



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: December 29, 2020

Behavioral Health Information Notice No: 20-075
Supersedes [DMH Letter No.: 03-01](#)

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Implementation of Assembly Bill (AB) 1976: Mental Health Services:
Assisted Outpatient Treatment (AOT)

PURPOSE: This Behavioral Health Information Notice (BHIN) provides counties with the implementation and reporting requirements for the AOT program, which becomes effective July 1, 2021, as a result of AB 1976, Chapter 140, Statutes of 2020. This BHIN also supersedes Department of Mental Health (DMH) No. 03-01.

REFERENCE: Welfare and Institutions (W&I) Code Section 5345-5349.1 and DMH Letter 03-01

BACKGROUND: On September 25, 2020, AB 1976 was chaptered into law amending the current legislation associated with AOT, commonly known as Laura's Law, effective July 1, 2021. The AOT program permits court ordered treatment services for a person with mental illness who meets specific criteria.

As a result of AB 1976, all California counties will be required to offer AOT or opt out. Counties may offer AOT services independently, or may choose to partner with

neighboring counties which would require an executed memorandum of understanding, as specified below. 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. Counties are permitted to opt out from participation through the passage of a resolution adopted by their County Board of Supervisors, which identifies the reasons for opting out, and any facts or circumstances used in making that decision. AB 1976 repeals the sunset date of Laura's Law, thereby extending the program indefinitely. The bill prohibits a county from reducing existing voluntary mental health programs as a result of the implementation of AOT services. Additionally, AB 1976 adds a superior court judge as an eligible petitioner for AOT services to be filed for a person who appears before that judge. AB 1976 also removes the governor as a recipient of the program's annual report to the Legislature.

POLICY:

This BHIN outlines the implementation and reporting requirements of the AOT program. Participating counties are required to comply with all statutory provisions including, but not limited to the following:

1. W&I Code Section 5348 (d) requires that each county operating an AOT program provide specified data to DHCS annually. DHCS is then required to report measured program outcomes to the Legislature on or before May 1. The report aims to evaluate the effectiveness of the strategies employed by any program operated, pursuant to this article, in reducing homelessness and hospitalizations and reducing involvement with local law enforcement by persons in the program.
2. 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. If implementing AOT services will result in the reduction of existing voluntary mental health programs, counties must seek a resolution from their Board of Supervisors to opt out of implementing AOT services which identifies the reasons for opting out, and any facts or circumstances used in making that decision. DHCS is required to monitor compliance with this section as part of its review and approval of county mental health services performance contracts.
3. 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. The purpose of the training and education program is to improve the delivery of services to mentally ill individuals who are, or are at risk of being, involuntarily committed under the Lanterman-Petris-Short Act.

For counties implementing AOT programs in collaboration with neighboring counties, in order to carry out its statutory responsibilities and effectively monitor compliance with the newly enacted bill, DHCS is requiring these counties to submit the following:

1. W&I Code Section 5349 (d) requires counties who will implement AOT programs in collaboration with neighboring counties to establish a memorandum of understanding. Counties implementing AOT in collaboration must determine a “lead” county, financial responsibility, location of services, and follow-up care of persons released from the AOT program.
2. Memorandum of Understanding (MOU) for Collaborative County Implementation must be executed to establish a designated lead county. The MOU must include, but is not limited to:
 - 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;
 - Determines the county incurring financial responsibility;
 - 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.

Counties must notify DHCS if an MOU is amended or dissolved. DHCS requests that this notification is submitted to the Prevention and Family Services Section in writing within 30 days of the date of the change.

In order to carry out its statutory responsibilities and effectively monitor compliance with the newly enacted bill, DHCS is requiring all counties implementing AOT to submit the following:

1. The County or Collaborative County Plan to Develop a Training and Education Program that describes the county’s plan in consultation with DHCS, client and family advocacy organizations, and other stakeholders. The plan must also 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. 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 for in this part direct patients toward the most effective treatment. Training shall include an emphasis on each patient's rights to provide informed consent for assistance.

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

Annual Reporting

Each participating county or designated collaborative county lead must annually submit an AOT Survey Tool (enclosure) containing requested data and an evaluation report to DHCS by October 1. DHCS will compile the information submitted by the counties and provide a report and analysis to the Legislature by the required deadline. Counties must provide data outcomes for the following required elements, based on information that is available:

- 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;
- 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;
- 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.

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Additional 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.

Any questions regarding annual reporting can be submitted to:

DHCSAOT@dhcs.ca.gov.

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. For example, if implementing AOT services will result in the reduction of existing voluntary mental health programs, counties must seek a resolution from their Board of Supervisors to opt out of implementing AOT services, as required by Section 5349, and provide this information as the reason for opting out of implementing AOT in the resolution.

These documents must be submitted to DHCS no later than 60 days prior to the statewide implementation date of July 1, 2021. If a county does not submit a resolution opting out, the county will be automatically opted in and required to submit outcomes annually.

Counties may elect to participate or opt-out of the AOT program at the beginning of each fiscal year.

Please submit all documentation to: DHCSAOT@dhcs.ca.gov.

Sincerely,

Original signed by

Marlies Perez, Chief
Community Services Division

Enclosure