



1600 9th Street, Sacramento, CA 95814
(916) 654-2309

DMH LETTER NO.: March 20, 2003

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: IMPLEMENTATION OF ASSEMBLY BILL (AB) 1421, "LAURA'S LAW"

AB 1421 (Chapter 1017, Statutes of 2002) known as "Laura's Law" established the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002 pursuant to Article 9 (commencing with Section 5345) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code (W&IC). This Act became effective January 1, 2003.

The Act creates an AOT program that permits court-ordered treatment for a person with a mental disorder who meets specific criteria. Implementation of the AOT program is a local option, however, counties that choose to implement are required to comply with all statutory provisions that include, but are not limited to the following:

1. W&IC Section 5348 (d) requires that each county operating an AOT program provide specified data to the Department of Mental Health (DMH). Based on the data, DMH is required to report to the Legislature on or before May 1 of each year. The report, at a minimum, is to evaluate the effectiveness of the strategies employed by any program operated pursuant to this article in reducing homelessness and hospitalization of persons in the program and in reducing involvement with local law enforcement by persons in the program.
2. W&IC Section 5349 permits AOT programs to be implemented only in counties in which the Board of Supervisors, by resolution, makes a finding that no voluntary



DO YOUR PART TO HELP CALIFORNIA SAVE ENERGY
For energy saving tips, visit the DMH website at
www.dmh.cahwnet.gov

mental health program serving adults, and no children's mental health program may be reduced as a result of the implementation of an assisted outpatient treatment program. DMH is required to monitor compliance with this section as part of its review and approval of county mental health services performance contracts (W&IC Section 5650.5 specifies that any provision of law referring to the county Short-Doyle plan is to be construed as referring to the county mental health services performance contract), as described in Chapter 2 of Part 2 of Division 5.

3. W&IC Section 5349.1 (a) requires counties that elect to implement an AOT program consult with DMH, client and family advocacy organizations, and other stakeholders, and develop a training and education program for purposes of improving the delivery of services to mentally ill individuals who are, or are at risk of being, involuntarily committed under the Lanterman-Petris-Short Act.

In order to carry out its statutory responsibilities and effectively monitor compliance with the newly enacted statute, DMH is requiring counties to submit, prior to the implementation of an AOT program, the following:

1. Board of Supervisor's Resolution certifying that no voluntary mental health program serving adults or children is to be reduced as a result of implementation of an AOT program.
2. Assurance of Compliance (signed by the Director) that the county will comply with the provisions of the law as codified in W&IC Sections 5345 to 5349.5 (see Enclosure 1).
3. Documentation of Mental Health Board's review of the county's plan for implementation of an AOT program.
4. Program Narrative that provides a description of the AOT program including, but not limited to:
 - Number of clients to be served.
 - Implementation date.
 - County processes to handle requests for court petitions, investigation of such requests, filing of court petitions, affidavits, due process safeguards, court hearings and orders, 60 day reviews for continuation of AOT order, refusal to comply with AOT orders, written treatment plan, additional 180-days of AOT, AOT program affidavits, and settlement agreements.
 - Program services and service planning and delivery process.
 - Plan to comply with statutes which require that any county offering AOT services must offer the same services on a voluntary basis.
 - Policies and procedures for involuntary medication.

5. Proposed Budget and Budget Narrative that specifies the AOT program expenditures (see Enclosure 2). The budget narrative must detail the source of funding and explain how it intends to implement an AOT program without a reduction in current voluntary mental health programs serving adults or children.
 - A county must maintain documentation that supports the requirement that no voluntary mental health program was reduced as a result of implementation of an AOT program. Use of an existing voluntary care program without a commensurate addition of resources for services for AOT recipients would constitute a shift of funds from voluntary services.
 - The county must show sustainability of an AOT program. Rollover or trust funds from the prior year can be used for start up costs only.
6. Baseline Budget must be provided that details the current county expenditures for voluntary and involuntary mental health services (see Enclosure 3).
7. Plan for Data Collection and Evaluation. Counties must provide a plan that proposes how the county intends to collect the specified data (Section 5348) and evaluate the program's effectiveness in reducing homelessness and hospitalization, and involvement with local law enforcement in their county. Each county must submit the data and an evaluation report to DMH by March 1 of each year. The Department will compile the information submitted by the counties and provide a report and analysis to the Legislature by the required deadline.
8. Plan for Development of a Training and Education Program that describes the county's plan to involve DMH, client and family advocacy organizations, and other stakeholders, in the development of a training and education program for purposes of improving the delivery of services to mentally ill individuals who are, or who are at risk of being, involuntarily committed under this part. The plan must also describe how the 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 right to provide informed consent to assistance.

DMH Letter No.

Page 4 of 4

In addition, the Performance Contract between the State DMH and each local mental health agency will be modified to reflect these requirements.

Please submit the required information to:

Department of Mental Health
Systems of Care
1600 9th Street, Room 130
Sacramento, CA 95814

Attn: Ron Bettencourt

If you have any questions or would like more information, please call Ron Bettencourt at (916) 654-4432 or by e-mail at rbettenc@dmhhq.state.ca.us.

Sincerely,

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosure
Assurance of Compliance
AB 1421 Budget Form
Baseline Budget Form
Assembly Bill No. 1421

cc: Training and Technical Assistance