AB-1976

BILL GUIDE

What You Need to Know

On July 1, 2021 an individual county or a group of counties will be required to offer AOT (Assisted Outpatient Treatment) programs and services, unless they *opt out.

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.

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
Community-based, mobile, multidisciplinary, highly trained mental health teams

County Staffing
Sufficient county staff with the necessary cultural backgrounds and linguistic skills to remove barriers to mental health services

Client Directed Services
Client-directed, recovery-oriented and integrated services

Peer Support
Peer support, family support, and parenting support

Housing
Housing for clients (immediate, transitional, permanent, or all three)

Data Collection
Collect comprehensive outcomes data and submit an annual report to DHCS

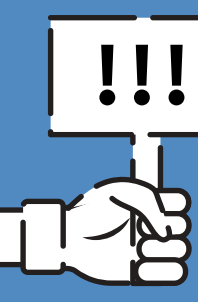
Individual Service Plans
Individual service plans that are designed to further recovery, including enabling recipients to obtain employment, create community connections, improve physical and mental health, and reduce criminal justice involvement

Personal Services Coordinators
Personal Services Coordinators create comprehensive, all-inclusive plans for services which address varied needs individual clients, including unique services for clients from unserved and underserved communities, those with disabilities, and older adults

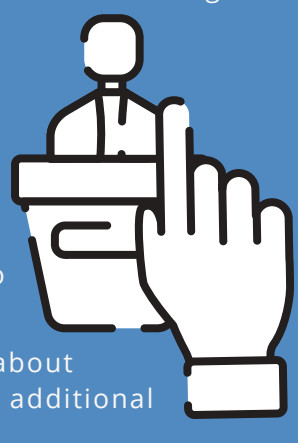
Unique Services
Broad services addressing the unique needs of women and individuals from diverse cultural backgrounds

Education & Training
In consultation with stakeholders, develop a training and education program to ensure that individuals subject to involuntary treatment are directed to the most effective treatment.

WHAT CAN I DO?



1. Just say NO! Tell your county leadership to OPT OUT!
2. Let your MH Director know that you're opposed to implementing AB1976 in your county.
3. Let your MHSA Coordinator know that you're opposed to funding AB1976 with MHSA funds.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.
11. 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.
12. 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)



Lastly, 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.

***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.**

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