

## **MHSA: Services for All NAMI California Conference 2007**

The promise of the Mental Health Services Act (MHSA) is everyone who needs services gets services. MHSA: Services for All! Laura's Law is a tool to deliver appropriate mental health services to a population that remains currently unserved or underserved.

Our workshop today is designed to bring the ingredients together for the implementation of AB 1421, "Laura's Law," to the state of California. Our "cookbook" will detail the recipe; you will provide the passion and advocacy to make it happen. Each handout packet is a complete set and includes:

- MHSA: Services for All. Your playbook for the implementation of AB 1421;
- Laura's Law (AB 1421), A Functional Outline. A shortened version of the "Guide to Laura's Law". You will find the full version of the Guide on the CTAC website. <http://www.psychlaws.org/CTAC/CTACHome.htm>
- Getting Assisted Outpatient Treatment For Your County. Step IV of the Guide details the level of services necessary for AOT and what you can do to help;
- AB 1421 Fact Sheet, California Treatment Advocacy Coalition (CTAC);
- AB 1421 Process Schematic, California Psychiatric Association;
- AOT: AB 1421 Criteria Diagram, California Psychiatric Association;
- Four Briefing Papers from the Treatment Advocacy Center. These valuable educational resources will assist you in advocating for implementation;
  - Assisted Outpatient Treatment
  - Assisted Outpatient Treatment: Results from New York's Kendra's Law
  - Myths About Assisted Treatment
  - Impaired Awareness of Illness: Anosognosia
- Implementing Laura's Law, the Nevada County Experience. Details how Nevada County submitted their program for AOT services within the context of their MHSA plan to the State Department of Mental Health and will comply with all statutes and regulations; Rod Pence, Government Affairs Representative, NAMI Nevada County;
- DMH Letter: March 20, 2003. Statutory compliance for implementation of an AOT program;
- DMH Letter: May 22, 2007. Nevada County CSS Plan Approval Letter which addresses the legal status of eligible individuals.

### ***Laura's Law (AB 1421), A Functional Outline***

This handout in your packet will provide a brief review of the legal process of AB 1421 and Assisted Outpatient Treatment (AOT).

It does not include a discussion of the mental health treatment services (Assertive Community Treatment-ACT) to be delivered to eligible individuals. See "Delivery of Mental Health Services."

### ***The Resolution, Board of Supervisors***

In order to implement an Assisted Outpatient Treatments Program (AOT) in your county, you will have to get a resolution from your local Board of Supervisors certifying that no voluntary services would be reduced as a result of the implementation of Laura's Law. (See DMH Letter: March 20, 2003 for the detail of statutory responsibilities). In order to convince the Supervisors that your county should move forward with the implementation of an Assisted Outpatient Treatment program, you will need to get the support of their staff and other county officials they depend on for advice. (See TAC Briefing Paper "Getting Assisted Outpatient Treatment for Your County")

- Educate the staff. In larger counties, each Supervisor will have a Health Deputy and a Justice Deputy. It is common for each group to meet once a week to discuss county issues. Try to arrange for a presentation at their meetings. Bring copies of the AB 1421 Fact Sheet, A Guide to Laura's Law, and the TAC Briefing Papers. In smaller counties, personal one-on-one meetings may be necessary.
- Determine which staff members are supportive and who will require further education to gain their support. Arrange to meet with them personally one-on-one.
- Elected officials rely on advice from their Department heads. Testimony from leaders who support AOT (DMH Director, Mental Health Board, Sheriff, Public Defenders Office, District Attorney, Judges, etc.) will be extremely helpful. Meet with as many officials as possible. Ask if they would write a letter of support to share with the Supervisors.
- After working with their staffs and engaging community support, meet with the Supervisors to advocate for implementation.

### ***Court Costs***

Administrative and court costs cannot be paid for with MHSA funds, but are not insurmountable sums. Administrative costs will vary based on the volume of work assigned, but should be substantially less than a typical Mental Health Court due to the lower number of cases. Your Supervisors can be very helpful with appropriating moneys to cover these administrative costs. Actual court costs will be born by the Superior Court. Finding the right judge who is committed to the concept of Assisted Outpatient Treatment will be critical in gaining the support of the Presiding Judge.

### ***Delivery of Mental Health Services***

It must be emphasized that the services required to implement an Assisted Outpatient Treatment Program can come from existing services now being delivered by the majority of mental health systems around the state. A county's board must certify that no voluntary mental health program will be reduced as a result of implementation. Since AOT reduces the most expensive form of treatment, inpatient hospitalizations, the costs savings alone should convince the Supervisors that voluntary services will not be affected. Voluntary patients must have access to the same services offered to AOT

patients, with distribution based on the degree of need. All should take their place in line for the best available community services regardless of legal status.

- In California today, we have an additional source of new funding, The Mental Health Services Act (MHSA). Rod Pence, our Government Affairs Representative from NAMI Nevada County, will detail how they are utilizing these new funds to bring Assisted Outpatient Treatment to their county. Please see “Implementing Laura’s Law, the Nevada County Experience” for details on how Nevada County will comply with all necessary statutes and regulations regarding the use of MHSA funds for AB 1421 mental health services.
- See “Getting Assisted Outpatient Treatment for Your County” and “Implementing Laura’s Law, the Nevada County Experience” for treatment information.

### *Statistics*

- The State AB 2034 Report (2004) - about voluntary services provided to persons who are homeless and suffering from a serious mental illness - indicated that 22.7% of those who were enrolled in these programs walked away and failed to return. Statistics are not available for those people who were approached, refused to engage, and never enrolled. The state does not attempt to track them. The “easiest” will engage first, but those who are treatment resistant, and/or too ill to know they are ill, will continue to suffer. The least restrictive alternative is community based civil commitment.
- AB 1421 was modeled after New York’s “Kendra’s Law.” The Kendra’s Law five year report showed that AOT reduced the severest consequences for people formerly rejecting treatment. A few examples are:
  - 74% fewer experienced homelessness;
  - 77% fewer experienced psychiatric hospitalization;
  - 83% fewer experienced arrest;
  - 87% fewer experienced incarceration.
  - See AB 1421 Fact Sheet for more data.
- AB 1421 requires that services for court-ordered participants be delivered by and Assertive Community Treatment (ACT) team. IMD patients cost \$43,000 annually. ACT costs \$12,000-18,000 per year.
- 10 IMD patients cost the county \$430,000.
- 10 patients progressing from an IMD to an ACT Program saves \$25,000-\$31,000 per patient per year.
- These savings fund the AOT Program and frees up \$250,000-\$310,000 per year for the county to use elsewhere.

### *Find Your Judge!*

Adoption of Assisted Outpatient Treatment, just as with any Mental Health Court, will be driven by a judge who is committed, passionate, and dedicated to decriminalizing those suffering from a serious mental illness. Your judge will understand that those whose mental illnesses are this severe suffer from anosognosia, or lack of insight; their judgment

too impaired to make rational decisions about their treatment. Your judge will understand that the key to recovery for the population that meets the criteria in Laura's Law is ***adherence to a treatment plan***, and that the judge's involvement is a critical component in realizing this goal.

Find Your Judge! Assist your judge in securing the funding and services necessary to implement a program in your county.

***Summary: Building an Integrated Continuum of Care***

The briefing paper, Myths about Assisted Treatment, Treatment Advocacy Center, will dispel much misinformation and misunderstanding surrounding AOT. Assisted Outpatient Treatment is a necessary component of a comprehensive mental health plan that seeks to decriminalize persons suffering from serious mental illnesses. Step-down facilities from hospitals and IMDs, AB 2034 services, Mental Health Courts, jail diversion/alternative sentencing programs, jail linkage to mental health services upon discharge, and parolee services are all necessary components of a continuum of care for consumers that will reduce criminalization. But without Assisted Outpatient Program those who are the most ill, who lack insight into their illness, who refuse all voluntary services, who are at risk of becoming a danger to self or others, will continue to fall through the cracks. Left untreated many will end up on our streets homeless, or face jail and prison sentences. None of the above programs are designed to assist this particular population. From this consumer population (that meets the AOT criteria) can come our greatest recovery success stories, or our worst tragedies. It is up to California to decide which outcomes it prefers. Some say that our state should not practice involuntary treatment. This is no longer a valid argument. California is already practicing the worst kind of involuntary treatment - it's called jail and prison. We are warehousing our family members with mental illness in correctional facilities; many for non-violent property and drug offenses. This is wrong for our consumers, this is wrong for our family members, and it is wrong for California. Unfortunately, there are consumers who will require intervention in order to save their lives, and sometimes the lives of others. AB 1421, "Laura's Law," requires services to be provided using the Assertive Community Treatment (ACT) model which will lead to the stabilization of these individuals' mental health ***so they can engage in their own personal recovery process***. Laura's Law holds this promise.

Psychosis, homelessness, victimization, and incarceration have been the consequences of California's failure to implement AB 1421, "Laura's Law." The time to act is long past. MHSA means services for all!

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