (EBPs) across the mental health continuum of care.

## OUR GOAL

To promote evidence-based, culturally appropriate crisis continuum wrap around services and justice diversion for people living with mental health and substance abuse challenges.







# OUR COMPONENTS

- Needs Assessment
- Listening Sessions
- Annual Conference
- Training and Technical Assistance
- Resource Library (research-driven, evidence-based resources)





# OUR COMPONENTS

- Quarterly Newsletter and Social Media Channels (bi-weekly posts)
- New Media Modalities: Twitter Chats, “5 Things You Need to Know Digests,” and “TED-Style Talks”





# California County Crisis Continuum Asset Map

<https://care-mhsa.org/california-county-crisis-continuum-asset-map/>

## California County Crisis Continuum Asset Map

The asset map you see below was initially constructed using publicly available data from the Mental Health Services Oversight and Accountability Commission (MHSOAC) Transparency Suite, which you can visit by [clicking here](#). To do so, the CARE Team developed an algorithm that identifies and classifies programs based on the language that appears in the Transparency Suite. Programs that were identified as supporting justice diversion and/or the crisis continuum of care were filtered into the Asset Map database, and then further classified based on additional characteristics (e.g., trauma-informed services, mobile crisis units, etc.).

California County Crisis Continuum Asset Map

Select a county  
(All) ▼

Show programs that support...

(All)

Justice Diversion

Justice Diversion and the Crisis Continuum

The Crisis Continuum

Show programs that are classified as...

Show All Programs

Crisis Hotlines

Mobile Crisis Units

AOT/ACT

Peer Services

Recovery Supports

Cultural Responsiveness

Basic Needs

Trauma Informed

Trainings for/with Law Enforcement

Community Based

Search program description  
\_\_\_\_\_

County	Program Name	Program Description	Target Population	Outcomes	Program Co..
Alameda	Assisted Outpatient Treatment (AOT) Pilot	Based on a recovery-centered model, AOT/CC of Alameda County is an intensive community support service and an Assertive Community Treatment (ACT) for individuals with severe mental illness (SMI), many of whom would otherwise require extended care in institutional	Adults (age 18+) diagnosed with a severe mental illness.	To work closely with existing community resources to assist individuals with transitioning back into their community.	Community Services and Supports



## CARE Resource Library

<https://care-mhsa.org/resources>

### Resources

Find resources and tools for advancing your behavioral health care coordination, criminal justice diversion, and crisis care continuum efforts here.

HELP EXPAND THE RESOURCE LIBRARY!  
CLICK HERE TO SUBMIT A RESOURCE.

These resources include products developed by the CARE TA Center, its affiliates, and other state and national organizations, as well as tools and samples from local and county agencies.

Search by Keyword:  Focus Populations:

Topics:

#### A Guide to Laura's Law

This guidebook starts with a brief history of how Assisted Outpatient Treatment started in California, and then overviews the way AOT works and how to establish it in one's own...

#### All Studies on Assisted Outpatient Treatment (AOT) in multiple states and in counties of different size show it works

AOT reduces violence, arrest, hospitalization and incarceration of persons with serious mental illness and thereby saves taxpayers the cost of care.



# TIERED TTA APPROACH

## Universal TTA

Strategies to reach audiences in California and beyond

## Targeted TTA

Strategies build the knowledge, skills, and abilities of counties and their systems partners (primary and secondary audiences)

## Intensive TTA

Strategies to provide direct support to individual counties and small teams discussion-focused communities of practice



# TTA Request Form

<https://care-mhsa.org/contact-us/tta-request-form/>

6/30/2021

## TA/Training Request Form for the Crisis and Recovery Enhancement (CARE) TA Center

Please fill out the form below if you would like to request trainings, technical assistance (TA), or consultation services. Tell us how we can help your local efforts to strengthen behavioral health care coordination, criminal justice diversion, and the crisis care continuum, including for youth and people experiencing homelessness.

The CARE TA Center supports Mental Health Services Act (MHSA)-funded community and county level programs including, but not limited to, county mental health departments, local mental health boards and commissions, community-based organizations (CBOs), and other key service agencies.

**First Name \***

**Last Name \***

**Title or Role \***

**Organization \***

**City \***

**Zip Code \***

**County**

**State**

**Phone \***

**Email \***

**Website**

### A. About Your Organization



We look forward to working  
with you! Please stay in touch.



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**Email:** [CAREMHSAINfo@cars-rp.org](mailto:CAREMHSAINfo@cars-rp.org)

**Phone:** 888.550.6155


**Website:** [www.CARE-MHSA.org](http://www.CARE-MHSA.org)

**Social Media:** facebook: @care.mhsa// instagram: @care\_mhsa// **twitter:**  
@care\_mhsa

**Join the CARE Newsletter:** <https://care-mhsa.org/newsletter-sign-up/>



# Annual Reporting



Department of Health Care Services  
Community Services Division - Operations Branch  
Family Services Services Unit

**Assisted Outpatient Treatment (AOT) Survey**

**INSTRUCTIONS:**

This survey consists of three sections, please carefully read and complete sections applicable to your county. All AOT implemented counties are to submit a completed survey to DHCS by **October 1, 2021** via secure email. To schedule an appointment for technical assistance or questions related to this document, please contact [DHCSAOT@dhcs.ca.gov](mailto:DHCSAOT@dhcs.ca.gov).

**Section I:** Counties that served AOT court-ordered and court-settled individuals during the July 1, 2019 - June 30, 2020 fiscal year, **Complete Section I.**

**Section II:** Counties that **ONLY** served AOT individuals on voluntary basis during the July 1, 2019 - June 30, 2020 fiscal year, **SKIP** Section I and **Complete Section II.**

**Section III:** **All counties** are to **Complete Section III** and provide additional programmatic information that will allow DHCS to evaluate the effectiveness of the strategies employed by each program operated.

Each participating county or designated collaborative county lead must annually submit an AOT Survey Tool containing requested data and an evaluation report to DHCS by **October 1, 2021.**





# Annual Reporting

Documentation to assist with AOT annual reporting, such as the AOT Survey Tool and Data Dictionary, will be available and emailed to counties every fiscal year.

## Assisted Outpatient Treatment (AOT) Data Dictionary

Term	Statue	Description	Examples
Adherence to Prescribed Treatment	5348(d)(5)	An individual that correctly follows a formal authorized treatment plan.	Most commonly, this refers to medication or drug compliance, but can also apply to medical device use, self-care, self-directed exercises, or therapy sessions. Additionally, this may include, but is not limited to, consistent engagement and participation in treatment, maintaining contact with the program, an individual's participation in efforts to address his/her identified needs and/or managing emotional/physical side effects of prescribed medication(s).



# Annual Reporting

Counties must provide data outcomes on:

- 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;
- Contacts with local law enforcement, and the extent to which local and state incarceration of persons in the program has been reduced or avoided;
- Number of persons in the program participating in employment services programs, including competitive employment;



# Annual Reporting

- Days of hospitalization of persons in the program that have been reduced or avoided;
- Adherence to prescribed treatment by persons in the program;
- Other indicators of successful engagement, if any, by persons in the program;
- Victimization of persons in the program;
- Violent behavior of persons in the program;



# Annual Reporting

- Substance abuse by persons in the program;
- Type, intensity, and frequency of treatment of persons in the program;
- Extent to which enforcement mechanisms are used by the program, when applicable;
- Social functioning of persons in the program;
- Skills in independent living of persons in the program;
- Satisfaction with program services both by those receiving them, and by their families, when relevant.



# Assisted Outpatient Treatment

- Participating counties are not required to become fully operational by July 1, 2021.
- Counties that choose to delay program operational effective date, should have an implementation plan in place. Implementation plans **are not required** to be submitted to DHCS.
- Newly implemented counties without operational programs will be required to report the status of their program on the AOT Survey Tool.



# AOT Resources

- AOT Requirements Technical Assistance: [DHCSAOT@dhcs.ca.gov](mailto:DHCSAOT@dhcs.ca.gov)
- Programmatic and Specialized Training and Technical Assistance: [The CARE TA Center](#)
- [AB 1976](#)
- BH Information Notice [20-075](#)
- DHCS AOT Webpage – Coming Soon!



# Important Dates

- DHCS is requesting counties to submit implementation documentation 60 days prior to implementation date of July 1, 2021 (**April 30, 2021**).
- Annual Reporting Requirements Webinar: **July 8, 2021**
- Survey Tool Submission: **October 1, 2021**



# Questions

