

Through the Client's Lens | Assisted Outpatient Treatment

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WELLNESS • RECOVERY • RESILIENCE



Today's Agenda

- Staff Introduction
- ACCESS Ca Overview
- Review of Laura's Law-Assisted Outpatient Treatment
- Assembly Bill-1976
- Recommendations

ACCESS Staff Introduction

Tiffany Carter - Statewide
Advocacy Liaison

ACCESS CALIFORNIA PROGRAM OVERVIEW

About Cal Voices

(a continuation of NorCal MHA)

- Founded in 1946
- Oldest continuously operating peer-run consumer advocacy agency in California
- Peer-run organization that specifically hires people with lived experience



About ACCESS California

- **ACCESS California** ("ACCESS" for short) a program of Cal Voices, is a consumer-led statewide stakeholder advocacy program funded by the California Mental Health Services Act (MHSA/Prop 63) and the Council on Criminal Justice and Behavioral Health (CCJBH)

What is ACCESS?

ACCESS stands for:

- **A**dvancing
- **C**lient and
- **C**ommunity
- **E**mpowerment through
- **S**ustainable
- **S**olutions

Our Mission

- ACCESS California's mission is to **strengthen and expand local and statewide client stakeholder advocacy** in California's Public Mental Health System **through individual and community empowerment**

Our Mission

- Through our ongoing research, data collection and evaluation, legislative and policy analysis, advocacy, education, training, outreach, and engagement activities, ACCESS implements strategies to **elevate the voices, identify the needs, and increase genuine public participation of client stakeholders to drive truly transformative change** in California's Public Mental Health System

Our Values

ADVOCACY

RECOVERY

PEER SUPPORT

What ACCESS Does

1. RESEARCH

2. ADVOCACY

3. EDUCATION

4. ENGAGEMENT

ACCESS 2021-2023

- ACCESS' current contract is with the Council on Criminal Justice and Behavioral Health (CCJBH) as a "Lived Experience Project" (LEP) for the Southern and Superior Regions of CA.
- The goal of this contract is to execute activities that reduce the involvement of youth and adults with behavioral health needs in the criminal/juvenile justice systems.

ACCESS 2021-2023

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LAURA'S LAW- ASSISTED OUTPATIENT TREATMENT (AOT)

Why?

- Cal Voices believes in keeping stakeholders, statewide, informed of important new legislation and changes to current legislation that will impact them, their loved ones, and their communities.
- Cal Voices arms stakeholders with valid and reliable information so their voice can be heard regarding decisions being made that best suite their communities.
- Additionally, Cal Voices will, when appropriate, provide recommendations as a reflection of the law of the Mental Health Services Act (MHSA) and the feedback we've received from consumers locally and statewide on the topics at hand.

MHSA: What is it?

- Prop 63 passed in November 2004
- Established a 1% tax on personal income over \$1M
- Expanded public mental health care
- Provided opportunity to design new or adapt old mental health services
- Sought to transform the PMHS through:
 - Expansion of proven services
 - Improved continuum/integration of care

Laura's Law-Assisted Outpatient Treatment (AOT)

- California's Assisted Outpatient Treatment (AOT) law, more commonly known as "Laura's Law", was created as a direct response to a gun violence murder by a person with serious mental illness (SMI). The victim was a college student named Laura Wilcox in Nevada County in 2001.
- AOT currently authorizes each county to choose to offer specific mental health programs/services by way of a resolution adopted by the county board of supervisors or through the county budget process.

Laura's Law-Assisted Outpatient Treatment (AOT) cont.

- AOT's objective was to create court-ordered and supervised treatment plans that can be utilized with community resources that are the least oppressive. AOT is an alternative to being involuntarily committed for threats, attempts, or other violent actions.
- In California, local counties have been able to opt-in to implement AOT because of the controversies surrounding such programs.
- The Assisted Outpatient Treatment Demonstration Project Act of 2002 was to sunset January 1, 2022

Assembly Bill-1976

Why it Matters

- Under this new law, counties must divert critical mental health resources to AOT programs, regardless of actual community needs and despite the unprecedented challenges they face from the COVID-19 pandemic.
- AOT is antithetical to the Recovery Model and prioritizes the very fail-first approach California voters rejected when they passed the MHSA in 2004.
- Counties currently can opt out of AOT, as the new statute takes effect 7/1/2021. The opt-out date may be extended by DHCS guidance

Recovery Model

- Recovery is subjective
- Driven by people's personal lived experiences of mental health challenges and wellness
- Diagnosis is not always permanent
- Care is person-focused
- Outcomes include empowerment, hope, self-advocacy, choice, self-identified goals, healing, well-being, and control of symptoms

If counties adopt AOT, advocates must hold them accountable for complying with all legal requirements for AOT programs identified in Sections 5348, 5349, and 5349.1 of the California Welfare and Institutions Code, which include:

- Mobile Community Mental Health Teams
- County Staffing
- Client Directed Services
- Peer Support
- Housing
- Data Collection
- Individual Service Plans
- Personal Services Coordinators
- Unique Services
- Education & Training

Recommendations: What you can do

- Just say NO. Tell your county leadership to OPT OUT!
- Let your MH Director know that you're opposed to implementing AB-1976 in your county.
- Let your MHSA Coordinator know that you're opposed to funding AB-1976 with MHSA funds.
- Let your MH/BH Board know that by investing in AB-1976 they will be taking money away from much needed services and supports; remind them that no MHSA funds may be used to fund AB-1976 without a CPP.
- Remind your county about the requirements that they will have to comply with, that will take them further away from embedding a recovery model of care.

Recommendations: What you can do

- Convey that this bill creates an unnecessary mandate on the counties by requiring their participation, and removes each county's local control. The MHSA was written to promote local control.
- Remind your county and MH/BH Board that the MHSA invests into the Recovery Model. The MHSA Fund is for effective and accessible community-based services which limit the use or need for involuntary services.
- Advocate that prioritizing funding for involuntary services further stigmatizes mental health clients and consumers and discourages clients from seeking services, for fear of being ordered into treatment.

Recommendations: What you can do

- Additionally, state that involuntary treatment does not promote the evidence-based practices of Client-driven and Recovery-Oriented Services that utilize shared decision-making and client empowerment. By definition, an involuntary treatment program cannot utilize shared-decision making which is woven within the fabric of the MHSA.
- Inform your county and MH/BH Board that the amendments should specify that all of the AOT services required in Section 5348 should be available to an individual in the county where the recipient of services resides or in an area that is readily accessible to the recipient.

Recommendations: What you can do

- If your county already has AOT, or chooses not to opt out, become knowledgeable about all of the requirements, to ensure that existing services are maintained, and sufficient additional services are created to effectively implement the law.
- If your county already has AOT, or chooses not to opt out, ensure that you are involved in creation of the comprehensive plans for service required by WIC Sec. 5348 (B)

How to opt out

In order for a county to opt out, a county or counties must do so through a resolution passed by their governing bodies, aka Mental Health Advisory Board and Board of Supervisors stating the reasons for opting out and any facts or circumstances relied on in making this decision.

In Conclusion

- This bill is set to remove the January 1, 2022 sunset of AOT. The amendments to AOT have transformed the nature of AOT by requiring a county to opt out of the program, as opposed to choosing to participate.
- Mental health advocates believe that a sunset of the Act should remain for at least three years so that the impact of the AOT program can be evaluated under the new structure and to capture data and impacts of the modified program.
- Consumers request that we concentrate efforts on enhancing and expanding current services that are already providing what AOT will offer.
- It's vital to recognize that those who are receiving services - who are the primary stakeholders in the mental health system, have not been at the tables to weigh in on this matter.
- Remember, "Nothing about us, without us."

Open Discussion

Contact Us!

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