

**Laura's Law / Assisted Outpatient Treatment (AOT) Program Feedback
June 2013**

Presentations to Stakeholders

| Date | Stakeholders | Representatives Informed | Delivery | Stance |
|----------|--------------------------------------|---|--|--|
| 03/12/13 | BOS | All Board members were present | PPT Presentation: KS Q&A and Discussion | BOS Recommendation: <i>...bring back recommended policy and financing for a Laura's Law program by June 2013, and seek recommendations from the legislative sub-committee on related legislation.</i> |
| 03/25/13 | LMHB | Members: 10 BOS: 2 ADMH: 3 CAO: 1 Public Guardian: 1 Community Members: 5 | PPT Presentation: KS Q&A and Discussion | Vote taken May 28, 2013 |
| 03/28/13 | ADMH Provider Stakeholder Work Group | 8 Providers 4 Staff | PPT Presentation: KS Q&A and Discussion | No Vote Taken 2 were not supportive |
| 04/22/13 | County and City Departments | Woodland PD: 2 Davis PD: 3 ADMH: 6 DA: 2 PIO: 1 CAO: 2 Public Defender: 3 BOS: 3 County Counsel: 2 County Courts: 1 LMHB: 1 Consumer Self Help Center: 1 Public Guardian: 1 Probation: 1 Randall Hagar, California Psychiatric Association: 1 | Presentation: Nevada County Q&A and Discussion | No vote taken |
| 04/22/13 | LMHB | Members: 9 BOS: 2 CAO: 1 ADMH: 3 Community Members: 9 | Presentation: Nevada County Q&A and Discussion Director contacted the 5 absent members to provide Q&A | Vote taken May 28, 2013 |
| 05/17/13 | Consumers | Consumers: 30 ADMH: 4 | Laura's Law Focus Group at Wellness Center | 30 in favor/100 % approval |

| Date | Stakeholders | Representatives Informed | Delivery | Stance |
|-------------|------------------------|---|---|--|
| 05/28/13 | LMHB | Members Present: 14 BOS Liaison: 1 Staff Present: 4 Community Members: 4 | Recommendation to Implement: Discussion and Vote | 12 in favor / 1 opposed/ 1 abstain |
| 06/05/13 | MHSA Stakeholders | Stakeholders: 25 (including staff) | PPT Presentation: KS Q&A, Discussion and Vote | <i>Pilot Idea Specific:</i> Yes: 9 No: 3 Abstained: 7 |
| 06/06/13 | ADMH All Staff Meeting | Staff that attended: 47 | Emailed PPT in advance of meeting Q&A and Discussion | No Vote Taken |
| 06/7/13 | Helen Thomson | Retired State Assembly & Author of AB 1421 And Retired BOS | Q&A and Discussion | 100% in Favor of Pilot as well as full program implementation |

MARCH 2013

03/25/13: LMHB Meeting—Review of BOS presentation on Laura's Law

03/28/13: Provider Stakeholder Work Group—Review of BOS presentation on Laura's Law

Most voiced support

2 Providers voiced position of non-support citing civil rights concerns.

APRIL 2013

04/22/13: Presentation by Nevada County Team on Services, Outcomes, and Finance to Courts and other County Departments

Meghan Stanton, Executive Director, Consumers Self Help Center

Dear Ms. Suderman,

I just wanted to take a few moments to share my thoughts regarding the presentation I had the privilege of attending yesterday afternoon on the implementation of Laura's Law in Nevada County. I am not sure what the political climate is at this time in Yolo County and whether there is a correlation as to the timing of this review of Laura's Law for implementation but it is my sincere hope that any recommendation will be based on the needs of the clients in the community and not an emotional reaction to the recent violent events that have occurred. I think that it is important to mention that AB 1421 was ardently opposed by consumers and consumer advocates and that it was very divisive in local communities as there are many consumers who feel the treatment they have received involuntarily was traumatizing and stigmatizing. I believe that it is very important to respect this perspective as dismissing this history is very invalidating to consumers and creates fear and dissention. While I recognize that there are times when involuntary detention may be necessary, I do believe it is still often used

as a tool of convenience. Finding skilled professionals that are able to conduct outreach and engagement successfully is unique.

While I thought the way Nevada County has implemented the program is very client centered and recovery oriented, I am still reticent about encouraging any further expansions of involuntary treatment. Their implementation of the program really seems to make an effort to encourage clients to participate in services voluntarily. While Yolo County may intend to follow this model, there is still the potential for over reliance on the convenience of involuntary treatment rather than the extended engagement process they described. We see this a lot in the hospital setting. A large number of clients who are involuntarily held for treatment do not disagree with the doctor; however, it is easier for the doctor and the hospital to meet the medical necessity criteria by making clients involuntary. Therefore, they do not readily offer voluntary treatment. Mentally ill individuals are often afraid to seek treatment due to this fact.

Historically, the consumer voice in Yolo County seems to be a bit overshadowed by the family voice and proponents of a more "Best Interest" philosophy of mental health services. It seems that there are less resources dedicated to the more recovery oriented programs throughout the county. This limits options about the types of services people can access along the continuum of care. Prior to being awarded the contract for Patient's Rights Advocacy services, Yolo County was administering their Patients' Rights advocacy through a Temp Agency and reports were that the advocate basically talked clients into staying in the hospital. At a meeting my office had with the Public Guardian she described a situation where she discouraged a client from moving out of a board and care and in with a roommate so that he could attend community college. She suggested that his desire to go to school was ridiculous and that he should just stay in the board and care for his own good. These attitudes reflect a long standing belief that mentally ill people need to be cared for and are not really capable of full recovery. I am concerned about implementation of another involuntary program amid these long standing beliefs and don't reflect a shift towards the recovery model. While I have every confidence in your commitment to services that are recovery oriented, the courts attitudes will determine the course and direction of treatment which may or may not be therapeutic. In Nevada County the judge sounded very concerned about getting clients to buy into the treatment plans and the therapeutic nature of the process and settlement agreement. It is unclear to me what attitudes the Yolo County court currently has regarding mental health services and whether they may be inclined to be as eager to give clients a voice in the process.

I hope identifying these concerns will assist you and the department as you move forward in your recommendation and or implementation of Laura's Law. I would also like to state that although it did not seem that their Patients' Rights program had much involvement in the process we would be willing to play a more active role if desired or needed.

Thank you for your willingness to receive input from a variety of perspectives.

Sincerely,
Meghan Stanton

Other/Follow-Up:

Public Defender stated on several occasions that though prior to the presentation she was not supportive, that after hearing from Nevada County, the Public Defender's Office will be a willing participant if the county implements the program.

Courts:



SUPERIOR COURT
Of the State of California for the
County of Yolo
CHAMBERS OF
STEVEN M. BASHA, PRESIDING JUDGE
725 Court Street, Room 211
Woodland CA 95695
(530) 406-6838

June 13, 2013

Chair Duane Chamberlain and Members,
Yolo County Board of Supervisors
625 Court Street, Room 204
Woodland, CA 95695

Re: Laura's Law (Welfare & Institutions Code section 5346)

Dear Chair Chamberlain and Board Members:

The Yolo Superior Court ("Court") has been advised that the Board of Supervisors ("Board") is carefully considering the implementation of Laura's Law (Welfare & Institutions Code section 5346) in Yolo County. As you are well aware, this law allows for court-ordered assisted outpatient treatment or for forced anti-psychotic medication to be administered to those persons who have a serious mental illness plus a recent history of psychiatric hospitalizations, jailings, or acts, threats or attempts of serious violent behavior towards self or others.

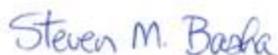
The Court has been asked to advise you of its position with regard to implementation of this law in Yolo County. The Court acknowledges that the decision to implement this law is a legislative function and not a judicial function and, therefore, we take no position on the implementation of Laura's Law in Yolo County. We recognize the gravity of this decision and respect that the Board will make this decision with its usual wisdom and thoughtfulness. If the decision is to implement this law, we assure the Board that the Court will undertake to fulfill its duties under that law in the same responsible manner that we undertake for all matters properly before the Court.

Chair Chamberlain and Board Members
June 13, 2013
Page 2 of 2

It may be helpful to you to note that, with regard to those defendants in criminal cases who are identified as having mental health needs and are determined amenable to mental health treatment, the Court, with its justice partners and the County Alcohol, Drug, and Mental Health Department ("ADMH"), has recently undertaken a pilot Mental Health Court. This pilot project is intended to test whether such a program would be effective in our County to enhance public safety while helping those criminal defendants with mental illnesses obtain treatment intended to address their mental illnesses and thus avoid further criminal activity. This pilot project is limited to no more than ten defendants for the foreseeable future. If the Board implements Laura's Law in Yolo County, the Court would consider expanding this pilot Mental Health Court to meet the Court's responsibilities under that law. We would undertake this consideration in consultation with our justice partners and with ADMH and any other affected agencies, public and private.

The Court looks forward to continuing to work with the Board and its staff for the benefit of our Yolo County community.

Sincerely,



Steven M. Basha
Presiding Judge

cc: Judicial Officers, Yolo Superior Court
Shawn C. Landry, Court Executive Officer
Patrick Blacklock, County Administrator
Jeff Reising, District Attorney
Tracie Olson, Public Defender
J Toney, Conflict Counsel
Marlon Yarber, Interim Chief Probation Officer
Kim Suderman, Director, ADMH

04/22/13: Presentation by Nevada County Team on Services, Outcomes, and Finance to LMHB Meeting

Diane Potter, Community Member

I was unable to attend the 4/22/13 Local Mental Health Board meeting discussing this. I have personal experience dealing with 5150 findings and know that there have to be other alternatives and less costly treatment approaches than 24-hour lock-down situations. Acute hospital ER's are not the place for treatment.

Please log my support for enacting outpatient options and more involvement for families of adults with chronic illness that can be managed with modest support from our health, law enforcement and judicial systems.

Diane Potter

Kathy Williams-Fossdahl, Community Member/Consumer Family Member/Volunteer



YOLO COUNTY DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH
LOCAL MENTAL HEALTH BOARD

PUBLIC COMMENT CARD – APRIL 22, 2013

| | | |
|--|--|--|
| Which describes your primary interest in the LMHB? | | |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Yolo County Staff | <input checked="" type="checkbox"/> Provider (Volunteer) |
| <input checked="" type="checkbox"/> Consumer Family Member | <input checked="" type="checkbox"/> Community Member | <input type="checkbox"/> Other: _____ |

Name: Kathy Williams-Fossdahl Email: kwillfoss@aol.com
Address: 718 Oeste Dr City/State/Zip: Davis, CA 95616
Comment/Question: AOT would save money and lives by programs that guide the troubled individual early on. An important element of the program, I think, is ^{that} a "counselor" ~~is~~ is assigned to the troubled individual (and also chosen and trusted by the troubled person) over the long term for continuity and stability. Is this possible? (Not a doctor)

As a reminder, public comment is limited to three (3) minutes per speaker. To maximize discussion time for this topic, please offer comments relative to tonight's presentation. Speakers are to address the Board, not each other or the audience, and are expected to conduct themselves in an appropriate manner.

Pamela Martineau

1. If the program is voluntary, how do you get people to participate?
2. The State Senate has issued a report stating that only 4 to 6 people have participated in the program, yet your presentation states that there have been over 60 (I believe 64) participants. How do you explain the discrepancy?
3. What is the relationship between the consumer, the court and the caregiver (Turning Point, in this case) if there is a conflict.

MAY 2013

05/17/13: Laura's Law Focus Group at Wellness Center

Attendance: 20 Consumers and 3 ADMH Staff

The following is a list of paraphrased questions with answers and comments from the above noted presentation.

Q: How will this impact the amount of money used in MHSA programs.

A: This will be discussed during the MHSA Stakeholder planning process as to whether they are in support of using MHSA funds, and if so, how. You are all stakeholders, are invited and welcome at those meetings.

Q: Who will receive the training and education noted in the presentation?

A: The staff running the program will be trained to provide the services.

Q: When was the law established?

A: CA established it in 2003. In 2008 only 1 county, Nevada County implemented this law.

Q: Is this mandatory for people who have mental health issues?

A: No. This program is only for those who have been referred, have refuse services and are a danger to themselves or other due to their mental illness. Those who are voluntarily participating do not meet criteria.

Q: How would this program affect the Wellness Center participants from a safety perspective?

A: The program participants would not come to the Wellness Center. It is individualized care for a small number of people. They would not pose a safety issue for you at the Wellness Center.

Comment: One consumer said that he was at first very reluctant to accept mental health services but with the somewhat forceful encouragement from his family member, he did accept services and now finds it very valuable. For this reason he is in support of Laura's Law.

Q: Is this similar to Conditional Release Program (ConRep)

A: No. People in the ConRep program have committed a crime and are court ordered for full monitoring due to their un-safe behavior. It is also fully funded. It looks similar because of the court order for participation and intensive case management.

Q: What if a participant has a criminal history?

A: For eligibility into the program, the person may be eligible if they have committed a crime that is due to the person's mental illness.

Q: When a consumer shares info with staff, what happens with exchanges in confidential information disclosure?

A: There are still confidentiality regulations that we must follow. Only those who have the legal right to know information will have access to the information.

Q: Will information be shared with family members?

A: The court may share some information if they feel it is necessary for the person's safety. Other than that, only if the person signs a release to share it.

Q: Are there options for those with drug and alcohol problems to participate?

A: This program is for those whose primary problem is mental health.

Q: Can those stable on medication be sent to the program?

A: No. They are already participating voluntarily, and don't need it.

Staff Comment: Restated the purpose of this meeting was to get consumer feedback on the idea of the programs. Also reviewed the various other groups that had been asked for feedback including LMHB, MHSA, Providers, COA, Courts, BOS, County Counsel...

Kim shared pilot program idea of using up to 4 ACT Program slots.

Q: Who can participate?

A: It was clarified that this program is only for those who refuse services and are a danger to themselves or others due to their mental illness. Those who are already voluntarily participating do not need to be a part of AOT/Laura's Law.

Q: Once the court order has been made, can medication be forced?

A: It was clarified that this program cannot force participants to take medication. Participants can be forced to attend doctor's visits and can be given a prescription and court ordered to take the medication. But without conservatorship, the medication is not physically forced.

Q: If the participant decides not to take the medication, what happens?

A: The program staff will try to work with them, encourage them to do so. But person could end up not doing well, and possibly meet criteria for a 5150 again.

Q: Conservatorship, how does this work?

A: It is a multiple step process that involves the Public Guardian.

Q: What are the money sources for this program?

A: In Yolo County, the suggestion is to use up to four ACT slots for the pilot and the money has already been set aside for these spaces. The proposed Pilot is to not take any slots from those who are voluntarily participating, so we may not actually use 4 slots.

Consumer Comment: The medication is very beneficial once it is taken.

Consumer Comment: It is scary at first but with the trust you develop in providers it starts to sound good. I appreciate the services and the relationship. It is a second chance for some people.

Staff Q: Would this program include more court time/costs?

A: There will be court time. The Program Staff cost for time spent in court would be paid through the program. The judges/courts/attorneys, etc. are already spending time in other parts of the system on these folks, it would then become focused attention.

Staff Q: Will the provider be Turning Point?

A: The program is already designed to work with the ACT team and Turning Point is our provider for that. In addition, the pilot would utilize ACT slots so Turning Point would be the initial provider. After the pilot, if the County decides to do the full program, an RFP will be posted and a provider chosen.

Q: Can you clarify the idea of "4 slots"

A: The idea of a budget is that the total money needed to run a program is calculated and then the total number of people that can be served is figured out. In the ACT program, we currently have the ability to serve up to 50 people at any given time, so we refer to them as slots because we may serve more than 50 in a year, though no more than 50 at once. We are not using all these slots right now. It is possible that up to 4 of the slots, if vacant, could be fill with Laura's Law participants.

Q: Is there a similarity to Project AIM?

A: The idea of forced services is the same, but this is not a Probation Department program, as it is not about a crime, but about mental health treatment needs.

Q: Will laws have to have been broken by the participants?

A: No. But if the participant has, it would be due to their mental illness.

Q: What is someone is out of control and possibly hurting self?

A: This would move to 5150 situation and first responder assistance would be required.

Follow-up comments were invited via email.

Email – FEEDBACK REQUEST: Laura's Law/Assisted Outpatient Treatment (AOT) Program

Cass Sylvia, Yolo County Public Guardian:

Kim,

As you know, I am a fan of Laura's Law and see real potential for increased treatment opportunities for those who opt for this program.

Every healthcare agency advocates for "early prevention." Well, I believe Laura's Law can make a significant difference in helping people access the treatment they need. With a new Mental Court and Laura's Law, Yolo County can start to regain our reputation as a county who excels at mental health care and treatment.

Cass

Ton Phan, Davis Police Department:

I'm in support of the program.

Ton

Christina Tranfaglia, Probation Officer, Yolo County Probation:

Hi Kim,

I believe implementing Laura's Law/AOT would be of great benefit to Yolo County. There is a population of consumers, who if we're subject to AOT, would likely not become probationers. In other words, if they had received treatment then the criminal behavior they engaged in while non-med or treatment compliant may have been avoided; thus saving money by avoiding the Court process all together and keeping the mentally ill persons behavior from being criminalized.

Thank you. Christina

Dan Bellini, Chief, Woodland Police Department

Kim,

I am in support of implementation of Laura's law.

Thanks, Dan

Landy Black, Chief, Davis Police Department

Kim,

Generally, I support the Laura's Law concept. Funding issues could change the viability, I suppose, but I like the addition of the tool and would hope that we could find a way to bring it into use in Yolo County.

Landy

Bryn Ring-Miller, Behavioral Health Director, Woodland Health Care

I support it 100%

Elli Olson, VP Nursing/CNE, Woodland Health Care

Based on Bryn's explanation and support, I too support this for Yolo County. Elli

Helen Thomson, Retired State Assembly and Yolo County Board of Supervisors, and Author of AB 1421, Laura's Law

Dear Kim,

It is my opinion that including the provisions for an Assisted Outpatient Treatment Program (Laura's Law) in the Country's Mental Health Program would provide the continuum of care necessary for optimal health of those who are severely mentally ill in our community.

Nevada County has had a program for several years for their consumers with excellent results. Yolo County has a contract already in place with Turning Point which provides those AOT services in Nevada County and could do the same here. This is also true of the program in New York state know as Kendra's Law, which was implemented over 15 years ago with demonstrable excellent outcomes in reducing re-hospitalizations, incarcerations, and their associated costs, among other benefits such as housing, medications and case management. AOT is not a new program to the rest of our country. In over 35 states, it has been legislated for years.

I believe that in our society, it is our public duty to ensure a severely mentally person is actively treated, is not allowed to eat out garbage cans, or be victimized on the streets. And I believe that the safety of that person and those around him/her, including family, be protected.

In the words of E. Fuller Torrey, MD, "According to multiple studies summarized by the Treatment Advocacy Center, these untreated mentally ill are responsible for 10% of all homicides, constitute 20% of jail and prison inmates and at least 30% of the homeless. The severely mentally ill now inundate hospital emergency rooms, and have colonized libraries, parks, train stations, and other public spaces. The quality of life for these individuals mocks the lofty intentions of the founders of the community mental health centers." (Wall Street Journal, February 5, 2013)

Also in February, Dr. Steve Segal, Director of the Mental Health and Social Welfare Research Group of UC Berkeley had an opinion article in "California Healthline" in response to question posed "Should California be a model for a national mental health system? His short answer is" We need to learn from its omissions. It fails dismally in recognition of the need to fund involuntary care..." I recommend the article in its entirety as it is a well thought support for implementing Laura's Law.

Assisted outpatient care was a front burner issue when I was a young psychiatric nurse! In the many years between, it has proven its clinical effectiveness for those suffering with severe mental illness and who lack the capacity to understand their need for treatment. It is beyond time for its implementation in California, and specifically in Yolo County.

LMHB Meeting

Supervisor Don Saylor: Reports support of the program and approves the general idea, believes it is appropriate and a potential benefit for the system. He additionally hopes to see a monetary savings for the system. It is scheduled for the second BOS meeting in June.

Bob Schelen: Reports being originally skeptical, but now believes it is it can help people in crisis. Regarding the importance of the Judge in implementation of Laura's Law, the Judge(s) assigned shows an interest in the area of mental health. They may have are empathetic/sympathetic toward these cases.

Clarification:

The Nevada County's numbers, as reported by the State Department of Mental Health to the Senate, are misleading. In fact, more than 100 people have been helped in some capacity by Nevada County's Program. Kim also clarified the compulsory aspect of the program; only services are compulsory, not medication. Additional discussion occurred regarding court ordered services and the distinction between 5150s, referrals, Mental Health Court, Laura's Law/AOT, and the relationship with the Courts. Criteria for participation was reviewed.

June Forbes: WHY I OPPOSE LAURA'S LAW FOR YOLO COUNTY AT THIS TIME

June Forbes May 27, 2013

This is a very difficult issue for me, because I know and care about people who are afraid of ~ who are running from ~ diagnosis and treatment. They are promising people whose symptoms endanger them, beloved people whose families are heartbroken by their refusing treatment. I also know and trust the skilled Turning Point people who treat Yolo County's A.C.T. patients. Yet I have very grave doubts about recommending what we euphemistically call "Assisted Outpatient Treatment" for Yolo County now.

1. Many consumers are adamantly opposed to court-ordered treatment run by the criminal justice system. They deserve a vote here.
2. In Yolo County, Laura's Law would only be imposed on "frequent flyers" in mental hospitals and jails. There are other already established systems for handling them effectively and humanely.

- We don't need Laura's Law to enforce treatment on hospital frequent flyers.

One of the primary purposes of the Mental Health Services Act is to prevent criminalization of mental illness. Under Laura's Law, if one of the AOT supervising officials deemed a patient uncooperative, the patient could be considered a criminal.

5150's and conservatorships are long-established solutions for gravely disabled or dangerous patients which do not criminalize them. If Yolo County needs to fund more care for hospital frequent flyers, let's fund the public conservator, not the criminal justice system.

- We don't need Laura's Law to do our mental health court's job.

Under Laura's Law, if one of the AOT supervising officials – including our notoriously hard-nosed District Attorney – deemed a patient uncooperative, he or she would be jailed. That is also how a typical mental health court works.

For jail frequent flyers, what we do need is a real diversion system, a pre-booking and pre-trial protocol that directs mentally ill offenders to court-supervised treatment instead of charging and convicting them. The "post-plea" mental health court Yolo County has actually established does just the opposite. Instead of diverting offenders to treatment, it convicts them, and then supervises their probation.

3. Limiting the role of our mental health court to "post plea" supervision instead of diversion reveals the hard-nosed, rather than therapeutic, attitude that dominates the Yolo County criminal justice system and would prevail here under Laura's Law.

4. If we have open slots in our budget for assertive community treatment, it seems to me that

we must make that treatment more attractive, not make it an entry to the criminal justice system. 5. Finally, people who won't want to be subjected to Laura's Law in Yolo County could simply vote with their feet. They could move to Sacramento or any of the other 56 California counties without Laura's law, and lose whatever family and health system support we might otherwise have offered them.

Brad Anderson: Asked whether the Judges in Yolo would implement Laura's Law in the same way that Nevada County's Judge Anderson does.

Bob/Kim: assured that the Judges interested are sympathetic to the success of the consumer. A review of the assessment and enrollment process was shared. Supervisor Don Saylor: This is a civil proceeding and a diversion to avoid the criminal act. Kim: Keeping in mind the basic criteria for eligibility does not necessarily mean the person broke the law.

Tawny Yambrovich: Nevada County's Laura's Law program uses engagement to encourage participation. For those who did commit a crime, the program is used as an alternative.

Michael Hebda: Appreciated that people are treated with dignity and engaged into treatment. Asked what happens if a patient refused treatment and what is the difference from Mental Health Court?

Kim/Bret Bandley: Clarified that Mental Health Court is for those who have already committed a crime, and post plea, the program adds an extra level of mental health services in addition to their probation, is voluntary, and provides them an extra avenue of treatment/correction, is for their benefit, and is not punishment. Participants are carefully scrutinized, and additional support offered in the realm of training, housing, transportation, etc. These resources are provided and if they choose not to participate, they would go back to "normal" court proceedings. LL/AOT allows people to get continued engagement and outreach.

Davis Campbell: Based on personal experience, believes a wide range of resources is needed including pre-criminalization support, is in favor of the program and understanding refinement will be required.

Robert Canning: Is tentatively in favor but wants to have careful consideration of the measurement of outcomes and details. He also cautions that a pilot program could choose participants who are predisposed to succeed, should keep a watchful eye. He agrees that some groups of people are impacted by the power of the courts, but where civil liberties and civil rights issues are concerned he thinks careful consideration of the plan and details is necessary.

Bret Bandley: Reports his personal standpoint is that we should "try everything." He shares that the position of the Public Defender, that they will do all they can to make it work if the BOS supports it. It really matters how it is implemented, the judge is very important and makes or breaks the program.

Janlee Wong: Is supportive despite initial skepticism. He has had a detailed discussion with a staff from LA County Mental Health about their similar program, kept in mind the difficulty they have in size, population and others factors. With the elements of it being in the courts, the judge and the amount of discretion they have, it is critical that we have a supportive player. It seems more like court settled treatment rather than court ordered treatment. From his LA County discussion, most of the time the client agrees based on the "weight" of the court involvement and the idea that the judge has discretion makes it more like treatment than a penalty. He also

hopes that the county funds this at an adequate level both for treatment and within the budgets of the other departments.

Martha Flammer: Supports the program, the more resources the better. Says this needs to be well funded and wants to make sure that lack of resources identified in normal mental health treatment settings will be available for these folks and courts. She stated her employment with Turning Point (the ACT Program provider), to ensure she doesn't have a conflict of interest, when provider selection is made.

Caren Livingstone: Regarding the concern over criminalizing mental illness, she believes that criminalization is already in process because if someone is 5150'd and police are involved, the average person thinks you are a criminal anyway.

Robert Canning: Says that two court based treatment programs have been worked on, Mental Health Court and Laura's Law, but wants to also work on Crisis Intervention Training and other aspects of treatment.

Public Comment – Sally Mandujan and Nancy Temple, representing NAMI Yolo

- Comment: Support the program as a resource. Extend themselves as a resource to promote what the LMHB supports. NAMI was invited to attend the June 25th BOS meeting in support of the program.
- Question: Regarding the MHSA money, why do they have to redirect? Why isn't the main pot" of money being accessed?

Response: Currently, the monetary discussion reflects the pilot and efforts to get it off the ground. In the near future, the MHSA 3-Year planning process will begin, and will include this program as an option. Bob Schelen added that in an ideal world mental health issues should not be in the courts but in the mental health department, however, if we don't take these proposals of jail diversion, the reality is that someone will eventually end up in jail without services or not get the option of services in jail.

JUNE 2013

06/05/13: MHSA Stakeholders Meeting featuring Laura's Law/AOT

Q: If not complying with the treatment could the consumer be hospitalized or jailed?

A: No, they would not be jailed or hospitalized for non-compliance. If however, due to their non-compliance, they appeared to be a danger to themselves or others, they may be referred for and evaluation to be assessed for 5150 psychiatric hospitalization.

Q: If they don't meet 5150 and refuse the process, what happens?

A: Services would continue to be offered.

Q: If there not punitive consequence, but only the attention from the courts, isn't this coercion?

A: The involuntary/compensatory part is that once treatment is court ordered, treatment staff would continue to offer and do outreach for treatment.

- Nevada County Turning Point Program-Carol Stanchfield: This has never occurred in the Nevada County experience. Staff use engagement and at times, the frequency of the court visits is increased in order to hold Laura's Law/AOT participants accountable. Barriers are reviewed and the providers are held accountable to remove barriers as applicable. It is not like Mental Health Court (MHC.)

Q: Are we talking about residents of Yolo County? What about those with private insurance?

A: They must be resident of the county and the county would make a decision as to the insurance issue. With a designation for Laura's Law, those designated for the program would receive the services. The service impact is the focus on services. The funding of the service is a separate issue, but may be considered in the MHSA process.

Q: What is the average timeframe from first referral to court?

A: Nevada Co Turning Point-Carol Stanchfield reported that it has taken them approximately 4 months in order to establish the relationship and complete a thorough assessment.

Q: Expand on two-thirds of the referrals that voluntarily participate?

A: yes, over a period of months they start to engage and it takes that time to evaluate if they need to do Laura's Law/AOT. They get treatment through Laura's Law/AOT or ACT.

Q: How does it work if they start out involuntary, but later shift to voluntary? How does that work?

A: The actual Assertive Community Treatment (ACT) program and Laura's Law/AOT services are similar/ identical, other than the need to engage those who are involuntary. When there is a perceived need, but non-participation, Laura's Law/AOT would be applied. But it is all still the same service at ACT except for the court piece. After the 180 days are completed, if the consumer agrees, they would continue to receive services under ACT, until they are ready to step down to a less intensive service program.

Q: Considering the budget, with two-thirds in treatment which may be ongoing, wouldn't this be a strain?

A: There is attrition, some people do get better-have success stories, and others do continue to struggle.

Q: Regarding struggles seen in parents with treatment needs, who have young children, are there enough mental health professionals to service the need? The speaker had heard that there is not enough funding and her experience is that there is not enough availability of clinicians.

A: After some query, it was understood that the service need being referenced is not the seriously mentally ill. It was explained that the population for this program is the seriously mentally ill, and the population being asked about was for those who qualify for primary care level services that can be referred by the primary care physician. It was acknowledged that there are shortages statewide, and funding is an issue.

- John Buck from Turning point added: This is not glamorous but difficult work and takes a specific person to provide the service. Historically mental health issues were not discussed, and are just starting to be considered of late to be ok to discuss. National statistics were cited that only half of those with true mental illness are diagnosed and are in treatment. The question here is will this model best service the county. Laura's Law/AOT is not going to serve huge numbers and not be a cure all. It will address a small segment of the population with severe mental illness. The really challenging people are the target and the goal is to limit the path to psychiatric hospitalization or incarceration. Despite the greatness of the outreach teams, they are not always successful.

Q: Regarding implementation, how does this hook up with MHSA funding? How will the programs look different and how might it work?

A: Discussed Pilot option.

Q: If this is so similar to ACT, why don't we expand our ACT team to include more people?

A: Discussed funding limitations

Q: Would money be taken from the ACT program and deplete it by being extend to cover other unplanned costs?

A: No, the program funds we use will remain with the treatment costs. MHSA Community Services and Support can only be used for treatment costs.

Q: What is the current case load for ACT?

A: 48 is the current active case load.

Q: That means no increasing the Turning Point contract to provide the service?

A: Correct, if we do the pilot in the way it is envisioned now, there would be not an increase.

Q: Is John (Turning Point) willing to do it?

A: (Answered by John Buck) Yes, when first asked by Nevada County, he responded that if folks need good service, they should get the best that can be provided. He is committed and believes in the program, and it has showed success and remarkable outcomes.

Q: Are all those in the ACT program voluntary? Are we not trying to draw them in?

A: All those currently receiving ACT services are voluntary. Because ACT is a voluntary program, it is not designed to continue outreach if the consumer declines. Laura's Law/AOT would allow us to continue work to engage even if the consumer said "no".

- Comment: Reaching out to some who are involuntary is beneficial.
- Comment: We are talking about growing and expanding a program that is underutilized with only one year in Yolo County? If they are declining, we should be trying to figure out what they do want.
- Comment: This is a civil rights issue. If we enact this, those with mental illness will be reluctant to participate in voluntary services and a culture of fear will ensue.

On June 25th ADMH will provide a report to the BOS with a recommendation and a plan for how it might work in Yolo County. If we do not do the pilot, since there is no new money, it is unclear how the program would work. Without the pilot, we would proceed with the normal MHSA stakeholder process, we would not have Laura's Law/AOT next year, and we would work it out separately.

Laura's Law/AOT and ACT are essentially the same treatment service and it would be tricky to have different providers for each of these services. If we didn't as a stakeholder group support with MHSA funds, the BOS would have to decide how to proceed as well. We are asking the MHSA stakeholders to support the pilot, so that we can figure out how we might do it in Yolo County, and if it will work. If we decide to do the pilot, it still won't start July 1st, we have to develop our process. And if the slots fill up, we'll have to wait for availability. These are the realities of our funding streams and a pilot program. Voluntary participants in ACT would not be bumped.

Q: Say 1 voluntary person wants ACT but the available slot is filled with a Laura's Law/AOT, how would this play out?

A: Once a consumer starts services, they won't be bumped. The new person would continue to receive services from county staff, intensive case management, provided in the community; would still be seeing the doctor, just not the formal ACT Program.

Comment: So there is no stick, it is all still voluntary essentially. We are talking about utilizing services in one way or another.

Clarification: Voluntary versus involuntary use of MHPA dollars is an interesting argument. MHPA dollars are used to fund involuntary services such as serving those who are Committed, have had their civil rights removed via the court process, a far more restrictive service. There are already services that are provided involuntarily. The voluntary consumers are separate from the involuntary consumers. Consents for children's services are signed by their parents, not the child.

Q: With the pilot of 4 people, because of the WI code requirements for training, will the funding requirement be higher? Are there additional staff?

A: The ACT program staff, by design, already meet the Laura's Law/AOT program criteria. The training will not need to be duplicated. And with no increase to the numbers served, there will be no need for additional staff.

The Courts do not have hard figures on the cost that will result but they believe they are already spending resources on these populations and money savings may be seen down the line. For example, Laura's Law/AOT may prevent the particular person from criminal or LPS court.

Comment from Nevada County Turning Point Program-Carol Stanchfield: Anosognosia is the lack of insight into one's own illness. Even with treatment some people will not access service, since they don't believe they have mental illness. It is a struggle to get these people to engage. Laura's Law/AOT offers an option and can be preventative.

Q: Will changes to MHPA impact the Affordable Care Act (ACA) coming up?

A: The ACA impacts the population type not currently served. It does not address the seriously mentally ill/seriously emotionally disturbed, but those with lower level mental health service needs. The county needs to decide whether we will serve this new population, and if so how. It would be in addition to, not instead of.

Q: The BOS can take some funds from several departments and give to the Laura's Law/AOT program.

A: The speaker was invited to provide feedback to the BOS individually or to the whole board.

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Q: Who is the judge?

A: Judge Gaard is interested but it is still unknown who would be assigned if this program was piloted. With a potential of only 4 per year for the pilot, a special calendar will not be needed.

Q: Will Laura's Law/AOT get priority in the ACT Program?

A: No. No one will be bumped. And voluntary people will be prioritized over involuntary. No one will be pulled from services.

Q: Is there increased liability for the department with persons on Laura's Law/AOT if they commit a crime?

A: Excellent question. The outcomes of AOT are similar to the positive outcomes for ACT. We don't anticipate increased crimes by the participants, as they would be served and case managed very closely.

Q: How will it be handled if a person does not have medical insurance or if they do?

A: This will still need to be worked out in the pilot.

Q: How is this different from Mental Health Court?

A: All the participants in Mental Health Court have committed a crime, they are in the program post plea, and all are on formal Probation. The consumer in Mental Health Court benefits by working closer with the Court and Probation to potentially decrease commitment time and avoids other Sanctions.

Q: What is the relationship to Conservatorship?

A: Those that are already on Conservatorship do not need Laura's Law, they are already required by the Public Guardian to participate in the Mental Health treatment. In fact, some of the consumers receiving ACT by Turning Point are conserved. For those involved with the Courts, if the consumer decompensates, the judge may at any point enact 4011.6 to be evaluated for 5150 hold.

Q: With Mental Health Court there are consequences for non-participation. What are the legal consequences of AOT?

A: This is Civil Court, not participating is not a crime, so the consequences are that program staff will be persistent in offering services. As with any program, law enforcement sometimes has to be called to ensure the safety of staff and consumer.

Q: How do providers benefit? What is the benefit to us?

A: If we do implement the Pilot, county staff would not provide this service, the program would be provided by Turning Point, our ACT team provider, in which AOT is paired with. County staff should experience a decrease in referrals for the same person over and over, whether from the Emergency Room or after discharge, who are in desperate need of help but are still declining services. They would most likely be referred for the AOT program.

Q/Comment: By giving slots to those in the pilot this would result in the loss of ACT options should a voluntary participant come in with a need.

A: That is not our intent, the intent is that voluntary consumers will have first priority. But it could happen.

Q: How will this affect the relationship to the FY14-15 and 3 year MHSA plan?

A: The purpose of the pilot is to see how Laura's Law/AOT will play out in Yolo County. The MHSA 3 year planning process with the Stakeholders, of which you all are a part, will include consideration of Laura's Law/AOT.

Q/Comment: I hope that Laura's Law/AOT applies not only to the known users of resources that deny treatment options but more so to those that are unknown.