Laura's Law

REPORT

Combined annual reports for 2009-2011 and
One Time Evaluation required by AB 2357

Chapter 1017, Statutes of 2002,
as amended by Chapter 774, Statutes of 2006,
W&I Code, Section 5348 et seq.

July 2011

Cliff Allenby
Acting Director

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Definitions and Abbreviations

Term	Meaning
AACT	Adult Assertive Community Treatment
AB	Assembly Bill
AOT	Assisted Outpatient Treatment
DMH	California Department of Mental Health
GAF	Global Assessment of Functioning
KET	Key Event Tracking
LPS	Lanterman-Petris-Short
MHALA	Mental Health America Los Angeles
MHP	Mental Health Plan
MHSIP	Mental Health Statistics Improvement Program
MOR	Milestone of Recovery
PAF	Partnership Assessment Form
SAMHSA	Substance Abuse and Mental Health Services Administration
TPPC	Turning Point Providence Center
WIC	California Welfare and Institutions Code

EXECUTIVE SUMMARY

Assembly Bill (AB) 1421 (Thomson, Chapter 1017, Statutes of 2002) established the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, known as Laura's Law (named for one of the individuals killed during an incident in 2001 in Nevada County). The Act requires the California Department of Mental Health (DMH) to establish criteria for counties that want to implement the program, to collect data on the outcomes of the programs and to report to the Legislature annually on May 1 of each year on the program's effectiveness. The Act provides for AOT, which is court-ordered involuntary outpatient mental health treatment for individuals that, due to the symptoms of their mental illness, do not voluntarily access local mental health services. The sunset date for this legislation was extended from 2008 to 2013 with the passage of AB 2357 (Karnette, Chapter 774, Statutes of 2006), which also requires DMH to submit an additional one-time report and evaluation to the Governor and Legislature by July 31, 2011.

In March of 2003, DMH published a letter (DMH LETTER NO.: March 20, 2003) specifying the documentation counties have to submit to DMH prior to the implementation of an AOT program, including a program description and methods of data collection. No county implemented an AOT program until 2008. This report serves as both the annual reports due in 2009, 2010 and 2011 and the one-time report and evaluation due July 31, 2011. It reports on the effectiveness of county programs in developing strategies that reduce homelessness and hospitalization of persons in AOT programs and in reducing involvement with local law enforcement by persons in the program. Specifically, the legislative report is mandated to contain:

- The 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;

- The number of persons in the program with contacts with local law enforcement, and the extent to which local and State incarceration of persons in the program has been reduced or avoided;

- The number of persons in the program participating in employment services programs, including competitive employment;

- The days of hospitalization of persons in the program that have been reduced or avoided;

- Adherence to prescribed treatment, indicators of successful engagement, if any, victimization, violent behavior, substance abuse, type/intensity/frequency of treatment, extent to which enforcement mechanisms are used when applicable, social functioning, skills in independent living by those persons participating in the program; and,

- Satisfaction with program services by those receiving them and their families, when relevant.

Currently, only Nevada County operates an AOT program, through Turning Point Providence Center (TPPC), which has an intensive community support program. This program is recovery-oriented and supportive for individuals by helping them to reduce or avoid hospitalizations and contact with local law enforcement related to their mental health issues. The program is housed under TPPC Adult Assertive Community Team services and is focused on promoting member-driven decision making in treatment planning to the extent possible. The program provides community-based care by a multidisciplinary team of highly trained mental health professionals with a staff-to-client ratio of not more than one to 10. Services include 24/7 crisis contact and/or intervention, rehabilitation, counseling, medications and daily living skills assistance.[1]

The AOT program has served a total of four court-ordered individuals over two years; two individuals were served each year.[2] For FYs 2008-2009 and 2009-2010, data show that the program has succeeded primarily in assisting clients to significantly reduce hospitalization days. Contact with the treatment team appears to be correlated to this outcome. Following the end of the court orders, three individuals maintained contact with Turning Point; the fourth was contacted in the hospital by Turning Point periodically for support.

Comprehensive program results for the two years combined include the following highlights:

- Total hospitalization days for all participants decreased from 239 to 97.
- No individuals had contact with local law enforcement during their participation in the program. (One individual made threats which were deemed associated with lack of adherence to prescribed treatment. The individual did not require contact with local law enforcement.)
- Three individuals were able to live in homes or independently, while the fourth required longer term inpatient treatment.
- All four individuals successfully engaged with the program as defined by reduction of symptoms.
- One individual was victimized financially by another person who gained access to Social Security Income. Charges were filed by the individual's family on behalf of the individual.
- One individual used alcohol and methamphetamines.
- Two individuals maintained their housing.

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[1] Turning Point opened their Nevada County office in 2007. In FY 2010-11, they served 87 individuals. Most were served on a voluntary basis under their Adult Assertive Community Treatment Program (AACT). Further information is available on their website at www.tpcp.org.

[2] This report covers FY 2008-09 and 2009-10, though recent data suggests an additional six individuals were served by Nevada County through FY 2010-11. A statewide Laura's Law survey has not yet been completed for FY 2010-11. This report addresses only those individuals in Nevada County that went to a Court hearing and Assisted Outpatient Treatment was, in fact, court ordered. Seventy-five (75) percent of referrals to the AOT program result in a "voluntary" agreement by the individual to accept mental health treatment assistance. See attached letter (p.13) from Nevada County Presiding Superior Court Judge Tom Anderson to Bill Campbell, Chairman of the Orange County Board of Supervisors encouraging the implementation of Laura's Law in Orange County, California. [September 28, 2011]

ISSUE STATEMENT

Assembly Bill (AB) 1421 (Thomson, Chapter 1017, Statutes of 2002) established the AOT Demonstration Project Act of 2002, known as Laura's Law (named for one of the individuals killed during an incident in 2001 in Nevada County). The Act requires the DMH to establish criteria for counties that want to implement the program, to collect data on the outcomes of the programs and to report to the Legislature annually on the program's effectiveness. The Act provides for AOT, which is court-ordered involuntary outpatient mental health treatment for individuals that, due to the symptoms of their mental illness, do not voluntarily access local mental health services. This report summarizes data provided by the County Mental Health Plans (MHPs) to DMH on the outcomes and effectiveness of the "Laura's Law" program implemented in Nevada County.

OBJECTIVES

The objective of this report is to apprise the Legislature on the effectiveness of the programs implemented under Laura's Law. The effectiveness is evaluated, per statutory guidelines, by whether persons served by these programs:

1. Are able to maintain housing and participation/contact with treatment;
2. Had reduced involvement with local law enforcement and extent to which incarceration was reduced or avoided;
3. Participated in employment services;
4. Had reduced or avoided hospitalization;
5. Adhered to treatment;
6. Were successfully engaged in the program;
7. Were victimized;
8. Had incidents of violent behavior;
9. Abused substances;
10. Received treatment and to what extent (type, frequency, and intensity);
11. Required enforcement mechanisms;
12. Had an improved level of social functioning;
13. Had independent living skills; and,
14. Were satisfied with program services.

BACKGROUND

Historically, individuals with mental health disabilities have had the right to refuse mental health treatment in California since the 1960's. Between the end of World War II and the civil rights movements of the 1960's, alarming conditions at State mental hospitals across the nation had been featured in many media exposés, leading to reforms in mental health care.

Responding to calls to reduce the number of persons housed in State Hospitals and the emerging area of civil rights for individuals with mental illness in the 1960's, then-Governor Reagan continued the deinstitutionalization efforts begun by previous Governors Knight (1953-59) and Brown (1959-67), and took steps that resulted in hundreds of persons being discharged from California's State Hospitals and the closing of several of the hospitals in 1973. The plan at the time was to have communities provide mental health treatment and support; however, due to limited funding, this did not happen in a significant way. Many of the individuals released from the hospitals ended up homeless with very little or no mental health treatment. The movement that had reduced "warehousing" of individuals with mental health issues had effectively increased the numbers of homeless that many communities had to address.

In 1969, the Lanterman-Petris-Short (LPS) Act (Chapter 1667, Statutes of 1967, operative July 1, 1969) created specific criteria by which an individual could be committed involuntarily to an inpatient locked facility for a mental health assessment for specific periods of time. To meet LPS criteria, a person must be a danger to themselves or others, or gravely disabled (unable to care for daily needs).

Kendra's Law

In 1999, New York State (NY) passed a law that provided for court-ordered AOT for individuals with mental illness and a history of hospitalizations or violence requiring that they participate in community-based services appropriate to their needs. The law was named in memory of a woman who died after being pushed in front of a New York City subway train by a man with a history of mental illness and hospitalizations. The law defines the target population to be served by the AOT programs as "….mentally ill people who are capable of living in the community without the help of family, friend and mental health professionals, but who, without routine care and treatment, may relapse and become violent or suicidal, or require hospitalization." The program is required in all counties in NY and the individuals served by the court orders are given priority for services.

Kendra's Law (Chapter 408, NY Statutes of 1999) differs from California's Laura's Law in several significant ways. Kendra's Law was quite successful in reducing Harmful Conduct (-44%) and difficulties in Self Care, Task Performance and Social Functioning (-22%) among mentally ill individuals in New York in the first six months of implementation. See *Kendra's Law: Final Report on the Status of Assisted Outpatient Treatment Outcomes for Recipients during the First Six Months of AOT* [Office of Mental Health, State of New York 2005] and *New York State Assisted Outpatient Treatment Program Evaluation* [Swartz, MS et al. Duke University School of Medicine, Durham, NC, June, 2009]. It requires that all counties in NY implement AOT programs, and requires that the clients accessing these programs have priority for services. In California, the law makes it voluntary for counties to implement Laura's Law programs and it sets forth specific criteria for counties that want the program in order to demonstrate that its funding will not detract from already established and funded mental health services.

Laura's Law

In 2002, California passed AB 1421 (Thomson, Chapter 1017, Statutes of 2002), its own version of Kendra's Law, which also provides for court-ordered community treatment for individuals with a history of hospitalization and contact with the law. It is named after a woman who was killed by an individual with mental illness who was not following prescribed mental health treatment.

Laura's Law authorizes counties to implement an AOT program and specifies that established community services may not be reduced to accommodate the program. In other words, Laura's Law services may not be provided at the expense of services that are already being provided to the adult population and may not be financed by children's services funds. The legislation did not require that counties provide AOT programs and did not provide for any additional funding for this purpose. The law includes various findings and declarations by the Legislature regarding persons with mental illness who require court-ordered outpatient treatment.

Laura's Law sought to address the needs of mentally ill adults who have not accessed mental health services or have not maintained participation in such services, by providing a process to allow court-ordered outpatient treatment. The legislation established an option for counties to provide a way for courts, probation and the mental health systems to address the needs of

individuals who are unable to benefit from mental health treatment programs in the community without supervision.

Implementation of Laura's Law

Currently, only Nevada County operates an AOT program, through Turning Point Providence Center (TPPC), which has an intensive community support program. This program is recovery-oriented and supportive for individuals to help them reduce or avoid hospitalization and contact with local law enforcement related to their mental health issues. The program is housed under TPPC Adult Assertive Community Team (AACT) services and is focused on promoting member-driven decision making in treatment planning to the extent possible. The program provides community-based care by a multidisciplinary team of highly trained mental health professionals with a staff-to-client ratio of not more than one to 10. Services include 24/7 crisis contact and/or intervention, rehabilitation, counseling, medications and daily living skills assistance.

Individuals access the program by qualifying under the legal criteria for a court order for 180 days of required outpatient treatment in their home community. The criteria for application for a court order are:

1. 18 years of age;
2. Suffering from a mental illness as defined;
3. A clinical determination that the person needs supervision to survive safely in the community;
4. The person has a history of lack of compliance with treatment for his/her mental illness as evidenced by hospitalizations in the last 36 months/incarceration related to the mental illness/violent behavior;
5. The person has been offered a voluntary program but has continued to fail to engage in treatment;
6. The person's condition is substantially deteriorating;
7. Participating in the AOT program would be the least restrictive placement;
8. In regards to the person's history, participation in AOT would prevent relapse or deterioration requiring involuntary holds under Welfare and Institutions Code (WIC) Section 5150 (LPS laws); and,
9. It is likely the person will benefit from AOT.

Only the county mental health director, or his or her designee, may file a petition to authorize AOT with the Superior Court in the county where the person resides. The following persons, however, may request that the county health department investigate whether to file a petition for court-ordered outpatient treatment of an individual:

1. Any adult with whom the person resides;
2. An adult parent, spouse, sibling, or child of the person;
3. The hospital director, if the person is an inpatient;
4. The director of a program providing mental health services to the person and in whose institution the person resides;
5. A treating or supervising licensed mental health treatment provider; or,
6. A supervising peace officer, parole or probation officer.

Upon receiving a request from a person in one of the classifications above, the county mental health director is required to conduct an investigation. The law requires, however, that the Director only file a petition if he or she determines that it is likely that all the necessary elements for an AOT petition can be proven by clear and convincing evidence.

DMH receives counties' plans for implementing Laura's Law and approves or makes recommendations for adjustments to the plans. In a DMH Letter dated March 20, 2003, DMH outlined the requirements of the programs and specified that counties submit implementation plans to DMH.

The initial information (see Appendices A through C) from Nevada County shows the number of individuals identified and court-ordered for mental health services, and the outcomes of their progress through the Laura's Law program.

DATA DISCUSSION

For data reporting purposes for this report, Nevada County provided the required data as described in the Objectives section (see Appendices for client data reported by Nevada County). The data contained in this report was received from Nevada County for June 1, 2008 to May 31, 2009 and June 1, 2009 to May 31, 2010.

Nevada County's TPPC collected the required data based on program participation and the use of the tool "Milestone of Recovery Scale" to determine the level of severity of symptoms for the client's progress in the program. This scale was developed from a Substance Abuse and Mental Health Services Administration (SAMHSA) grant with California Association of Social Rehabilitation Agencies (CASRA) and Mental Health America Los Angeles (MHALA) researchers Dave Pilon, Ph.D. and Mark Ragins, M.D. to more closely align evaluations of client progress with the recovery model.

Nevada County Laura's Law program clients are served by TPPC through its AACT program, which specializes in serving individuals who are at risk for hospitalization and/or contact with law enforcement. The program provides support with assessment, medications, individual therapy, and crisis intervention. The program also provides instruction on skills for individuals to be able to structure their personal time, and assistance with supported employment or education.

During the first year (FY 2008-2009) that the Laura's Law program was implemented in Nevada County, two individuals were referred to the program by the court and participated in services. The most dramatic outcome noted in the data was the reduction in number of hospitalization days for both individuals. One individual had 135 days of inpatient psychiatric hospitalization in the 12 months prior to the Laura's Law program, but had only 50 days of hospitalization during the year in the Laura's Law program. The other individual had 59 days of inpatient psychiatric hospitalization in the 12 months prior to Laura's Law services and 21 days of hospitalization during the time the individual participated in the Laura's Law program. Neither client had contact with local law enforcement, participated in employment services, or was victimized.

In FY 2009-2010, two additional individuals were ordered by the Court to participate in Laura's Law services. One individual had 45 days of inpatient psychiatric hospitalization in the 12 months prior to Laura's Law services and 26 days while being served. The other was hospitalized for most of the term of Laura's Law services but is reported to have attained stability after many years of frequent and severe mental health relapses. The individual is now in contact with family again after being estranged due to behavior associated with severe symptoms. TPPC reports continuing contact with this individual, under their regular AACT services, because the psychiatric hospitalization was under Lanterman-Petris-Short (LPS) laws. The other individual was able to maintain engagement in services and was able to live independently when not hospitalized. One individual made threats of violence (associated with lack of adherence to prescribed treatment), and was reported, but did not require contact with local law enforcement.

FINDINGS AND CONCLUSIONS

1. *The 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.*

   A total of four individuals were served by this program; two individuals maintained housing and two maintained contact with the treatment system. Due to the small number of clients served, it may be premature to make firm conclusions regarding the efficacy of the program. However, the participants were able to benefit from the increased level of service (see Appendices A, B, C). For the first year of full implementation, both clients reduced their reliance on hospitalization for mental health support, while remaining engaged with the program. Similar results were recorded for the second year and are included in this report.

2. *The number of persons in the program with contacts with local law enforcement, and the extent to which local and State incarceration of persons in the program have been reduced or avoided.*

   For both years, there were no contacts with local law enforcement for any of the individuals served.

3. *The number of persons in the program participating in employment services programs, including competitive employment.*

   None of the four clients participated in employment services either year.

4. *The days of hospitalization of persons in the program that have been reduced or avoided.*

   Each year of data shows significant reductions in the number of days of hospitalization by individuals involved in services. The results appear to be related to the intensive contact with the treatment team. The total hospitalization days for all individuals in the 12 months prior to AOT were 239, compared to 97 days during their participation in the program.

5. *Adherence to prescribed treatment, indicators of successful engagement, if any, victimization, violent behavior, substance abuse, type/intensity/frequency of treatment, extent to which enforcement mechanisms are used when applicable, social functioning, skills in independent living by those persons participating in the program.*

   - Two individuals participating during the two-year period were able to maintain engagement in services; those who were unable to maintain engagement were described as having severe symptoms that appeared to interfere with the individual's ability to engage. This correlated to adherence to prescribed treatment, and two of the individuals showed improvement as indicated by a reduction in hospitalization days.
   - During the second year of data, there was one report of financial victimization, in which an individual allowed another person access to the individual's Social Security income.
   - In the second year, one individual made threats of violence; however, it did not require contact with local law enforcement. In each year, one individual was known to use illegal substances.

- Reports about social functioning and independent living also appear to correlate to whether the client was able to engage with the treatment team and maintain services. The Global Assessment of Functioning Scale (GAF), a 100-point tool rating overall psychological, social and occupational functioning of adults, e.g. how well or adaptively one is meeting various problems-in-living, was also used to assess levels of functioning.
- All individuals received the same basic levels of type/intensity/frequency of treatment, including 24/7 on-call crisis support, treatment/medication services, rehabilitation and service supports, a minimum of one direct rehabilitation contact per week, at least one psychiatric medication service per month and support services as identified in the individual's treatment plan, up to seven days per week. Each participant's treatment plan was individualized.
- In each year, one individual was able to achieve independent living, which is defined as not requiring placement in board and care or other supervised housing.
- Only one enforcement mechanism has been utilized during the two years that the program has been in effect. (Enforcement mechanisms are defined as a Notice of Hearing that may be supported by a "civil standby" with law enforcement assisting the candidate in receiving the Notice.) This mechanism is designed to be strength-based by increasing the number of interactions with the AOT Court, which is described as supportive and focused on positive outcomes.

6. *Satisfaction with program services by those receiving them and their families, when relevant.*

In the first year of implementation, Nevada County did not conduct satisfaction surveys. However, in the second year, when surveys were conducted, both clients indicated that they were not satisfied with services interfering with their lives, but their family members reported appreciation of the support offered to their family member. This outcome was discussed with TPPC staff, who report that the client responses are to be expected prior to having AOT services. Those individuals had very little to no prior contact with mental health staff other than locked facilities or hospitalization, and had to adjust to forming new relationships with supportive community mental health workers and the intensive services that were being provided.

Nevada County utilized the Mental Health Statistics Improvement Program (MHSIP)-Adult Survey form as the instrument to obtain this data. This survey is currently utilized by County Mental Health Plans (MHPs) to comply with satisfaction survey requirements.

APPENDIX A: ASSISTED OUTPATIENT TREATMENT DATA FY 2008/09 NEVADA COUNTY

REQUIRED DATA ITEMS	NUMBER (Court-Ordered)	SUB- CATEGORIES		COMMENTS
1. No. of persons served by the program (i.e., court-ordered)	2	No. Maintain Housing	1	Both persons maintained contact with the treatment team through AOT services. One maintained residence in a supported living home. One was in temporary housing and then hospitalized.
		No. Maintain contact with the treatment system	2	
2. No. of persons in the program with contacts with local law enforcement	0	No. of Reduction/ Avoidance of local and State incarceration	2	No persons receiving AOT treatment during this reporting period had contact with law enforcement or jail days in the 12 months prior to or following the AOT order
3. No. of persons participating in employment services programs, including competitive employment	0			No candidate participated in employment services programs during this reporting period
4. Days of hospitalization that were reduced or avoided		Pre-AOT (based on 12 months of pre-treatment) • Person 1: 135 days • Person 2: 59 days		• Person 1: 50 days • Person 2: 21 days While receiving AOT services (page 5)
5. Adherence to prescribed treatment	1			One person demonstrated adherence following the AOT. One person struggled with engagement and adherence to treatment, including high symptom distress and hospitalization
6. Other indicators of successful engagement	Both clients increased ability to tolerate contact with treatment providers. Both clients' initiation of contact with treatment team demonstrates more effective communication. Both clients made efforts in keeping appointments. Both clients demonstrated improved ability to maintain safe housing, follow MD recommendations, access basic needs, and increased participation in community activities.			
7. Victimization of persons in the program	0			No persons had events of victimization reported or suspected.
8. Engagement in Violent behavior	2			Both persons demonstrated threats of violence and volatility during the review period. Both demonstrated improvement following the AOT order.

<table>
<tr><th>REQUIRED DATA ITEMS</th><th>NUMBER (Court-Ordered)</th><th colspan="2">SUB- CATEGORIES</th><th>COMMENTS</th></tr>
<tr><td>9. Engagement in substance abuse</td><td>1</td><td colspan="2"></td><td>One person used poly-substances, including excessive beer consumption and use of controlled substances. This behavior diminished in the period following AOT treatment.</td></tr>
<tr><td>10. Type, Intensity, and Frequency of Treatment</td><td colspan="4">• Medication services
• Rehabilitation and service supports with a minimum of 1 direct rehabilitation contact per week,
• At least 1 psychiatric medication service appointment per month
• Support services as identified in the individual treatment plan, up to 7 days a week.</td></tr>
<tr><td>11. Extent to which enforcement mechanisms are used by the program, when applicable</td><td colspan="4">The Notice of Hearing may be supported by a "civil standby" with law enforcement assisting the candidate in receiving the Notice. If the AOT candidate does not show up for the hearing, and there is sufficient evidence to suggest the person may meet criteria for AOT treatment, the court may order a hospital evaluation. Status reports are provided to the court for the evaluation of whether or not additional hearings are needed to encourage engagement or increased engagement in court ordered treatment. This enforcement mechanism is strength-based, assisting the person in recovery by increasing the number of interactions with the AOT Court.</td></tr>
<tr><td rowspan="3">12. Social functioning of persons in the program (Per GAF Scale)</td><td colspan="2">Superior Social Functioning</td><td></td><td rowspan="3">Both persons struggled with functioning socially in the community and in accessing personal needs due to severe symptoms prior to AOT</td></tr>
<tr><td colspan="2">Moderate Social Functioning</td><td></td></tr>
<tr><td colspan="2">Limited to No Social Functioning</td><td>2</td></tr>
<tr><td>13. Independent Living Skills</td><td>Yes</td><td colspan="2">No
1</td><td>One person developed increased ability to live independently and moved to a home with some assistance, maintaining stable housing. One person was in temporary housing and eventually hospitalized with serious challenges in maintaining safety and health.</td></tr>
<tr><td rowspan="2">14. Satisfaction with program services based on Consumer Perception Survey Scores</td><td rowspan="2"></td><td>Client Satisfaction</td><td>N/A</td><td rowspan="2">Client/Family (Consumer Perception Survey) was not utilized during the initial year of implementation.</td></tr>
<tr><td>Family Satisfaction</td><td>N/A</td></tr>
</table>

APPENDIX B: ASSISTED OUTPATIENT TREATMENT DATA FY 2009/10 NEVADA COUNTY

REQUIRED DATA ITEMS	NUMBER (Court-Ordered)	SUB- CATEGORIES		COMMENTS
1. No. of persons served by the program (i.e., court-ordered)	2	No. Maintain Housing	0	One person was hospitalized approximately 10 months following AOT. One person maintained limited voluntary contact with treatment team due to severe symptoms.
		No. Maintain contact with the treatment system	1	
2. No. of persons in the program with contacts with local law enforcement	0	No. of Reduction/Avoidance of local and State incarceration	0	Both persons receiving AOT treatment during this reporting period had contact with law enforcement or jail days in the 12 months prior to or following the AOT order; however, none during the AOT program.
3. No. of persons participating in employment services programs, including competitive employment	0			No candidate participated in employment services programs during this reporting period.
4. Days of hospitalization that were reduced or avoided		Pre-AOT (based on 12 months pre-treatment) • Person 1: 45 days • Person 2: 15 days		• Person 1: 26 days Person 2: had AOT court case closed due to crisis and long term hospitalization (298 days stable, continued contact with TPPC)
5. Adherence to prescribed treatment	1			One person demonstrated improved adherence to prescribed treatment during this period as evidenced by a decrease in days of hospitalization. One person struggled with severe symptoms interfering with prescribed treatment adherence. This resulted in involuntary hospitalization.
6. Other indicators of successful engagement	Both clients increased ability to tolerate contact with treatment providers. Both clients' initiation of contact with treatment team demonstrated more effective communication. Both clients made efforts in keeping appointments. Both clients demonstrated improved ability to maintain safe housing, follow MD recommendations, access basic needs, and increased participation in community activities. TPPS utilized outcome tools to measure success. These include the Milestones of Recovery Scale (MOR), the MHSA reporting via the Partnership Assessment Form (PAF), Key Event Tracking (KET) as well as the Client Satisfaction Surveys. Reduction of symptoms indicates successful engagement.			
7. Victimization of persons in the program	1			One person experienced financial victimization during this period. Lack of insight and poor judgment led this individual to give access to the client's Social Security Income to a "friend" who fraudulently used the funds. Charges were filed by the client's family on behalf of the client.

REQUIRED DATA ITEMS	NUMBER (Court-Ordered)	SUB- CATEGORIES	COMMENTS
8. Engagement in Violent behavior	1		One person threatened harm to one of the AOT team members and took reported steps to find a gun. This same person threatened to burn down their apartment building. Both events were reported to law enforcement and were associated with the lack of adherence with prescribed treatment.
9. Engagement in substance abuse	1		One person used alcohol and methamphetamines during this reporting period.
10. Type, Intensity, and Frequency of Treatment	• Medication services • Rehabilitation and service supports with a minimum of 1 direct rehabilitation contact per week • At least 1 psychiatric medication service appointment per month • Support services as identified in the individual treatment plan, up to 7 days a week		
11. Extent to which enforcement mechanisms are used by the program, when applicable	The Notice of Hearing may be supported by a "civil standby" with law enforcement assisting the candidate in receiving the Notice. If the AOT candidate does not show up for the hearing, and there is sufficient evidence to suggest the person may meet criteria for AOT treatment, the court may order a hospital evaluation. Status reports are provided to the court for the evaluation of whether or not additional hearings are needed to encourage engagement or increased engagement in court ordered treatment. This enforcement mechanism is strength-based, assisting the person in recovery by increasing the number of interactions with the AOT Court..		
12. Social functioning of persons in the program (Per GAF Scale)	Superior Social Functioning		Both persons struggled with social functioning. Attitude and level of cooperation with the treatment team was mixed. Both persons demonstrated poor insight into their mental illness. Both could present well and briefly interact positively with others. Both persons showed lack of ability to resolve entitlement issues, i.e., Social Security Income, Medi-Cal, and money management (payee services). Both persons struggled with interpretation of social cues and with poor social boundaries.
	Moderate Social Functioning		
	Limited to No Social Functioning	2	
13. Independent Living Skills	Yes 1	No 1	One person lived independently and utilized some community support, when not hospitalized. One person was unable to maintain independent living during the reporting period. Support efforts were challenged by the client's symptoms (thought and mood disturbances), and a lack of adherence to prescribed treatment.
14. Satisfaction with program services based on Consumer Perception Survey Scores		Client Satisfaction: No Family Satisfaction: Yes	Both persons in the AOT program reported dissatisfaction with the support services interfering with their lives during this period. Families of both individuals expressed appreciation of support offered on behalf of the family member.

APPENDIX C: SUMMARY OF ASSISTED OUTPATIENT TREATMENT DATA NEVADA COUNTY FY 2008/09 AND 2009/10

REQUIRED DATA ITEMS	NUMBER (Court-Ordered)	SUB- CATEGORIES	
1. No. of persons served by the program (i.e., court-ordered)	4	No. Maintain Housing	2
		No. Maintain contact with the treatment system	2
2. No. of persons in the program with contacts with local law enforcement	0	No. of Reduction/Avoidance of local and State incarceration	0
3. No. of persons participating in employment services programs, including competitive employment	0		
4. Days of hospitalization that were reduced or avoided		Pre-AOT (based on 12 months pre-treatment) • 239 days	Post AOT • 97 days o Reduction of 142 days
5. Adherence to prescribed treatment		Yes	2
		No	2
6. Other indicators of successful engagement		Successful Engagement	4
		Non-Successful Engagement	0
7. Victimization of persons in the program	1		
8. Engagement in Violent behavior	3 (2 individuals improved after AOT)		
9. Engagement in substance abuse	2		

REQUIRED DATA ITEMS	NUMBER (Court-Ordered)	SUB- CATEGORIES		
10. Type, Intensity, and Frequency of Treatment	4			
11. Extent to which enforcement mechanisms are used by the program, when applicable	1			
12. Social functioning of persons in the program (Per GAF Scale)	Limited to No Social Functioning	4		
13. Independent Living Skills	Yes 2	No 2		
14. Satisfaction with program services based on Consumer Perception Survey Scores		Client Satisfaction	No satisfaction survey 2008-09; in 2009-10 both clients reported dissatisfaction with support services interfering with their lives during that period.	
		Family Satisfaction	No satisfaction survey of family members 2008-09; in 2009-10, both families satisfied with support for their family member.	

SUPERIOR COURT OF THE STATE OF CALIFORNIA
County of Nevada

THOMAS M. ANDERSON
Presiding Judge

SEAN P. DOWLING, *Judge*

JULIE A. McMANUS, *Judge*

YVETTE DURANT
Commissioner

201 Church Street
Nevada City, CA 95959
(530) 265-1380

CANDACE S. HEIDELBERGER,
Assistant Presiding Judge

ROBERT L. TAMIETTI, *Judge*

B. SCOTT THOMSEN, *Judge*

G. SEAN METROKA
Court Executive Officer

September 28, 2011

Bill Campbell, Chairman
Orange County Board of Supervisors
Hall of Administration
333 West Santa Ana Boulevard
Santa Ana, CA 92701

Re: California's Laura's Law (Welfare & Institutions Code Section 5340, et seq.)

Dear Mr. Campbell:

I am writing to encourage the implementation of Laura's Law in Orange County, California.

Nevada County began utilizing Laura's Law in 2008. Laura's Law has provided life-saving services to individuals suffering from mental illness and kept many from the trauma and brain damage associated with involuntary commitments to mental health facilities under W & I Code, Section 5150, and the jail commits and tragedies associated with untreated mental health crisis. Most notable, is that the process of initiating a Laura's Law Petition, by itself, most often results in negating the need for Court action. In over 75% of our cases, the intervention of the designated mental health professional by their personal outreach to the individual in crisis resulted in that person accepting some level of treatment. Thus, avoiding continued decompensation that could potentially result in injury to themselves or others. This outreach provided that person with the stability to allow them to remain free of forced commitment (hospital and/or jail) and provided relief to their families and security to our community. This process has reduced the need for action by law enforcement, medical emergency personnel, and the Courts, and lessens the trauma and anguish of family and friends.

Money: Laura's Law saves a lot of money! During our experiences with Laura's Law, it has provided a return of $1.80 for every $1.00 spent. In this era of ongoing budget cuts and close scrutiny of all public spending, having a program that is successful, efficient, lifesaving and cost effective is priceless.

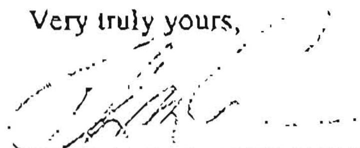
Laura's Law is not a panacea for all that is needed for proper mental health care. However, it is a much needed safety net that works. It saves lives and money. Most importantly, the assisted outpatient treatment that is provided through Laura's Law is the "best practice model" for those who qualify. It is, simply stated, the right thing to do.

Bill Campbell, Chairman
Orange County Board of Supervisors
Page Two

Our experience in implementing Laura's Law turned out to be easier than anticipated. With the cooperation and support of our County's Board of Supervisors, Behavioral Health Department, County Counsel, Public Defender and the Court, we have created a proactive team and a seamless and efficient process. If we can be of any assistance to your County or answer any questions you may have regarding Laura's Law, please do not hesitate to contact me and/or any other participants in this essential program.

You may reach me by phone at (530) 265-1273, or by email at tom.anderson@nevadacountycourts.com. I look forward to hearing from you.

Very truly yours,



THOMAS M. ANDERSON
Presiding Judge of the Superior Court California,
County of Nevada

TMA:hb

Original letters sent to:

Bill Campbell, Chairman
Third District

John M.W. Moorlach, Vice Chairman
Second District

Janet Nguyen
First District

Shawn Nelson
Fourth District

Patricia C. Bates
Fifth District

Darlene J. Bloom
Clerk of the Board of Supervisors