



# **Implementation Plan for AB 1421**

**“Laura’s Law”**

# Nevada County, CA

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## Implementation Plan for AB 1421

### “Laura’s Law”

Submitted to:

Department of Mental Health

Systems of Care

1600 9th Street, Room 100

Sacramento, CA 95814

Contributors:

Rob Shulman: County Counsel

Mary Lowe: Behavioral Health, Adult Program Manager

Martin Polt: Administrative Services Officer

Denise Harben: Administrative Services Assistant

Michael Heggarty: Director of Behavioral Health

## Implementation Summary

### Implementation Date:

The starting date for Nevada County's Assisted outpatient Treatment program is May 15, 2008.

### Community Collaboration:

Stakeholders involved in the development of the implementation of this AOT program and the training and education program included:

Tom	Anderson	Judge - Nevada County
David	Baker	Nevada County Probation
Scott	Berry	Truckee Police
John	Buck	Turning Point - Providence Center - CEO
John	Eby	California Forensics Medical Group, Wayne Brown Correctional Facility
Mike	Ertola	Nevada County Probation
Bill	Evans	Nevada County Sheriff
Lorin	Gage	Nevada City Police
Michael	Heggarty	Nevada County Behavioral Health - Director
Doug	Hren	Grass Valley Police
Michael	Jamison	Nevada County - County Counsel
Steve	Johnson	Grass Valley Police
Rich	Kimball	Nevada County Undersheriff
Ben	Lopez	Sierra Family Services
Mary	Lowe	Nevada County Behavioral Health - Adult Program Manager
Donald	Lown	Nevada County Public Defender
Rex	Marks	Grass Valley Police
George	McKnight	California Forensics Medical Group
Harwood	Mitchell	Truckee Police
Cliff	Newell	Nevada County District Attorney
Rod	Pence	NAMI
Darryl	Quinn	Nevada County Behavioral Health
Iden	Rogers	Mental Health Board, SPIRIT Mental Health Peer Empowerment Center
John	Stanley	Treatment Advocacy Center, Arlington, VA
Carol	Stanchfield	Turning Point - Providence Center - Program Manager
Louis	Trovato	Nevada City - Chief of Police
Jeree	Waller	Nevada County Adult Protective Services

### Other factors and consideration:

Mary Lowe is authorized as the designee for all procedure and processes related to Laura's Law in the event of the Mental Health Director's absence.

## Board of Supervisor's Resolution

### Overview of the Resolution

Resolution 08-67 was submitted, reviewed, and approved by the Nevada County Board of Supervisors on February 26, 2008. This resolution certified that no voluntary mental health program serving adults or children is to be reduced as a result of the implementation of an Assisted Outpatient Treatment Program. Resolution 08-164 authorized the implementation of Laura's law in Nevada County. In addition, Resolution 04-462 declared the intent to implement Laura's Law when approved on Sept. 28, 2004. See Exhibit A for a copy of the resolutions.

## Assurance of Compliance

The county will comply with the provisions of the law as codified in W & IC Sections 5345 and 5349.5. See Exhibit B for a copy of the assurance of compliance signed by the Director of Behavioral Health, Michael Heggarty.

## Documentation of Mental Health Board Review

The Mental Health Board reviewed the implementation plan for Nevada County at their April 4, 2008 meeting. Exhibit C has a copy of the minutes from that meeting in which the documents were reviewed. Exhibit C has also has a signed copy of the motion to review the implementation plan and approval by the Nevada County Mental Health Board.

## Program Narrative

The Nevada County Assisted Outpatient program is expected to serve four to five clients per year. The implementation date of the program will be May 15, 2008. Nevada County is offering MHSA services through Turning Point Providence Center, which is an Assertive Community Treatment Team providing wrap-around 24 hour services to adults with Serious Mental Illness. This team is a community based, mobile, multidisciplinary, and has highly trained mental health teams that use staff to client ratios of not more than one staff member per ten clients under AOT order. Personal service coordinators work with each client to develop an individual service plan. The team can remove barriers to services resulting from cultural, linguistic, racial, age and gender differences, offer services to persons who are physically disabled, and provide housing that is either immediate, transitional, permanent or all of these. Everyone will receive equal treatment. The county processes are outlined in Exhibit D. This includes:

- \* Laura's Law – The County Process
- \* AOT – Checklist
- \* Petition for an Order Authorizing Assisted Outpatient Treatment
- \* Order Re: Authorization for Assisted Outpatient Treatment
- \* Settlement Agreement for Assisted Outpatient Treatment
- \* Order Re: Involuntary Admission to a Hospital for Evaluation
- \* Order Re: Involuntary Admission to Hospital for Evaluation upon Clinical Judgment of Licensed Mental Health Treatment Provider
- \* Notice of Hearing

The policies and procedures for involuntary medication is outlined in step 23 of Laura's Law – the County Process.

## **Proposed Budget and Budget Narrative**

The sources of funding for the program are Proposition 63 (Mental Health Services Act) and Medi-Cal. The funding will not reduce the baseline voluntary levels of service provided through existing adult and children’s mental health programs. The MHSA funds for this program are in addition to funds expended on baseline adult and children’s programs, so there will be no reduction in funds spent relative to the baseline. The Medi-Cal revenue generated through this program will also be additional revenue not associated with existing services.

Both the MHSA funds and Medi-Cal revenues are sustainable—they are expected to continue for the foreseeable future. Although Medi-Cal SMA rates may change, and MHSA dollars are dependent upon tax receipts according to Proposition 63, the MHSA prudent reserve and Medi-Cal payment levels will be sufficient to sustain the program without significant impact to a baseline level of services.

In the first year of implementation, there will be some start-up costs funded from rollover or trust funds, but due to the integration of services with other programs (MHSA ACT team, for example), the start-up costs specifically associated with this program will be minimal. In future years, the regular ongoing costs will not require reserves or rollover funding to sustain the program.

See Exhibit E for the proposed budget.

## **Baseline Budget**

Exhibit F has the baseline budget for current expenditures for voluntary and involuntary services.

## **Plan for Data Collection and Evaluation**

All data will be gathered from client assessment forms that our contractor, Turning Point Community Services uses. The forms include Adult Partnership Assessment Form, Adult Key Event Tracking Form, and Adult Quarterly Assessment Form. These three forms are attached in Exhibit G. The data from these reports will be compiled and used for the annual evaluation report that is submitted to DMH each year.

## **Plan for Development of a Training and Education Program**

The training has been focused on three different target audiences.

1 – Legal Training and Education.

Targeting those in law enforcement, the court systems, community stakeholders and Behavioral Health providers.

2 – Hospital Training and Education.

Targeting those in crisis services, Behavioral Health providers, community stakeholders and the hospital staff.

3 – Services Training and Education.

Targeting all providers including peer support, crisis intervention, therapists, psychologists, psychiatrists, and community stakeholders.

Community stakeholders that represent client and family advocacy organizations including NAMI and the Mental Health Board are invited to participate in all training programs. The intent of their participation is to improve services to those who are at risk of being involuntarily committed to this program.

All trainings will include a review of the process and criteria for a person to be a candidate for this program. In addition, required forms, patient rights, scenarios and treatment plans will be included in the training.

Additional follow-up trainings will be scheduled over the next year which will be customized towards the three groups. See Exhibit H for a detail of the 3 focused training groups.

## **Follow-Up**

After the California Department of Mental Health approves this plan, the State will modify the Performance Contract between the State DMH and Nevada County to reflect the requirements of Laura's Law in the contract.

As the Director of the Mental Health Department, I hereby authorize and direct my designee, Mary Lowe, the Behavioral Health Adult Program Manager to act in my behalf in my absence regarding the procedures and processes under Laura's Law, AB 1421 as required to execute the assisted outpatient treatment process in Nevada County.

Michael Hegarty  
Michael Hegarty, Mental Health Director

4/29/08  
Date

Nevada  
County

# Exhibit A



# RESOLUTION No. 04-462

## OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA A RESOLUTION DECLARING AN INTENT TO IMPLEMENT "LAURA'S LAW"

WHEREAS, the State of California has enacted "Laura's Law" [AB 1421 (Chapter 1017, Statutes of 2002) codified in California Welfare and Institutions Code, commencing at section 5345]; and,

WHEREAS, Laura's Law is named after Laura Wilcox, the loved and well-respected citizen from Nevada County who perished in the tragic 2001 shooting incident at the Nevada County mental health facility; and,

WHEREAS, Laura's Law, also known as the "Assisted Outpatient Treatment ['AOT'] Demonstration Project Act of 2002", applies to counties that exercise a local option to implement the demonstration project; and,

WHEREAS, Laura's Law provides that funding of the AOT Demonstration Project cannot be at the expense of existing voluntary treatment programs; and,

WHEREAS, a source of funding for the AOT Demonstration Project could be authorized through the "Mental Health Services Act" Initiative, which has qualified for the statewide general election on November 2, 2004.

NOW, THEREFORE, BE IT RESOLVED, as follows:

1. It is hereby declared that Nevada County will apply for funding made available pursuant to the Mental Health Services Act, in the first funding cycle [2005-06], if the Initiative is adopted by the voters of the state; and,
2. It is hereby declared that the County will implement Laura's Law if the County's application is approved, pursuant to the Mental Health Services Act, in an amount that is reasonably adequate for full implementation of Laura's Law; and,
3. This resolution shall not be construed as an endorsement of, or as opposition to, the Mental Health Services Act Initiative.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 28th day of September, 2004, by the following vote of said Board:

Ayes: Supervisors Peter Van Zant, Sue Horne,  
Robin Sutherland, Barbara Green.

Noes: None.

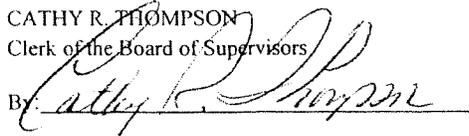
ATTEST:

Absent: None.

CATHY R. THOMPSON  
Clerk of the Board of Supervisors

Abstain: None.

By



  
Chair

DATE	COPIES SENT TO
10-1-04	Wilcox Family <i>cc</i>
	Behavioral Health <i>cc</i>
	CEO <i>LLW</i>
	Counsel <i>guy</i>
	<i>DJ</i>

## LAURA'S LAW

### **§ 5345. Citation of article**

(a) This article shall be known, and may be cited, as Laura's Law.

(b) "Assisted outpatient treatment" shall be defined as categories of outpatient services that have been ordered by a court pursuant to Section 5346 or 5347.

### **§ 5346. Petition for order authorizing outpatient treatment**

(a) In any county in which services are available as provided in Section 5348, a court may order a person who is the subject of a petition filed pursuant to this section to obtain assisted outpatient treatment if the court finds, by clear and convincing evidence, that the facts stated in the verified petition filed in accordance with this section are true and establish that all of the requisite criteria set forth in this section are met, including, but not limited to, each of the following:

(1) The person is 18 years of age or older.

(2) The person is suffering from a mental illness as defined in paragraphs (2) and (3) of subdivision (b) of Section 5600.3.

(3) There has been a clinical determination that the person is unlikely to survive safely in the community without supervision.

(4) The person has a history of lack of compliance with treatment for his or her mental illness, in that at least one of the following is true:

(A) The person's mental illness has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition.

(B) The person's mental illness has resulted in one or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempts to cause serious physical harm to himself or herself or another within the last 48 months, not including any period in which the person was hospitalized or incarcerated immediately preceding the filing of the petition.

(5) The person has been offered an opportunity to participate in a treatment plan by the director of the local mental health department, or his or her designee, provided the treatment plan includes all of the services described in Section 5348, and the person continues to fail to engage in treatment.

(6) The person's condition is substantially deteriorating.

(7) Participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the person's recovery and stability.

(8) In view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in Section 5150.

(9) It is likely that the person will benefit from assisted outpatient treatment.

(b) (1) A petition for an order authorizing assisted outpatient treatment may be filed by the county mental health director, or his or her designee, in the superior court in the county in which the person who is the subject of the petition is present or reasonably believed to be present.

(2) A request may be made only by any of the following persons to the county mental health department for the filing of a petition to obtain an order authorizing assisted outpatient treatment:

(A) Any person 18 years of age or older with whom the person who is the subject of the petition resides.

(B) Any person who is the parent, spouse, or sibling or child 18 years of age or older of the person who is the subject of the petition.

(C) The director of any public or private agency, treatment facility, charitable organization, or licensed residential care facility providing mental health services to the person who is the subject of the petition in whose institution the subject of the petition resides.

(D) The director of a hospital in which the person who is the subject of the petition is hospitalized.

(E) A licensed mental health treatment provider who is either supervising the treatment of, or treating for a mental illness, the person who is the subject of the petition.

(F) A peace officer, parole officer, or probation officer assigned to supervise the person who is the subject of the petition.

(3) Upon receiving a request pursuant to paragraph (2), the county mental health director shall conduct an investigation into the appropriateness of the filing of the petition. The director shall file the petition only if he or she determines that there is a reasonable likelihood that all the necessary elements to sustain the petition can be proven in a court of law by clear and convincing evidence.

(4) The petition shall state all of the following:

(A) Each of the criteria for assisted outpatient treatment as set forth in subdivision (a).

(B) Facts that support the petitioner's belief that the person who is the subject of the petition meets each criterion, provided that the hearing on the petition shall be limited to the stated facts in the verified petition, and the petition contains all the grounds on which the petition is based, in order to ensure adequate notice to the person who is the subject of the petition and his or her counsel.

(C) That the person who is the subject of the petition is present, or is reasonably believed to be present, within the county where the petition is filed.

(D) That the person who is the subject of the petition has the right to be represented by counsel in all stages of the proceeding under the petition, in accordance with subdivision (c).

(5) The petition shall be accompanied by an affidavit of a licensed mental health treatment provider designated by the local mental health director who shall state, if applicable, either of the following:

(A) That the licensed mental health treatment provider has personally examined the person who is the subject of the petition no more than 10 days prior to the submission of the petition, the facts and reasons why the person who is the subject of the petition meets the criteria in subdivision (a), that the licensed mental health treatment provider recommends assisted outpatient

treatment for the person who is the subject of the petition, and that the licensed mental health treatment provider is willing and able to testify at the hearing on the petition.

(B) That no more than 10 days prior to the filing of the petition, the licensed mental health treatment provider, or his or her designee, has made appropriate attempts to elicit the cooperation of the person who is the subject of the petition, but has not been successful in persuading that person to submit to an examination, that the licensed mental health treatment provider has reason to believe that the person who is the subject of the petition meets the criteria for assisted outpatient treatment, and that the licensed mental health treatment provider is willing and able to examine the person who is the subject of the petition and testify at the hearing on the petition.

(c) The person who is the subject of the petition shall have the right to be represented by counsel at all stages of a proceeding commenced under this section. If the person so elects, the court shall immediately appoint the public defender or other attorney to assist the person in all stages of the proceedings. The person shall pay the cost of the legal services if he or she is able.

(d)(1) Upon receipt by the court of a petition submitted pursuant to subdivision (b), the court shall fix the date for a hearing at a time not later than five days from the date the petition is received by the court, excluding Saturdays, Sundays, and holidays. The petitioner shall promptly cause service of a copy of the petition, together with written notice of the hearing date, to be made personally on the person who is the subject of the petition, and shall send a copy of the petition and notice to the county office of patient rights, and to the current health care provider appointed for the person who is the subject of the petition, if any such provider is known to the petitioner. Continuances shall be permitted only for good cause shown. In granting continuances, the court shall consider the need for further examination by a physician or the potential need to provide expeditiously assisted outpatient treatment. Upon the hearing date, or upon any other date or dates to which the proceeding may be continued, the court shall hear testimony. If it is deemed advisable by the court, and if the person who is the subject of the petition is available and has received notice pursuant to this section, the court may examine in or out of court the person who is the subject of the petition who is alleged to be in need of assisted outpatient treatment. If the person who is the subject of the petition does not appear at the hearing, and appropriate attempts to elicit the attendance of the person have failed, the court may conduct the hearing in the person's absence. If the hearing is conducted without the person

present, the court shall set forth the factual basis for conducting the hearing without the person's presence.

(2) The court shall not order assisted outpatient treatment unless an examining licensed mental health treatment provider, who has personally examined, and has reviewed the available treatment history of, the person who is the subject of the petition within the time period commencing 10 days before the filing of the petition, testifies in person at the hearing.

(3) If the person who is the subject of the petition has refused to be examined by a licensed mental health treatment provider, the court may request that the person consent to an examination by a licensed mental health treatment provider appointed by the court. If the person who is the subject of the petition does not consent and the court finds reasonable cause to believe that the allegations in the petition are true, the court may order any person designated under Section 5150 to take into custody the person who is the subject of the petition and transport him or her, or cause him or her to be transported, to a hospital for examination by a licensed mental health treatment provider as soon as is practicable. Detention of the person who is the subject of the petition under the order may not exceed 72 hours. If the examination is performed by another licensed mental health treatment provider, the examining licensed mental health treatment provider may consult with the licensed mental health treatment provider whose affirmation or affidavit accompanied the petition regarding the issues of whether the allegations in the petition are true and whether the person meets the criteria for assisted outpatient treatment.

(4) The person who is the subject of the petition shall have all of the following rights:

(A) To adequate notice of the hearings to the person who is the subject of the petition, as well as to parties designated by the person who is the subject of the petition.

(B) To receive a copy of the court-ordered evaluation.

(C) To counsel. If the person has not retained counsel, the court shall appoint a public defender.

(D) To be informed of his or her right to judicial review by habeas corpus.

(E) To be present at the hearing unless he or she waives the right to be present.

(F) To present evidence.

(G) To call witnesses on his or her behalf.

(H) To cross-examine witnesses.

(I) To appeal decisions, and to be informed of his or her right to appeal.

(5) (A) If after hearing all relevant evidence, the court finds that the person who is the subject of the petition does not meet the criteria for assisted outpatient treatment, the court shall dismiss the petition.

(B) If after hearing all relevant evidence, the court finds that the person who is the subject of the petition meets the criteria for assisted outpatient treatment, and there is no appropriate and feasible less restrictive alternative, the court may order the person who is the subject of the petition to receive assisted outpatient treatment for an initial period not to exceed six months. In fashioning the order, the court shall specify that the proposed treatment is the least restrictive treatment appropriate and feasible for the person who is the subject of the petition. The order shall state the categories of assisted outpatient treatment, as set forth in Section 5348, that the person who is the subject of the petition is to receive, and the court may not order treatment that has not been recommended by the examining licensed mental health treatment provider and included in the written treatment plan for assisted outpatient treatment as required by subdivision (e). If the person has executed an advance health care directive pursuant to Chapter 2 (commencing with Section 4650) of Part 1 of Division 4.7 of the Probate Code, any directions included in the advance health care directive shall be considered in formulating the written treatment plan.

(6) If the person who is the subject of a petition for an order for assisted outpatient treatment pursuant to subparagraph (B) of paragraph (5) of subdivision (d) refuses to participate in the assisted outpatient treatment program, the court may order the person to meet with the assisted outpatient treatment team designated by the director of the assisted outpatient treatment program. The treatment team shall attempt to gain the person's cooperation with treatment ordered by the court. The person may be subject to a 72-hour hold pursuant to subdivision (f) only after the treatment team has attempted to gain the person's cooperation with treatment ordered by the court, and has been unable to do so.

(e) Assisted outpatient treatment shall not be ordered unless the licensed mental health treatment provider recommending assisted outpatient treatment to the court has submitted to the court a

written treatment plan that includes services as set forth in Section 5348, and the court finds, in consultation with the county mental health director, or his or her designee, all of the following:

(1) That the services are available from the county, or a provider approved by the county, for the duration of the court order.

(2) That the services have been offered to the person by the local director of mental health, or his or her designee, and the person has been given an opportunity to participate on a voluntary basis, and the person has failed to engage in, or has refused, treatment.

(3) That all of the elements of the petition required by this article have been met.

(4) That the treatment plan will be delivered to the county director of mental health, or to his or her appropriate designee.

(f) If, in the clinical judgment of a licensed mental health treatment provider, the person who is the subject of the petition has failed or has refused to comply with the treatment ordered by the court, and, in the clinical judgment of the licensed mental health treatment provider, efforts were made to solicit compliance, and, in the clinical judgment of the licensed mental health treatment provider, the person may be in need of involuntary admission to a hospital for evaluation, the provider may request that persons designated under Section 5150 take into custody the person who is the subject of the petition and transport him or her, or cause him or her to be transported, to a hospital, to be held up to 72 hours for examination by a licensed mental health treatment provider to determine if the person is in need of treatment pursuant to Section 5150. Any continued involuntary retention in a hospital beyond the initial 72-hour period shall be pursuant to Section 5150. If at any time during the 72-hour period the person is determined not to meet the criteria of Section 5150, and does not agree to stay in the hospital as a voluntary patient, he or she shall be released and any subsequent involuntary detention in a hospital shall be pursuant to Section 5150. Failure to comply with an order of assisted outpatient treatment alone may not be grounds for involuntary civil commitment or a finding that the person who is the subject of the petition is in contempt of court.

(g) If the director of the assisted outpatient treatment program determines that the condition of the patient requires further assisted outpatient treatment, the director shall apply to the court, prior to the expiration of the period of the initial

assisted outpatient treatment order, for an order authorizing continued assisted outpatient treatment for a period not to exceed 180 days from the date of the order. The procedures for obtaining any order pursuant to this subdivision shall be in accordance with subdivisions (a) to (f), inclusive. The period for further involuntary outpatient treatment authorized by any subsequent order under this subdivision may not exceed 180 days from the date of the order.

(h) At intervals of not less than 60 days during an assisted outpatient treatment order, the director of the outpatient treatment program shall file an affidavit with the court that ordered the outpatient treatment affirming that the person who is the subject of the order continues to meet the criteria for assisted outpatient treatment. At these times, the person who is the subject of the order shall have the right to a hearing on whether or not he or she still meets the criteria for assisted outpatient treatment if he or she disagrees with the director's affidavit. The burden of proof shall be on the director.

(i) During each 60-day period specified in subdivision (h), if the person who is the subject of the order believes that he or she is being wrongfully retained in the assisted outpatient treatment program against his or her wishes, he or she may file a petition for a writ of habeas corpus, thus requiring the director of the assisted outpatient treatment program to prove that the person who is the subject of the order continues to meet the criteria for assisted outpatient treatment.

(j) Any person ordered to undergo assisted outpatient treatment pursuant to this article, who was not present at the hearing at which the order was issued, may immediately petition the court for a writ of habeas corpus. Treatment under the order for assisted outpatient treatment may not commence until the resolution of that petition.

#### **§ 5347. Voluntary agreement for services**

(a) In any county in which services are available pursuant to Section 5348, any person who is determined by the court to be subject to subdivision (a) of Section 5346 may voluntarily enter into an agreement for services under this section.

(b)(1) After a petition for an order for assisted outpatient treatment is filed, but before the conclusion of the hearing on the petition, the person who is the subject of the petition, or the person's legal counsel with the person's consent, may waive the right to an assisted outpatient treatment hearing for the purpose of obtaining treatment under a settlement agreement,

provided that an examining licensed mental health treatment provider states that the person can survive safely in the community. The settlement agreement may not exceed 180 days in duration and shall be agreed to by all parties.

(2) The settlement agreement shall be in writing, shall be approved by the court, and shall include a treatment plan developed by the community-based program that will provide services that provide treatment in the least restrictive manner consistent with the needs of the person who is the subject of the petition.

(3) Either party may request that the court modify the treatment plan at any time during the 180-day period.

(4) The court shall designate the appropriate county department to monitor the person's treatment under, and compliance with, the settlement agreement. If the person fails to comply with the treatment according to the agreement, the designated county department shall notify the counsel designated by the county and the person's counsel of the person's noncompliance.

(5) A settlement agreement approved by the court pursuant to this section shall have the same force and effect as an order for assisted outpatient treatment pursuant to Section 5346.

(6) At a hearing on the issue of noncompliance with the agreement, the written statement of noncompliance submitted shall be prima facie evidence that a violation of the conditions of the agreement has occurred. If the person who is the subject of the petition denies any of the facts as stated in the statement, he or she has the burden of proving by a preponderance of the evidence that the alleged facts are false.

#### **§ 5348. Provision of assisted outpatient treatment services**

(a) For purposes of subdivision (e) of Section 5346, any county that chooses to provide assisted outpatient treatment services pursuant to this article shall offer assisted outpatient treatment services including, but not limited to, all of the following:

(1) Community-based, mobile, multidisciplinary, highly trained mental health teams that use high staff-to-client ratios of no more than 10 clients per team member for those subject to court-ordered services pursuant to Section 5346.

(2) A service planning and delivery process that includes the following:

(A) Determination of the numbers of persons to be served and the programs and services that will be provided to meet their needs. The local director of mental health shall consult with the sheriff, the police chief, the probation officer, the mental health board, contract agencies, and family, client, ethnic, and citizen constituency groups as determined by the director.

(B) Plans for services, including outreach to families whose severely mentally ill adult is living with them, design of mental health services, coordination and access to medications, psychiatric and psychological services, substance abuse services, supportive housing or other housing assistance, vocational rehabilitation, and veterans' services. Plans shall also contain evaluation strategies, that shall consider cultural, linguistic, gender, age, and special needs of minorities in the target populations. Provision shall be made for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services as a result of having limited-English-speaking ability and cultural differences. Recipients of outreach services may include families, the public, primary care physicians, and others who are likely to come into contact with individuals who may be suffering from an untreated severe mental illness who would be likely to become homeless if the illness continued to be untreated for a substantial period of time. Outreach to adults may include adults voluntarily or involuntarily hospitalized as a result of a severe mental illness.

(C) Provisions for services to meet the needs of persons who are physically disabled.

(D) Provision for services to meet the special needs of older adults.

(E) Provision for family support and consultation services, parenting support and consultation services, and peer support or self-help group support, where appropriate.

(F) Provision for services to be client-directed and that employ psychosocial rehabilitation and recovery principles.

(G) Provision for psychiatric and psychological services that are integrated with other services and for psychiatric and psychological collaboration in overall service planning.

(H) Provision for services specifically directed to seriously mentally ill young adults 25 years of age or younger who are homeless or at significant risk of becoming homeless. These provisions may include continuation of services that would still

be received through other funds had eligibility not been terminated as a result of age.

(I) Services reflecting special needs of women from diverse cultural backgrounds, including supportive housing that accepts children, personal services coordinator therapeutic treatment, and substance treatment programs that address gender specific trauma and abuse in the lives of persons with mental illness, and vocational rehabilitation programs that offer job training programs free of gender bias and sensitive to the needs of women.

(J) Provision for housing for clients that is immediate, transitional, permanent, or all of these.

(K) Provision for clients who have been suffering from an untreated severe mental illness for less than one year, and who do not require the full range of services, but are at risk of becoming homeless unless a comprehensive individual and family support services plan is implemented. These clients shall be served in a manner that is designed to meet their needs.

(3) Each client shall have a clearly designated mental health personal services coordinator who may be part of a multidisciplinary treatment team who is responsible for providing or assuring needed services. Responsibilities include complete assessment of the client's needs, development of the client's personal services plan, linkage with all appropriate community services, monitoring of the quality and follow through of services, and necessary advocacy to ensure each client receives those services which are agreed to in the personal services plan. Each client shall participate in the development of his or her personal services plan, and responsible staff shall consult with the designated conservator, if one has been appointed, and, with the consent of the client, shall consult with the family and other significant persons as appropriate.

(4) The individual personal services plan shall ensure that persons subject to assisted outpatient treatment programs receive age, gender, and culturally appropriate services, to the extent feasible, that are designed to enable recipients to:

(A) Live in the most independent, least restrictive housing feasible in the local community, and, for clients with children, to live in a supportive housing environment that strives for reunification with their children or assists clients in maintaining custody of their children as is appropriate.

(B) Engage in the highest level of work or productive activity appropriate to their abilities and experience.

(C) Create and maintain a support system consisting of friends, family, and participation in community activities.

(D) Access an appropriate level of academic education or vocational training.

(E) Obtain an adequate income.

(F) Self-manage their illnesses and exert as much control as possible over both the day-to-day and long-term decisions that affect their lives.

(G) Access necessary physical health care and maintain the best possible physical health.

(H) Reduce or eliminate serious antisocial or criminal behavior, and thereby reduce or eliminate their contact with the criminal justice system.

(I) Reduce or eliminate the distress caused by the symptoms of mental illness.

(J) Have freedom from dangerous addictive substances.

(5) The individual personal services plan shall describe the service array that meets the requirements of paragraph (4), and to the extent applicable to the individual, the requirements of paragraph (2).

(b) Any county that provides assisted outpatient treatment services pursuant to this article also shall offer the same services on a voluntary basis.

(c) Involuntary medication shall not be allowed absent a separate order by the court pursuant to Sections 5332 to 5336, inclusive.

(d) Each county that operates an assisted outpatient treatment program pursuant to this article shall provide data to the State Department of Mental Health and, based on the data, the department shall report to the Legislature on or before May 1 of each year in which the county provides services pursuant to this article. The report shall include, at a minimum, an evaluation of the effectiveness of the strategies employed by each 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. The evaluation and report shall also include any other measures

identified by the department regarding persons in the program and all of the following, based on information that is available:

- (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.
- (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 has been reduced or avoided.
- (3) The number of persons in the program participating in employment services programs, including competitive employment.
- (4) The days of hospitalization of persons in the program that have been reduced or avoided.
- (5) Adherence to prescribed treatment by persons in the program.
- (6) Other indicators of successful engagement, if any, by persons in the program.
- (7) Victimization of persons in the program.
- (8) Violent behavior of persons in the program.
- (9) Substance abuse by persons in the program.
- (10) Type, intensity, and frequency of treatment of persons in the program.
- (11) Extent to which enforcement mechanisms are used by the program, when applicable.
- (12) Social functioning of persons in the program.
- (13) Skills in independent living of persons in the program.
- (14) Satisfaction with program services both by those receiving them and by their families, when relevant.

**§ 5349. Operation of article**

This article shall be operative in those counties in which the county board of supervisors, by resolution, authorizes its application and makes a finding that no voluntary mental health program serving adults, and no children's mental health program, may be reduced as a result of the implementation of this article. Compliance with this section shall be monitored by the State

Department of Mental Health as part of its review and approval of county Short-Doyle plans.

§ 5349.1. (Repealed January 1, 2008) Training and education program to improve delivery of services to mentally ill

(a) Counties that elect to implement this article, shall, in consultation with the department, client and family advocacy organizations, and other stakeholders, develop 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. This training shall 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.

(b) The training shall include both of the following:

(1) 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.

(2) 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.

**§ 5349.5. Repeal of article**

This article shall remain in effect only until January 1, 2008, and as of that date is repealed, unless a later enacted statute that is enacted on or before January 1, 2008, deletes or extends that date.



# **RESOLUTION No. 08-67**

## **OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA**

### **RESOLUTION OF THE COUNTY OF NEVADA CERTIFYING THAT NO VOLUNTARY MENTAL HEALTH TREATMENT PROGRAM IS TO BE REDUCED AS A RESULT OF IMPLEMENTING "LAURA'S LAW" (ASSISTED OUTPATIENT TREATMENT)**

**WHEREAS**, the Nevada County Board of Supervisors finds and declares as follows:

- A. The State of California enacted "Laura's Law" [Assembly Bill 1421 (Chapter 1017, Statutes of 2002), codified in California Welfare and Institutions Code Sections 5345-5349.5. This act became effective on January 1, 2003; and
- B. "Laura's Law" is named after Laura Wilcox, the loved and well-respected citizen from Nevada County who perished in the tragic 2001 shooting incident at the Nevada County mental health facility; and
- C. "Laura's Law," also known as the "Assisted Outpatient Treatment Demonstration Project Act of 2002" (AOT), applies to counties that exercise a local option to implement the project; and
- D. In September, 2004, Nevada County declared its intent to implement "Laura's Law" (Resolution No 04-462); and
- E. "Laura's Law" provides that funding of an AOT program cannot be at the expense of voluntary mental health treatment programs; and
- F. Prior to implementing an AOT program, the California Department of Mental Health is requiring that county board of supervisors pass a resolution certifying that no voluntary mental health treatment program serving adults or children is to be reduced as a result of implementing an AOT program; and
- G. The "Laura's Law" component of Nevada County's Community Services and Supports Plan does not contemplate, and will not result in, a reduction to any such voluntary treatment program.

**NOW THEREFORE, BE IT RESOLVED**, the Board of Supervisors of Nevada County, California does hereby certify that no voluntary mental health treatment program serving adults or children is to be reduced as a result of Nevada County implementing "Laura's Law," also known as the "Assisted Outpatient Treatment Demonstration Project Act of 2002."

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 26th day of February, 2008, by the following vote of said Board:

Ayes: Supervisors

Nate Beason, Sue Horne, Hank Weston, & Ted S. Owens.

Noes:

None.

ATTEST:

Absent:

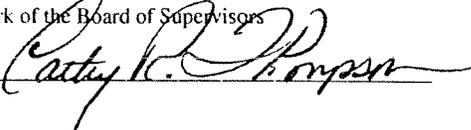
John Spencer.

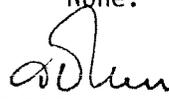
CATHY R. THOMPSON  
Clerk of the Board of Supervisors

Abstain:

None.

By:





Ted S. Owens, Chair

DATE	COPIES SENT TO
3/3/08	B.Health
	A-C*



# RESOLUTION No. 08-164

## OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

### RESOLUTION AUTHORIZING IMPLEMENTATION IN NEVADA COUNTY OF "LAURA'S LAW" AS OF APRIL 22, 2008

WHEREAS, the Board of Supervisors finds and determines as follows:

A. On September 28, 2004, the Board adopted Resolution No. 04-462 declaring its intent to implement Laura's Law (Welfare and Institutions Code Sections 5345 *et seq.*), and authorizing application for funding from the Mental Health Services Act in FY05-06; and, on February 26, 2008, the Board adopted Resolution No. 08-67 certifying that Laura's Law implementation would not reduce any voluntary mental health program; and

B. "Laura's Law" is named after Laura Wilcox, the loved and well-respected citizen from Nevada County who perished in the tragic shooting on January 10, 2001 at the County's mental health facility where she was an extra-help employee during her holiday vacation from Haverford College in Pennsylvania; and

C. By Staff Report this day, the County Behavioral Health Department confirms that Laura's Law is ready for implementation in terms of program design, staffing, and training.

**THEREFORE, BE IT RESOLVED**, by the Board of Supervisors of the County of Nevada that the County Department of Behavioral Health is authorized this day to begin treatment and services for clients under the authority of Laura's Law.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 22nd day of April, 2008, by the following vote of said Board: Ayes: Supervisors Nate Beason, Sue Horne, John Spencer, Hank Weston & Ted S. Owens.

Noes: None.

ATTEST:

Absent: None.

CATHY R. THOMPSON  
Clerk of the Board of Supervisors

Abstain: None.

By Cathy R. Thompson

Ted S. Owens, Chair

DATE	COPIES SENT TO
4/24/08	B. Health <u>dl</u>
	A-C*

# Exhibit B

**ASSURANCE OF COMPLIANCE**

The mental health department agrees that it will comply with AB 1421 (Chapter 1017, Statutes of 2002) the Assisted Outpatient Treatment Demonstration Project Act of 2002 set forth in the Welfare and Institutions Code (W&IC) Sections 5345 to 5349.5 and as stipulated in the County/City Performance Contract as required by provisions of law commencing with Section 5650 of Chapter 2 of Part 2 of Division 5 of the W&IC.

Michael J. Hegarty  
Mental Health Director  
Nevada  
County

3/10/08  
Date

# Exhibit C

# ***AGENDA***

## **NEVADA COUNTY MENTAL HEALTH BOARD**

**DATE:** Friday, April 4, 2008  
**TIME:** 1:30 p.m. – 3:30 p.m.  
**PLACE:** Behavioral Health Department  
Crown Point Circle Conference Room  
500 Crown Point Circle  
Grass Valley, CA

**\*\*\* Note Meeting Date and Time is Friday at 1:30 p.m.**

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- The meeting room is accessible to people with disabilities.

**A. Preliminaries:**

1. Call to Order.
2. Introductions.
3. Minutes from Meeting of March 7, 2008.
4. Announcements.
5. Review Implementation Plan for Laura's Law – Action Item. Rob Shulman and Mary Lowc.
6. Quality Assurance Committe Representative.
7. Iden's Questions.
8. Selection of Next Month's Speaker.
9. Update on Grants.

**B. Reports:**

1. Behavioral Health Director's Report – Michael Heggarty.
2. Mental Health Services Act (Proposition 63).
  - a) MHSA Subcommittee Reports
3. Peer Counselors.
4. Truckee.

- C. PUBLIC COMMENT:** Members of the public may address the Board on items not appearing on the agenda. The Chairman may limit any individual to not less than three minutes.

**ALL ITEMS ON THE AGENDA MAY BE ACTED UPON BY THE MHB**

This agenda was posted on bulletin boards 72 hours in advance of the meeting at the following location: The Eric Rood Administrative Center outside the main entrance, and the Behavioral Health Department.

NEVADA COUNTY MENTAL HEALTH BOARD

MEETING OF APRIL 4, 2008

ITEM: Review of Implementation Plan for Laura's Law.

MOTION: Upon review of the Implementation Plan, consisting of those documents to be sent to the State Department of Mental Health, pursuant to the State Department's Memo of March 20, 2003, the Implementation Plan is hereby approved by the Nevada County Mental Health Board.

Motion by:

Second by:

Vote:

Date: April 4, 2008

*Joan Rogers-Toensing*  
Chair, Mental Health Board

## MINUTES

### Nevada County Mental Health Board

<b>Date:</b>	April 4, 2008
<b>Time:</b>	1:30 p.m.
<b>Place</b>	Behavioral Health Conference Room – Crown Point Circle

#### STANDING ORDERS

1. **Call to Order** – The meeting was called to order, self-introductions were made and a sign in sheet was passed around.
2. **Minutes from March 7, 2008** – Correction to the minutes Joan Merriam was absent for the March Meeting. Last month it was reported that Eastfield Ming Quong was working with 15-20 children and families; it is actually 7-8 children and families they are currently providing services to. Motion is made by Pat Sweetser to approve the minutes with the above corrections. Seconded by Iden Rogers. All members present were in favor.
3. **Announcements.**  
Joan Merriam announced that Sierra College is hosting “Love your Body Week,” at the end of April. The event focuses on body image. Joan Merriam is taking some Behavioral Health flyers to the event and asks everyone if there are additional flyers she can bring to the event. Call Joan Merriam 478-9875 to arrange drop off of flyers.

Mental Health parity has passed congress. It still needs to go to the senate. Write your representative if you feel strongly about this issue. Scottie Hart announced that the Annual NAMI Recognition Dinner is scheduled for May 22<sup>nd</sup> at the Holbrooke. The event is by invitation only; contact Scottie Hart for an invitation.

4. **Review Implementation Plan for Laura’s Law – Action Item. Rob Shulman, Mary Lowe and Michael Heggarty. Handouts.**  
Laura’s Law will go to the Board of Supervisors on April 22<sup>nd</sup>. Michael Heggarty gave some background information on Laura’s Law. Nevada County’s MHSA plan requested to the Department of Mental Health to have an Assertive Community Treatment Team (ACT). As part of the ACT Team we would designate one staff person to do assessments of individuals referred under AB1421, W&I code 5345 (Laura’s Law or Assisted Outpatient Treatment). The Laura’s Law statute requires that you have an ACT Team in place in order to provide court ordered treatment. Our MHSA Plan was approved by the Department of Mental Health with minor modifications. We had to assure the Department of Mental Health that no MHSA funds would be used to pay for police, judges, or courtroom staff. The only MHSA funds we are using for Laura’s Law will provide treatment and assessment services. The courts are funding the involuntary component.

Rob Shulman presented information on the legal aspects of Laura's Law. Laura's Law is part of the Lanterman-Petris-Short Act (LPS) which starts at Welfare and Institutions Code 5000. Laura's Law is W&I code 5345. The legislature intended for Laura's Law to be grafted onto LPS law. The handouts are titled "Summary of Laura's Law Documents," which is part of the packet of documents that will be sent to the California Department of Mental Health. Documents include: AOT Checklist, The County Process, Petition for an Order Authorizing Assisted Outpatient Treatment, Notice of Hearing, Settlement Agreement for Assisted Outpatient Treatment, Court Order for AOT, Court Order for Involuntary Admission to Hospital for Evaluation, and Court Order for Involuntary Admission to Hospital for Evaluation upon Clinical Judgment of Licensed Mental Health Treatment Provider. The AOT Checklist describes all the required elements before a court could find a person eligible for Laura's Law.

Rob Shulman presented an overview of the Implementation Plan for Laura's Law to the Mental Health Board. Pat Sweetser makes a motion to approve the Laura's Law Implementation Plan. The motion is seconded by Joan Merriam. All members present were in favor.

**5. Quality Assurance Committee Representative.**

Jean Shannon is reconvening the internal Quality Review Committee and also the Quality Assurance Policy Group. The Quality Assurance Policy Committee will be expanded and include Mental Health Board members, consumers, family members, and outside providers. Jean Shannon will be contacting everyone who is interested in being on this committee.

**6. Iden's Questions. Handout.**

Are there more Behavioral Health slots open, or expected to be open, now with the contractors in place. Turning Point has 100 slots, 53 are filled. Victor has 25 slots, but is full at 17 and can't take any more at this time. EMQ has 25 slots, 7 are filled. All of these contracts are being increased by at least 10% to increase capacity. The Behavioral Health Department does not have slots; we do not have a maximum capacity. Anyone who meets medical necessity would be admitted for outpatient services. Even though we have contractors seeing some of our clients the workload has increased because we are working on coordination, planning, and implementation. We have been able to increase therapy services with contracts we have with local therapists in our community to clients who were not receiving services before, but authorizing treatment and doing the assessments has increased the workload for existing staff.

The next question was about screening for mental illness in Social Services and Public Health. The departments have a close working relationship with Behavioral Health and refer clients to us. Social Services has their own providers on contract. Public Health does not provide many direct treatment services, so if they did screen they would not reach very many people. Suggestion was made that Prevention could focus on screening for mental illness.

When someone is not accepted for MHSA or MIOCR services is there an appeal process. The consumer can file a grievance. The grievance process is posted on the wall and described in a brochure and booklet available in the lobby. Every client is also given a booklet "Guide to Medi-Cal Mental Health Services," when they fill out the registration paperwork. All Medi-Cal clients have the right to file for a State Fair Hearing if they are told they do not qualify for mental health services. Consumers can not file for a State Fair Hearing if they are offered services, but are not accepted for MHSA or MIOCR services. Fair Hearings are not for level of care determinations. The Fair Hearing process is for denial of services. Question was asked about the numbers of clients accepted into MIOCR. Roughly half of all those referred to adult MIOCR are accepted.

What are the criteria for acceptance. Handouts include medical necessity guidelines, level of care determination and a screening tool for MIOCR and MHSA. The higher the level of severity the more likely it is that a client will be recommended for MHSA or MIOCR.

How are non-MIOCR Mental Health Court participants being funded. Funding is through realignment funds. Medi-Cal can be billed if the participant is eligible; matching funds would come from realignment.

**7. Update on Grants – Michael Heggarty.**

We have re-applied for 2008/09 MIOCR grants. We have received notice that the existing MIOCR grant is being reduced by 10%. Since we have focused on participants who are eligible for Medi-Cal, this will not impact our program. Mary Lowe and Michele Violett are working on the Co-Occurring Disorder (COD) grant implementation plan. The COD grant is for those with mental health and substance abuse issues. We are looking at the assessment tools that the jail is using. The COD planning meetings are continuing. We are working on how the MIOCR program will fit in with the COD grant. Also working out where the COD staff will sit and who will supervise them.

The MIOCR program was initially set up for those with severe mental health issues, at risk of hospitalization and those on formal probation. The MIOCR program is being expanded to those who have been booked and released as long as they have a serious mental health issue. This is the minimum level of criteria to meet State guidelines. There are rumors that MIOCR funding will be eliminated in 2008/09 due to State budget shortfalls. If funding is eliminated it will not impact the Victor contract. For the Turning Point MIOCR contract we would need to use MHSA funds or other funding. The First Five grant \$60,000 is up for renewal.

## **REPORTS**

**1. Behavioral Health Director's Report – Michael Heggarty.**

Dr. Vanderveer is out on medical leave. We are contracting with Dr. Long to provide services one day a week. Unity Church will be moving out of the building soon. The space they move out of will be occupied by Turning Point, Behavioral Health and Public Health staff. The Behavioral Health budget will not need a transfer of realignment funds from Social Services or Public Health for the first time in eight years. This is a significant accomplishment for the department. For 2008/09 we will need to draw \$150,000 of our realignment fund in order to balance the budget.

**2. Mental Health Services Subcommittee Reports.**

Prevention and Early Intervention Committee continues to meet, gather information and consider plan options. The Housing Committee has a draft plan that will be ready for the MHSA Steering Committee soon. Workforce Education and Training (WET) is meeting. Denise Harben is coordinating this group. The committee is reviewing the goals and purpose of the WET funding to ensure it is consistent with our plan options. The New CSS plan will be written by Michele Violett. It has not been submitted yet. Our goal is to have it submitted so that we receive funding in 2007/08. The Capital Facilities and Technology guidelines were released. The amount of funding in the planning estimate is less than what we were hoping for.

**3. Peer Counselors/SPIRIT - Barbara Lindsay-Burns.**

SPIRIT will be having "SPIRIT in the Spring" on May 17<sup>th</sup>. As part of the event they want to do a walk from the Union. Ten people have graduated from the core volunteer group with Ellen McCord. Ellen McCord has given her 30-day notice and her last day will be April 15<sup>th</sup>. SPIRIT is reviewing volunteer and paid staff to plan for staff commitment and resources. SPIRIT is looking into expanded hours (open until 6:00 p.m.).

**4. Truckee – Mary Folck.**

Mary will give her report next month.

**ATTENDANCE:**

- Members Present:** Iden Rogers, Joan Rogers-Toensing, Barbara Lindsay-Burns, Joan Merriam, Pat Sweetser, Richard Stone.
- Excused Absent:** Supervisor Horne.
- BH Staff:** Michael Heggarty, Annette LeFrancois, Mary Lowe, Denise Harben.
- Visitors:** Carol Stanchfield, Rob Shulman, Scottie Hart.

Minutes by Annette LeFrancois, Recording Secretary

# Exhibit D

## **Laura's Law – The County Process**

Nevada County, California

Laura's Law was enacted in 2002 [AB 1421, ch. 1017; operative until 1/1/13]. It enables a county board of supervisors to apply Laura's Law to mentally ill clients (age 18 and over) who are likely benefit from court-ordered "assisted outpatient treatment". The clients are non-compliant with voluntary services, are "clinically determined to be unlikely to survive safely in the community", and are "substantially deteriorating" or "relapsing" toward involuntary treatment hospitalization under Welfare and Institutions Code ("W&I") Code 5150. [All citations here are to W&I Code.] **Please note these terms and abbreviations:**

**"AOT"** is assisted outpatient treatment according to a Treatment Plan of services ordered by a court after hearing all relevant evidence, and finding "no appropriate and feasible less restrictive alternative".

**"AOT Criteria" or "AOT Checklist"** are the nine criteria listed in 5346(a) about a Client that must be supported by in court by clear and convincing evidence. To assist Counsel's preparation for court, a checklist is recommended for showing the specific factual basis for meeting each criterion.

**"Client"** is a mentally ill person referred to MHDept. for voluntary services and/or AOT Services.

**"Counsel"** is the civil law office for the county ("County Counsel") that represents the MHDept. in court.

**"Declaration"** is, under CCP 2015.5, equivalent to the sworn affidavit by an LMHT provider that is required under 5346(b)(5) to support a Petition filed in court under Laura's Law.

**"Exam"** is a psycho-social assessment conducted in field or in office on Client's current presentation, plus known history.

**"Laura's Law"** is W&I Code Sections 5345-5349.5 for involuntary assisted outpatient mental health services funded pursuant to the state Mental Health Services Act ("MHSA").

**"LMHT Provider"** is a licensed mental health treatment provider, usually an LCSW or LMFT, connected with the MHDept. as an employee or independent contractor.

**"MHDirector and/or MHDept."** is the director of a mental health department, and it includes his or her designee for procedures under Laura's Law. In Nevada County, the Director of the Behavioral Health Dept. usually designates the Clinical Supervisor and Behavioral Health Adult Program Manager.

**"Notice of Hearing"** is the 5345 notice in lieu of summons, of a court proceeding in which the Petitioner seeks an AOT order for Client. The Notice will conspicuously list the client's legal rights under Laura's Law, and specifically show names of persons that the client wants involved.

**"PSC"** is personal service coordinator of Client (similar to a case manager), and is usually a Behavioral Health Worker of the MHDept.

**"Tx Plan"** means the court-ordered assisted outpatient treatment plan, consisting of those services authorized by 5348, for up to 180 days (with possible 180 day extension). The Tx Plan covers the strategy for future interventions and intensive support and treatment.

"5150" the Code section that authorizes involuntary hospitalization for up to 72 hours at an acute care psychiatric facility for persons who are gravely disabled, or who are an imminent danger to self and/or others by reason of a mental disorder. **Under Laura's Law**, there are two authorizations for involuntary admission for evaluation in an acute psychiatric treatment facility for up to 72 hours: (1) when the client refuses the exam, the court may order a 5346(d)(3) evaluation; and (2) when the client is non-compliant with court-ordered AOT, then under 5346(f) an LMHT provider may request the evaluation.

**STEP 1: AOT Program Implementation.** This includes the organization, training and education to prepare the MHDept. and other entities in the community to work with an AOT Team. The AOT Team Director is responsible for investigating, coordinating with law enforcement, scheduling interventions, and making the voluntary offer of services. The AOT Team Director oversees the completing of the exam and Tx Plan, and submission of periodic Declarations (60 day cycle).

**STEP 2: Referrals to AOT Team.** Clients referred to the MHDept. are initially reviewed by the "Behavioral Health ACCESS Team". When the client is in the County, and referral information justifies a review under Laura's Law, the client's case is routed to the AOT Team, and the AOT Team Director is responsible thereafter.

**STEP 3: Initial Intervention.** The AOT Team may respond rapidly to the client's condition with an initial intervention and an offer of voluntary services, including, but not necessarily limited to, AOT services. Contact is made with any third party requesting that the client received AOT services under Laura's Law.

**STEP 4: Determine Qualified Requesting Party.** The MHDirector must ascertain that the requesting party is qualified to request a court petition under Laura's Law. Those qualified are a co-habitant aged 18 or older, a close relative, the director of client's residential care facility, a hospital director, a LMHT provider, peace officer, parole officer, or probation officer.

**STEP 5: Investigation.** The AOT Team gathers the information with which to meet the AOT Criteria. This includes treatment history, and contacting any current health provider, and law enforcement officer with knowledge of client. Client information on current whereabouts, residence, friends, and family will be useful in the Laura's Law process. A preliminary Tx Plan should be developed to ensure that the MHDept. is able to make an offer of AOT on a voluntary basis as well as a court-ordered basis.

**STEP 6: Checklist completion.** The AOT checklist, developed in coordination with County Counsel, will have space for writing the factual basis for the client's meeting each AOT criterion. The checklist may also support other factual findings in court. If the AOT Team cannot complete the checklist, it will have to delay further application of Laura's Law.

**STEP 7: Decision to file.** The MHDirector must find a “reasonable likelihood” that a petition on the client can be proven by “clear and convincing evidence”. This is a court standard of proof that is between a “preponderance” and “beyond all reasonable doubt”. It may be thought of as “beyond any serious doubt”.

**STEP 8: AOT Team plans intervention.** As soon as the decision to file is communicated to the AOT Team Director, two tasks must be undertaken. First is the creation or revision of a Tx Plan so that it can be offered during the intervention. Second is the practical strategy to approach the client for consent to examination in the field or the office, and role of the PSC.

**STEP 9: Notification to Law Enforcement.** If there is reason to believe that the client’s condition may pose a safety concern during the intervention, law enforcement should be contacted, with due regard for client confidentiality, about its availability to serve as “civil standby” or to conduct a “welfare check”.

**STEP 10: Intervention and attempt at examination.** The AOT Team and PSC make the first official contact under Laura’s Law (with law enforcement assistance as needed). They should offer the Tx Plan on a voluntary basis. Depending on the client’s condition and orientation, the LMHT provider conducts the exam and later prepares a Declaration. If the exam is refused or not completed, the LMHT provider may still prepare a Declaration saying that there is “reason to believe” the AOT criteria are met. Any modification of the recommended Tx Plan should be considered as the Declaration is finalized.

**STEP 11: Notification to Counsel.** The AOT Team Director notifies Counsel of the need to file a Petition in court within 10 days of the exam or attempted exam [5346(b)(5)(A)]. The following should be sent promptly to Counsel: the AOT checklist, a signed recommended Tx Plan, and the signed Declaration by the LMHT provider.

**STEP 12: MHDirector signs Petition.** After review with Counsel, the MHDirector signs the Petition and Verification. The Petition will have 3 attachments: the Declaration, recommended Tx Plan, and the Checklist. Accompanying the Petition will be the “Notice of Hearing” and a “Proposed AOT Order”.

**STEP 13: Petition is filed and distributed with Notice of Hearing.** When the Petition is filed, the court will set a hearing date and time (not later than 5 court days) and may issue a summons. An attorney (Public Defender) will be assigned by the court. Copies of the Petition and Notice of Hearing are delivered or sent to the Public Defender, the Patient Rights Advocate, any current health care provider appointed for the client, and any persons designated by the client [5346(d)(1)]. Those persons receiving the Petition will be in a position to contact and advise the client about hearing.

**STEP 14: Service on Client of Notice of Hearing.** The summons, if any, Petition and Notice of Hearing are personally served on the client as arranged by the AOT Team, using a PSC and another team member, and any available support from family and friends. Law enforcement may be alerted to provide "civil standby" protection, if warranted by the circumstances. Intensive support will ensure that the client can exercise his/her legal rights, and also make a timely appearance at the hearing

**STEP 15: Preparation for Hearing.** Counsel prepares a proposed settlement agreement (with Tx Plan attached) in case the client waives the right to a hearing under 5347. The LMHT provider reviews the Declaration, prepares any update on the situation, and makes any final modifications to the Tx Plan. Close communications between the AOT Team, PSC, and other involved parties is necessary in order to monitor the client and respond to any sudden deterioration.

**STEP 16: The hearing with client present and exam completed.** The court establishes on the record the appearances and relevant factors for opening the hearing. All relevant evidence is admissible if relevant to the grounds and facts in the Petition. Continuances are permitted only for "good cause shown", and upon consideration of the need for further exam, or for providing expeditiously AOT. [5346(d)(1)]. If the court finds AOT criteria not met, the Petition is dismissed.

**Step 16a:** If the 5346(a) AOT criteria are met, the court may order the recommended Tx Plan for up to 6 months, finding that it is the least restrictive alternative, that client has refused or failed to engage voluntary services, that AOT services are available, and that the Tx Plan "will be delivered" to the MHD. [5346(e)]. The court may set another hearing date about 60 days in advance in anticipation of Step 22.

**STEP 17: Client not present at hearing.** The court makes a factual determination on the record to support conducting the hearing without client present. [5346(d)(1)]. The LMHT provider testifies about the authenticity and contents of the Declaration and the recommended Tx Plan (referring as needed to the AOT checklist). If AOT criteria are met, the court orders the Tx Plan, and finds that it is the least restrictive alternative available. The Tx Plan implementation is stayed if the client subsequently files a writ of habeas corpus.

**STEP 18: Client at hearing but exam not completed.** The AOT Team provides a PSC and another team member for client support. The court makes a factual determination on the record as to why exam not completed. The court may question the client in chambers or in open court to ascertain client's present intentions. The court may appoint the LMHT provider in the client's presence and elicit client consent, and order a continuance for completion of the exam in or

out of the courthouse. If the client's condition is volatile, a law enforcement escort may be arranged. Whether or not the LMHT provider has the exam results, the hearing may continue.

**Step 18a:** If client refuses examination and the court finds "reasonable cause to believe" the Petition is true, the court may order an evaluation [5346(d)(3); see also 5206]. "Any person designated under 5150" is to detain and transport the client to a hospital for exam "as soon as is practicable", with detention not to exceed 72 hours. The hospital's evaluator may consult with the LMHT provider who signed the Declaration for court.

**STEP 19: Client at hearing waives hearing.** If the client appears at the hearing, whether the exam is completed or not, the court may establish on the record (for client to hear) the circumstances surrounding client's fail to engage in, or refusal of, voluntary treatment. The court starts the hearing. At an appropriate time, the client may confer with the Public Defender. If the client favors a Settlement Agreement ("SA"), the client may waive the right to a hearing.

**Step 19a:** The SA has the same legal force as an AOT order [5346(b)(5)]. The LMHT provider testifies that the client can survive safely in the community as long as the client complies with the SA. If acceptable, the court puts the waiver on the record, finds that the Agreement is the least restrictive alternative available, and appoints "the appropriate county department" (likely the MHDept.) as compliance monitor. An SA treatment plan may be modified by the court at any time upon a request by "either party" (i.e., the client or Petitioner).

**STEP 20: Client non-compliant with treatment:** The consequences vary depending on whether AOT is court-ordered, or the client has signed a Settlement Agreement.

**Step 20a:** If the client is refusing court-ordered AOT, the LMHT provider may contact Counsel about going back to court. Under 5346(d)(6), the court may order the client to meet with the AOT Team to gain the client's cooperation with treatment ordered by the court. Inability to gain cooperation subjects the client to a 72-hour hold for evaluation under 5346(f), depending on the "clinical judgment" of the LMHT provider. The provider may request a person designated under 5150 to transport the client to a hospital to be held for up to 72 hours. Alternatively, under 5206, the court may order the evaluation and transport. If the hospital does not find the 5150 criteria to be met, and the client requests release, the client must be released. Any subsequent involuntary detention in a hospital shall be pursuant to 5150.

**Step 20b:** If the client's non-compliance violates the Settlement Agreement, then the compliance monitor sends a Statement of Non-compliance to Counsel and to the attorney for client. It establishes a *prima facie* violation, which the client can rebut by a preponderance of the evidence [5347(b)(6)].

**STEP 21: Client remains persistently non-compliant.** Laura's Law is not specific about this. Importantly, the client remains subject to court-ordered AOT. Continued treatment and intervention by the PSC tend to keep the client from drifting away from services. This reduces the risk of a client's deterioration to the 5150 level, and reduces risks to the safety of the client and community. Sudden deterioration of the client may warrant a "welfare check" by law enforcement accompanied by the AOT Team. Under the W&I Code, any further civil commitment for evaluation and treatment allows medical personnel to consider requesting a LPS conservatorship (5350).

**STEP 22: Declaration to court within 60 days.** Under 5346(h), a Declaration shall be filed with the court on client's continuing to meet the AOT Criteria. It does not require a hearing, unless the court has set one in advance. The distribution of copies to others involved is optional but recommended.

**Step 22a:** If the AOT Team Director affirmatively seeks a court hearing, it can be set up through Counsel. The client also has a right to a hearing on whether the AOT criteria are still met, with the AOT Team Director bearing the burden of proof.

**STEP 23: Policy and procedure for involuntary medication.** Under 5348(c), involuntary medication shall not be allowed absent a separate order by the court pursuant to 5332-5336. Laura's law does not change existing law in this respect. A client's capacity to refuse antipsychotic medication must be determined at a noticed "capacity hearing" during a detention under 5150, 5250, 5260 or 5270.15.

**STEP 24: Extension of court-ordered AOT.** Prior to the expiration of 180 days, an extension of the AOT order may be sought for an additional 180 days. However, the application requires all of the foregoing steps related to 5346(a)-(f) to be followed [5346(g)]. After the original AOT order has lapsed, the procedure to re-initiate is the same as for an extension.

**Step 24a:** A Settlement Agreement is valid for up to 180 days. There is no provision for any extension. Instead, the procedure is to re-initiate.

**STEP 25: Reporting to state Dept. of Mental Health.** Each county shall provide certain data to the state DMH as specified in 5348(d). This data collection should be integrated into the AOT Team's management of the client's case. State DMH wants the data by March 1 of each year, and will use this data to report to the Legislature by May 1 of each year. As to all counties implementing any portion of Laura's Law, the state DMH will report to the Governor and Legislature by July 31, 2011.

**AOT CHECKLIST**  
**LAURA'S LAW – THE COUNTY PROCESS**  
**Nevada County, California**

There are important facts which must be alleged in a Petition under Laura's Law. All cites below are to the California Welfare and Institutions Code. This Checklist is a listing of these facts.

1. A qualified party [see 5346(b)(2)] is requesting AOT for a client.

2. The person is in the county, or reasonably believed to be in the county.

3. There are nine 5346(a) Criteria to be met:

- (1) The person is 18 years of age or older.
- (2) The person is suffering from a mental illness [see paras. (2) and (3) of 5600.3(b)]. [This excludes dementia and organic brain damage.]
- (3) There has been a clinical determination that the person is unlikely to survive safely in the community without supervision.

(4) The person has a history of lack of compliance with treatment for his or her mental illness, in that at least one of the following is true:

(A) The person's mental illness has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition.

(B) The person's mental illness has resulted in one or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempts to cause serious physical harm to himself or herself or another within the last 48 months, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition.

(5) The person has been offered an opportunity to participate in a treatment plan by the director of the local mental health department, or his or her designee, provided the treatment plan includes all of the services described in Section 5348, and the person continues to fail to engage in treatment.

(6) The person's condition is substantially deteriorating.

(7) Participation in the assisted outpatient treatment program would be the least restrictive placement, that is appropriate and feasible, and necessary to ensure the person's recovery and stability.

(8) In view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in Section 5150.

(9) It is likely that the person will benefit from assisted outpatient treatment.

4. The Treatment Plan recommended for AOT involves services actually available from the Nevada County Behavioral Health Department.

5. An exam of client was completed or attempted.

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2 County Counsel  
3 ERIC ROOD ADMINISTRATION CENTER  
4 950 Maidu Avenue  
5 Nevada City, CA 95959-8617  
6 Telephone: (530) 265-1319  
7 FAX: (530) 265-9840

8 Attorneys for County of Nevada

9 SUPERIOR COURT OF CALIFORNIA, COUNTY OF NEVADA

10 MICHAEL HEGGARTY, Director of  
11 Behavioral Health, County of Nevada,

12 PETITIONER

13 \_\_\_\_\_,  
14 RESPONDENT AND CLIENT.

CASE NO. LPS -

**PETITION FOR AN ORDER  
AUTHORIZING ASSISTED  
OUTPATIENT TREATMENT**

[Welfare and Institutions Code  
§§ 5345 – 5349.5, known as  
"Laura's Law"]

16  
17 Petitioner, THE DIRECTOR OF THE BEHAVIORAL HEALTH DEPARTMENT  
18 OF THE COUNTY OF NEVADA, alleges as follows:

19  
20 1. Petitioner is the duly appointed and qualified Director of the Behavioral Health  
21 Department of the County of Nevada, State of California, whose physical and mailing  
22 address is 500 Crown Point Circle, Suite 120, Grass Valley, California 95945. The  
23 Department provides mental health services to those eligible for such services under  
24 California laws and regulations, including policies of the State Department of Mental  
25 Health. The State Department knows that the Board of Supervisors of Nevada  
26 County has authorized implementation of Laura's Law [Welfare and Institutions Code  
27  
28

1 Sections 5345-5349.5, hereafter cited as "W&I Code"], and has been provided  
2 documentation on the procedures and policies of implementation. The Director has  
3 investigated the Client's mental health condition and has concluded that the Client  
4 qualifies for, and will benefit from, assisted outpatient treatment ("AOT") under  
5 Laura's Law. .  
6

7  
8 2. Petitioner is informed and believes that the person who is the subject of the  
9 Petition [hereafter referred to as "RESPONDENT" or "CLIENT"] is a person who is a  
10 presently residing in, or located in, Nevada County, California.  
11

12 3. The criteria listed in W&I Code Section 5346(a)(1)-(9) set forth below are  
13 applicable to the Respondent and are met by facts alleged below, and by facts  
14 established in the Exhibits to this Petition, and by facts established in court testimony  
15 and other relevant and admissible evidence in this matter.  
16

17 (a)(1) The Client is 18 years of age or older.

18 (a)(2) The Client is suffering from a mental illness, as defined in W&I Code  
19 Section 5600.3(b)(2) and (3).

20 (a)(3) The Client is unlikely to survive safely in the community without  
21 supervision, and this has been clinically determined.  
22

23 (a)(4) The Client has a history of lack of compliance with treatment of his or  
24 her mental illness, in that: [The Client's mental illness has, at least twice within the  
25 last 36 months, been a substantial factor in necessitating hospitalization, or receipt of  
26 services in a mental health unit of a state or local correctional facility, not including  
27 any period of hospitalization or incarceration immediately preceding this Petition] or  
28

1 [The Client's mental illness has resulted in one or more acts of serious and violent  
2 behavior toward himself or herself or another, or threats, or attempts to cause serious  
3 physical harm to himself or herself or another within the last 48 months, not including  
4 any period of hospitalization or incarceration immediately preceding the filing of this  
5 Petition].

6 (a)(5) The Client has been offered an opportunity to participate in a treatment  
7 plan that includes, but is not limited to, all of the services described in W&I Code  
8 Section 5348, and the Client continues to fail to engage in treatment, as is more  
9 specifically set forth in Exhibit A and B ("Proposed Treatment Plan").  
10

11 (a)(6) The Client's condition is substantially deteriorating.

12 (a)(7) The Client's participation in the assisted outpatient treatment plan  
13 (Exhibit B) is the least restrictive placement necessary to ensure the person's  
14 recovery and stability.

15 (a)(8) The Client is in need of assisted outpatient treatment in order to prevent  
16 a relapse or deterioration that would be likely to result in grave disability or serious  
17 harm to himself or herself, or to others, as defined in Welf. & I. Code Section 5150.  
18

19 (a)(9) It is likely that the Client will benefit from AOT if it continues for a period  
20 not to exceed 180 days.  
21

22 4. An examination of the Client by a licensed mental health therapist has been  
23 completed or attempted within 10 days of the filing of this Petition, as set forth in the  
24 Declaration attached as Exhibit A.  
25  
26  
27  
28

- 1 5. The Proposed Treatment Plan (attached as Exhibit B) consists of services  
2 required under W&I Code Section 5348, and such services are presently available  
3 from the Nevada County Behavioral Health Department.  
4
- 5 6. The Proposed Treatment Plan (Exhibit B) is the most appropriate and feasible  
6 alternative involving the least restrictive placement of Client.  
7
- 8  
9 7. If the Treatment Plan, as prayed for, is ordered by the Court, AOT services will  
10 be provided by Petitioner's Department through an AOT Team under the direction of  
11 a Team Director at an intensive level, and will include a personal service coordinator  
12 ("PSC") to ensure that the Client's treatment does not lapse.  
13
- 14 8. Under W&I Code Section 5346(d)(4)(A)-(I), the Respondent is entitled to notice  
15 of this hearing and notice of other listed rights, and, accordingly, Petitioner alleges  
16 that service and delivery of the Petition will include a copy of the "Notice of Hearing"  
17 which is attached as Exhibit C to this Petition.  
18
- 19  
20 9. The Respondent has either designated that notice of this proceeding be given to  
21 those persons shown below, or Petitioner includes them here as relatives or close  
22 friends: [*Name – Relationship – Residence Address*]  
23
- 24  
25 10. [Reserved in case needed].  
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**WHEREFORE**, Petitioner prays that the Court:

1. Find that the Client meets all the criteria in W&I Code Section 5346(a), and is otherwise eligible for AOT services under Laura's Law, and that all elements of the Petition required by Laura's Law are met; and,

2. Find that the Treatment Plan proposed in Exhibit B be adopted with or without modification by the Court, and that such services are available for the duration of the Plan, and that the Court-approved Plan will be delivered to Petitioner; and,

3. Find that the Treatment Plan has been offered to the Client by Petitioner on a voluntary basis and Client has failed to engage in, or has refused such treatment; and,

4. Order that the Client engage in AOT for a period of up to 180 days as called for in the Treatment Plan; and,

5. Order that the Petitioner comply with W&I Code Section 5346(h) in requiring the AOT Team Director to report to the Court within 60 days about the Client's continuing eligibility for AOT services.

DATED: \_\_\_\_\_

MICHAEL HEGGARTY  
DIRECTOR OF BEHAVIORAL HEALTH  
COUNTY OF NEVADA

By \_\_\_\_\_  
Name (if other than Director):  
Title:

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VERIFICATION

STATE OF CALIFORNIA        )  
  )  
COUNTY OF NEVADA        )            ss.

I, the undersigned, say:

I am the Director of the Behavioral Health Department of the County of Nevada, or I have been authorized by the Director to make this Verification on his behalf.

I have read the foregoing Petition for Authorization of Assisted Outpatient Treatment, and I know the contents thereof. The same is true of my own knowledge, except as to those matters which are therein alleged on information and belief, and as to those matters, I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_, 2008

\_\_\_\_\_  
Name:

1 OFFICE OF COUNTY COUNSEL  
2 Robert Shulman, County Counsel (SB#75306)  
3 Deputy County Counsel (SB# )  
4 Eric Rood Administration Center  
5 950 Maidu Avenue  
6 Nevada City, CA 95959-8617  
7 Telephone: (530) 265-1319  
8 Facsimile: (530) 265-9840  
9 E-Mail: counsel@co.nevada.ca.us

6 Attorneys for County of Nevada,

8 SUPERIOR COURT OF CALIFORNIA  
9 COUNTY OF NEVADA

11 MICHAEL HEGGARTY, in his legal  
12 capacity as Director of the Behavioral  
13 Health Dept. of Nevada County

14 Petitioner,

15 vs.

17 CLIENT'S NAME.

18 Respondent and Client.

Case No.

**(PROPOSED) ORDER RE**

**AUTHORIZATION FOR ASSISTED  
OUTPATIENT TREATMENT (AOT)**

W&I Code Section 5346(d)(5)(B)

20 This matter came before the Court on \_\_\_\_\_, 2008, at  
21 \_\_\_\_\_a.m./p.m.. Attorney \_\_\_\_\_, Office of County Counsel,  
22 appeared as the attorney for the Petitioner. Attorney \_\_\_\_\_  
23 appeared as the appointed attorney for the Respondent and Client. The Client  
24 was/was not present before the Court.  
25

26 After hearing the testimony and arguments, and after having examined the  
27 relevant evidence in this proceeding, the Court makes the following findings:  
28

ORDER RE

1 (1) The Client has received proper notification of the Petition for Authorization  
2 of Assisted Outpatient Treatment ("AOT"), and of the time and date of this hearing,  
3 as required by W&I Code Section 5346(d)(1)and(4).

4 (2) Based on the Petition and Exhibits, and testimony in the hearing, and all  
5 other relevant evidence, the Court finds by clear and convincing evidence that the  
6 allegations in the Petition are true, that all W&I Code-required elements of the  
7 Petition have been met, and that each of the criteria in W&I Code Section 5346(a) is  
8 met.  
9

10 (3) The Treatment Plan attached as Exhibit B to the Petition, including any  
11 modification to the Plan made by the Court on the record, is for this Client the least  
12 restrictive alternative that is both appropriate and feasible, and the Plan will be  
13 delivered to Petitioner after it is adopted by this order.

14 (4) The services required under the Treatment Plan comply with W&I Code  
15 Section 5348, and they are presently available and will be available for at least the  
16 next six months.  
17

18 (5) The services required under the Treatment Plan have been offered to the  
19 Client on a voluntary basis, but the Client has failed to engage in, or refused, the  
20 services.  
21

22 (6) *[If Client did not attend the hearing]* The record of hearing contains the  
23 factual basis for holding the hearing with the Client's attorney present, but without the  
24 Client being present, and the Court finds that the Client has a right to file a petition  
25 for *habeas corpus*, and, pursuant to W&I Section 5346(j), such filing will stay the  
26 implementation of the AOT Plan.

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ORDER RE

**IT IS HEREBY ORDERED that:**

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1. The Treatment Plan shown as Exhibit B of the Petition, and as modified by the Court on the record during the hearing, ("the AOT Plan") is hereby adopted as the AOT Plan for the Client because it is the least restrictive treatment that is appropriate and feasible for the Client.

2. The categories of assisted outpatient treatment set forth in W&I Code Section 5348 are set forth in the AOT Plan, which is incorporated here by reference in its entirety.

3. The Client is hereby ordered to receive, and to participate in, assisted outpatient treatment services according to the AOT Plan for a period not to exceed 180 days.

4. The Petitioner is ordered to comply with W&I code Section 5346(h) by having the AOT Team Director report to the Court within 60 days about the Client's continuing eligibility for AOT services.

Dated: \_\_\_\_\_

\_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT

**Approved as to form:**

*Attorney Name*

By \_\_\_\_\_

Dated: \_\_\_\_\_

Attorney for Respondent and Client

**SETTLEMENT AGREEMENT  
For Assisted Outpatient Treatment**

**Welfare and Institutions Code Section 5347**

This Settlement Agreement is between Michael Heggarty, Director of Nevada County Behavioral Health ["Director"], and \_\_\_\_\_ ["Client"] an individual who is a client of the Director's Department.

**WHEREAS**, this Agreement is entered because of the following facts:

A. The Director has, pursuant to W&I Code Section 5346, filed a Petition in Nevada County Superior Court (Case No. \_\_\_\_\_), a copy of which has been served on the Client is attached to this Agreement as Exhibit A; and,

B. The Client has conferred with his or her attorney and understands his or her rights under Laura's Law; and,

C. Pursuant to W&I Code Section 5347, the Client is willing to waive, and does hereby waive, his or her right to a hearing under Section 5346,

**Now, therefore, the parties agree to the following TERMS AND CONDITIONS:**

1. The Client accepts voluntarily the assisted outpatient treatment Plan that is attached to this Agreement as Exhibit B ("AOT Plan"), which may or may not include modifications to the treatment plan attached as Exhibit B to the Petition.
2. The Director certifies that the AOT Plan services are available now, and will be available for the duration of this Agreement.
3. The Director certifies that the Client will be able to survive safely in the community if the Client participates in the AOT Plan, based on statements by the licensed mental health treatment provider who examined, or attempted to examine, the Client.
4. The Director certifies that the AOT Plan is the least restrictive treatment alternative that is appropriate and feasible for the Client.

5. The Client agrees to cooperate with the implementation of the AOT Plan by the AOT Team of the Petitioner's Department, and with the Personal Service Coordinator from the AOT Team.

6. This Agreement shall be effective for up to 180 days, and may be modified by the Court at any time, at the request of either party.

7. This Agreement is contingent upon, and shall become effective on, the approval by the Court in the above-referenced case.

8. The Court's approval also is authorization for the Petitioner's Department to monitor the Client's treatment under, and compliance with, this Agreement, pursuant to W&I Code Section 5347(b)(4).

**EXECUTION:**

DIRECTOR

CLIENT

\_\_\_\_\_  
Michael Heggarty, Director  
of the Behavioral Health Dept.  
of Nevada County, or the  
Director's designee:

\_\_\_\_\_  
Name:

**Approved as to Form:**

\_\_\_\_\_  
Name:  
Title:

\_\_\_\_\_  
Attorney for Client  
Date: \_\_\_\_\_

**Approved by the Court**

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge \_\_\_\_\_

1 OFFICE OF COUNTY COUNSEL  
2 Robert Shulman, County Counsel (SB#75306)  
3 Deputy County Counsel (SB# )  
4 Eric Rood Administration Center  
5 950 Maidu Avenue  
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7 Telephone: (530) 265-1319  
8 Facsimile: (530) 265-9840  
9 E-Mail: counsel@co.nevada.ca.us

10 Attorneys for County of Nevada,

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SUPERIOR COURT OF CALIFORNIA  
COUNTY OF NEVADA

MICHAEL HEGGARTY, in his legal  
capacity as Director of the Behavioral  
Health Dept. of Nevada County

Petitioner,

vs.

CLIENT'S NAME.

Respondent and Client.

Case No. LPS -

**(PROPOSED) ORDER RE**

**INVOLUNTARY ADMISSION TO  
A HOSPITAL FOR EVALUATION**

W&I Code Section 5346(d)(3)

This matter came before the Court on \_\_\_\_\_, 2008, at  
\_\_\_\_\_ a.m./p.m.. Attorney \_\_\_\_\_, Office of County Counsel,  
appeared as the attorney for the Petitioner. Attorney \_\_\_\_\_  
appeared as the appointed attorney for the Respondent and Client. The Client  
was/was not present before the Court.

The Court, after hearing arguments, and examining the relevant evidence in  
the above matter, makes the following findings:

ORDER RE

1 (1) The Client has received proper notification of the Petition for Authorization  
2 of Assisted Outpatient Treatment ("AOT"), and of this hearing, as required by W&I  
3 Code Section 5346(d)(1)and(4).

4 (2) The Client refuses to be examined by a licensed mental health treatment  
5 provider designated by the Petitioner, as shown in the Declaration (Exhibit A of the  
6 Petition), and as further shown by [*observations and circumstances relevant to*  
7 *detention under W&I Code 5150*].  
8

9 ///

10 (3) The Client refuses to be examined by a licensed mental health treatment  
11 provider appointed by the Court.

12 (4) Based on the Petition and Exhibits, and testimony in the hearing, and all  
13 other relevant evidence, the Court finds reasonable cause to believe that the  
14 allegations in the Petition are true.  
15

16  
17 **IT IS HEREBY ORDERED that:**

18 1. The Petitioner shall arrange, as soon as practicable and consistent with  
19 W&I Code Section 5150, the detention and transport of the Client to a hospital and/  
20 or psychiatric facility for admission and examination, with advisement of information  
21 required by W&I Code Section 5157.  
22

23  
24 2. This Order shall be deemed a part of the application for admission to the  
25 hospital and/or facility, and may be presented with the application.  
26

27 3. The Petitioner is directed to have the licensed mental health treatment  
28 provider, whose Declaration is attached as Exhibit A to the Petition, conduct

ORDER RE

1 personally an examination of the Client, or to have the provider consult with the  
2 examiner at the facility about the issues in the Petition and whether the Client meets  
3 the criteria for AOT and/or 5150.

4  
5 4. The Client shall be released as soon as the examination is completed if  
6 the Client does not meet the criteria for detention for up to 72 hours under Section  
7 5150.

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9  
10 5. The Petitioner is ordered to arrange for the AOT Team to conduct or review  
11 the examination, and to file with the Court a supplement to the Declaration that is set  
12 forth in Exhibit A of the Petition.

13  
14 6. The hearing on the Petition is continued to [*a time and date specified, or*  
15 *such date and time as may be requested by the Petitioner, with notice being given to*  
16 *all persons previously notified of this hearing*].

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19 Dated: \_\_\_\_\_

20 \_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT

21  
22 **Approved as to form:**

23 *Attorney Name*

24  
25 By \_\_\_\_\_

Dated: \_\_\_\_\_

26 Attorney for Respondent and Client

27  
28  
ORDER RE

1 OFFICE OF COUNTY COUNSEL  
2 Robert Shulman, County Counsel (SB#75306)  
3 Deputy County Counsel (SB# )  
4 Eric Rood Administration Center  
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9 E-Mail: counsel@co.nevada.ca.us

10 Attorneys for County of Nevada,

11 SUPERIOR COURT OF CALIFORNIA  
12 COUNTY OF NEVADA

13 MICHAEL HEGGARTY, in his legal  
14 capacity as Director of the Behavioral  
15 Health Dept. of Nevada County

16 Petitioner,

17 vs.

18 CLIENT'S NAME.

19 Respondent and Client.

20 Case No. LPS -

21 **(PROPOSED) ORDER RE**

22 INVOLUNTARY ADMISSION TO  
23 A HOSPITAL FOR EVALUATION  
24 UPON CLINICAL JUDGMENT OF  
25 LICENSED MENTAL HEALTH  
26 TREATMENT PROVIDER.

27 W&I Code Section 5346(d)(6)and(f)

28 This matter came before the Court on \_\_\_\_\_, 2008, at  
\_\_\_\_\_.a.m./p.m.. Attorney \_\_\_\_\_, Office of County Counsel,  
appeared as the attorney for the Petitioner. Attorney \_\_\_\_\_  
appeared as the appointed attorney for the Respondent and Client. The Client  
was/was not present before the Court.

ORDER RE

1 The Court, after hearing arguments, and examining the relevant evidence in  
2 the above matter, makes the following findings:

3 (1) The Client has been previously ordered by this Court to participate in  
4 assisted outpatient treatment (AOT), and the Order, dated \_\_\_\_\_ is still  
5 in effect.

6 (2) The Client refuses to participate in court-ordered AOT, as shown by  
7 *[observations and circumstances relevant to detention under W&I Code 5150]*.

8  
9 *///*

10 (3) The Court may, pursuant W&I Code Section 5346(d)(6) order the Client to  
11 meet with the AOT Team of Petitioner's Department in order for the Team to gain the  
12 Client's cooperation with the Treatment Plan referenced in the Court's Order.

13 (4) The Court may, pursuant to W&I Code Section 5346(f), direct that a  
14 licensed mental health treatment provider make a clinical judgment whether the  
15 Client is continuing to refuse to participate in AOT, and whether the Client is in need  
16 of involuntary admission to a hospital and/or psychiatric facility for evaluation.  
17

18  
19 **IT IS HEREBY ORDERED that:**

20 1. The Client is ordered to meet with the AOT Team of the Petitioner's  
21 Department in order for the AOT Team to gain the Client's cooperation with the  
22 Treatment Plan that is part of the Court's order for AOT.  
23

24  
25 2. The Petitioner is directed, if Client remains non-cooperative, to have a  
26 licensed mental health treatment provider make a clinical judgment whether the  
27 Client is continuing to refuse to participate in AOT, and whether the Client is in need  
28 of involuntary admission to a hospital and/or facility for evaluation.

ORDER RE

1 3. If the clinical judgment, referred to above, is to detain the Client under W&I  
2 5150, then Petitioner is directed to arrange, as soon as practicable and consistent  
3 with W&I Code Section 5150, the detention and transport of the Client to a hospital  
4 and/or psychiatric facility for admission and examination, with advisement of  
5 information required by W&I Section 5157.

6  
7  
8 4. This Order shall be deemed a part of the application for admission to the  
9 hospital and/or facility, and may be presented with the application.

10  
11 5. The Petitioner is directed to have a licensed mental health treatment  
12 provider conduct personally an examination of the Client, or to have the provider  
13 consult with the examiner at the facility about whether the Client meets the criteria for  
14 AOT and/or 5150.

15  
16  
17  
18 Dated: \_\_\_\_\_

19 \_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT

20  
21 **Approved as to form:**

22 *Attorney Name*

23  
24 By \_\_\_\_\_

Dated: \_\_\_\_\_

25 Attorney for Respondent and Client  
26  
27  
28

ORDER RE

Robert Shulman (SBN 075306)  
Office of the County Counsel  
Eric Rood Administration Center  
950 Maidu Ave.  
Nevada City, California 95959-8617  
Telephone: 530-265-1319  
Fax 530-265-9840  
Email: [counsel@co.nevada.ca.us](mailto:counsel@co.nevada.ca.us)

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF NEVADA**

Church St  
Mailing Address:  
Nevada City, CA 95959

PETITION FOR AUTHORIZATION OF ASSISTED OUTPATIENT TREATMENT  
CASE NO. \_\_\_\_\_

Respondent and Client: \_\_\_\_\_

**NOTICE OF HEARING**

This notice is required by law.

1. NOTICE is given that Michael Heggarty, Director of Behavioral Health of Nevada County, or his designee, has filed a Petition for Authorization of Assisted Outpatient Treatment.
2. You may refer to documents on file in this proceeding for more information.
3. The Petition is an application to the Court to approve an Order that you receive, and participate in, assisted outpatient treatment according to a Treatment Plan approved by the Court.
4. A HEARING ON THE MATTER WILL BE HELD ON \_\_\_\_\_ AT THE TIME OF \_\_\_\_\_ a.m./p.m. in Department \_\_\_\_\_ of the Court at the address shown above.
5. A COPY OF THIS NOTICE IS BEING DELIVERED OR MAILED TO THE FOLLOWING PERSONS at the address shown:
  - (1)
  - (2)
  - (3)
  - (4)

6. **You have important legal rights in this matter.** They are listed in California Welfare and Institutions Code Section 5346(d)(4), as quoted below:

"5346(d)(4): The person who is the subject of the petition shall have the following rights:

(A) To adequate notice of the hearings to the person who is the subject of the petition, as well as to parties designated by the person who is the subject of the petition.

(B) To receive a copy of the court-ordered evaluation.

(C) To counsel. If the person has not retained counsel, the court shall appoint a public defender.

(D) To be informed of his or her right to judicial review by habeas corpus.

(E) To be present at the hearing unless he or she waives the right to be present.

(F) To present evidence.

(G) To call witnesses on his or her behalf.

(H) To cross-examine witnesses.

(I) To appeal decisions, and to be informed of this or her right to appeal.

7. If you have any questions, the Petitioner's Department may be contacted at 500 Crown Point Circle, Grass Valley, CA 95945. Phone: \_\_\_\_\_.  
Ask for the AOT Team Director or any AOT Team member at 530-273-5440.

8. The Court will appoint a Public Defender for you, and Office of Public Defender can be reached at 530-265-7215.

*[Attach Proof of Service]*

# Exhibit E

ASSISTED OUTPATIENT TREATMENT DEMONSTRATION PROJECT ACT  
 AB 1421, Chapter 1017, Statutes of 2002 DETAILED PROGRAM BUDGET

SUBMISSION DATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

FISCAL YEAR: \_\_\_\_\_

FISCAL CONTACT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STAFFING			
TITLE OR POSITION	FTE	YEAR 1 BUDGET	YEAR 2 BUDGET
Program Director	0.055	7,246	7,246
Clinical Director	0.050	2,725	2,725
Quality Assurance Manager	0.000	-	-
Nurse	0.030	1,997	1,997
Nurse	0.020	548	548
Office Manager	0.060	2,879	2,879
Team Leader	0.050	2,448	2,448
Team Leader	0.050	947	947
Case Manager	0.300	12,890	12,890
Case Manager	0.100	2,609	2,609
Case Manager	0.100	1,836	1,836
Peer Advocate	0.100	3,432	3,432
Therapist/CADAC	0.035	1,324	1,324
Housing Specialist	0.050	1,599	1,599
Employment Specialist	0.050	351	351
Administrative Staff	0.100	6,157	6,157
<b>Total Staff Expenses</b>		<b>48,987</b>	<b>48,987</b>
<b>Consultant Costs:</b>			
Physician and Nurse consultants		3,888	3,888
Program Consultants		400	400
<b>Equipment/Supplies:</b>			
Equipment Rental		464	464
Vehicle Lease		50	50
Equipment Repair/Maint		50	50
Vehicle Repair/Maint.		253	253

Vehicle Fuel		-	-
Facility Supply/Service		250	250
Office Supplies		388	388
Training/Education:			
Training		130	130
Travel		742	742
Data Collection:			
Outcome Studies		500	500
Other Expenses:			
Maintenance		250	250
Building Rent		1,390	1,390
Utilities		408	408
Telephone		617	617
Insurance		446	446
Printing		149	149
Postage		20	20
Employee Hiring		50	50
Employee Auto Inspections		40	40
Stabilization Funding		1,000	1,000
Delivery Charges		50	50
Furniture/Improvements/Start-Up		7,263	2,000
<b>COUNTY ADMINISTRATIVE COSTS</b>		<b>6,673</b>	<b>6,673</b>
<b>TOTAL PROGRAM EXPENSES</b>		<b>74,618</b>	<b>69,355</b>

# Exhibit F

Nevada County Behavioral Health Department

BUDGET FORM

BASELINE DATA  
 SUMMARY OF EXPENDITURES FOR VOLUNTARY AND INVOLUNTARY SERVICES  
 FISCAL YEAR 2001-2002

	Voluntary Services	Involuntary Services	Total
State General Funds	695,731	-	695,731
Realignment Funds	1,746,983	-	1,746,983
Federal Funds			
Block Grant (SAMHSA, PATH)	57,157	-	57,157
Federal Financial Participation	1,421,751	-	1,421,751
Other Federal Funds	60,347	-	60,347
Other Funds	555,801	-	555,801
Total Funds	<u>4,537,770</u>	-	<u>4,537,770</u>

Summary of Unexpended Funds

State General Funds	-
Realignment Funds	1,574,257

\*Source: 2001-2002 Mental Health Cost Report; Realignment estimate--lowest of past 5 years.

# Exhibit G

**Turning Point Community Programs - Providence Center  
Adult Partnership Assessment Form (PAF)**

<b>CLIENT INFORMATION</b>																			
County	Nevada County																		
Client Number																			
Program (AACT or FACT)																			
Client's First Name																			
Client's Last Name																			
Admission Date																			
Client's Date of Birth																			
<p>Who referred the partner? (mark one)</p> <table border="0"> <tr> <td><input type="checkbox"/> Self</td> <td><input type="checkbox"/> Emergency Room</td> <td><input type="checkbox"/> Homeless Shelter</td> </tr> <tr> <td><input type="checkbox"/> Family Member (parent, guardian, sibling, aunt, grandparent, etc.)</td> <td><input type="checkbox"/> Mental Health Facility/ Community Agency</td> <td><input type="checkbox"/> Street Outreach</td> </tr> <tr> <td><input type="checkbox"/> Significant Other (boyfriend/ girlfriend, spouse)</td> <td><input type="checkbox"/> Social Services Agency</td> <td><input type="checkbox"/> Jail/Prison</td> </tr> <tr> <td><input type="checkbox"/> Friend/Neighbor (i.e., unrelated other)</td> <td><input type="checkbox"/> Substance Abuse Treatment Facility/ Agency</td> <td><input type="checkbox"/> Acute Psychiatric/ State Hospital</td> </tr> <tr> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Faith-based Organization</td> <td><input type="checkbox"/> Other*</td> </tr> <tr> <td><input type="checkbox"/> Primary Care/Medical Office</td> <td><input type="checkbox"/> Other County/ Community Agency</td> <td></td> </tr> </table>		<input type="checkbox"/> Self	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Family Member (parent, guardian, sibling, aunt, grandparent, etc.)	<input type="checkbox"/> Mental Health Facility/ Community Agency	<input type="checkbox"/> Street Outreach	<input type="checkbox"/> Significant Other (boyfriend/ girlfriend, spouse)	<input type="checkbox"/> Social Services Agency	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Friend/Neighbor (i.e., unrelated other)	<input type="checkbox"/> Substance Abuse Treatment Facility/ Agency	<input type="checkbox"/> Acute Psychiatric/ State Hospital	<input type="checkbox"/> School	<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> Other*	<input type="checkbox"/> Primary Care/Medical Office	<input type="checkbox"/> Other County/ Community Agency	
<input type="checkbox"/> Self	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Homeless Shelter																	
<input type="checkbox"/> Family Member (parent, guardian, sibling, aunt, grandparent, etc.)	<input type="checkbox"/> Mental Health Facility/ Community Agency	<input type="checkbox"/> Street Outreach																	
<input type="checkbox"/> Significant Other (boyfriend/ girlfriend, spouse)	<input type="checkbox"/> Social Services Agency	<input type="checkbox"/> Jail/Prison																	
<input type="checkbox"/> Friend/Neighbor (i.e., unrelated other)	<input type="checkbox"/> Substance Abuse Treatment Facility/ Agency	<input type="checkbox"/> Acute Psychiatric/ State Hospital																	
<input type="checkbox"/> School	<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> Other*																	
<input type="checkbox"/> Primary Care/Medical Office	<input type="checkbox"/> Other County/ Community Agency																		
*If other is checked, please specify referral source:																			

**RESIDENTIAL INFORMATION – includes hospitalization and incarceration**

SETTING	Tonight	Yesterday (as of 11:59 p.m. the day BEFORE partnership)	During the Past 12 Months Indicate the Total # Occurrences	During the Past 12 Months Indicate the Total # Days (must=365)	Prior to the Last 12 Months (mark all that apply)
<b>GENERAL LIVING ARRANGEMENT</b>					
In an apartment or house alone/ with spouse/ partner/ minor children/ other dependents/ roommate-must hold lease or share in rent/mortgage	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
With one or both biological/ adoptive parents	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
With adult family member (s) other than parents	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Single Room Occupancy (must hold lease)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>SHELTER / HOMELESS</b>					
Emergency Shelter/ Temporary Housing (includes people living with friends but paying no rent)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Homeless (includes people living in their cars)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>SUPERVISED PLACEMENT</b>					
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Assisted Living Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Licensed Community Care Facility (Board and Care)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>HOSPITAL</b>					
Acute Medical Hospital	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Acute Psychiatric Hospital/ Psychiatric Health Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
State Psychiatric Hospital	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>RESIDENTIAL PROGRAM</b>					
Licensed Residential Treatment (includes crisis, short- term, long-term, substance abuse, dual diagnosis residential programs)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility (physical)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility (psychiatric)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Long-Term Institutional Care (IMD, MHRC)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>JUSTICE PLACEMENT</b>					
Jail	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Prison	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>OTHER</b>					
Other	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

## CHRONIC HOMELESSNESS

HUD definition of chronic homeless:

An unaccompanied homeless individual with a disabling condition who has either been

- Continuously homeless for a year or more
- OR

- Has had at least 4 episodes of homelessness in the past 3 years

To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays.

Does the client meet chronic homeless criteria as defined by HUD?  Yes  No  Unknown

## EDUCATION

Highest level of education completed:

No High School Diploma/ No GED

GED Coursework

High School Diploma/ GED

Some College/ Some Technical or Vocational Training

Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree

Bachelor's Degree (e.g., B.A., B.S.)

Master's Degree (e.g., M.A., M.S.)

Doctoral Degree (e.g., M.D., Ph.D.)

For the educational setting below, indicate where the partner...	Was <b>DURING THE PAST 12 MONTHS</b> # of weeks	Is <b>CURRENTLY</b> (mark all that apply)
Not in school of any kind		<input type="checkbox"/>
High School / Adult Education		<input type="checkbox"/>
Technical / Vocational School		<input type="checkbox"/>
Community College / 4 year College		<input type="checkbox"/>
Graduate School		<input type="checkbox"/>
Other		<input type="checkbox"/>

Does one of the client's current recovery goals include any kind of education at this time?  Yes  No

## EMPLOYMENT during the PAST 12 MONTHS

Indicate the client's employment status...	# of weeks	Average Hours per Week	Average Hourly Wage
<b><i>Competitive Employment:</i></b> Paid employment <u>in the community</u> in a position that is also open to individuals without a disability.			
<b><i>Supported Employment:</i></b> Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.			
<b><i>Transitional Employment/Enclave:</i></b> Paid jobs <u>in the community</u> that are 1) open only to individuals with a disability, AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same			
<b><i>Paid In-House Work (Sheltered Workshop/ Work Experience/ Agency-Owned Business):</i></b> Paid jobs <u>open only to program participants with a disability</u> . A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.			
<b><i>Non-Paid (Volunteer) Work Experience:</i></b> Non-Paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.			
<b><i>Other Gainful/ Employment Activity:</i></b> Any informal employment or activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as			
Unemployed (Number of weeks)			

## CURRENT EMPLOYMENT

Indicate the client's CURRENT employment status... See descriptions above.	Average Hours per Week	Average Hourly Wage
<b><i>Competitive Employment</i></b>		
<b><i>Supported Employment</i></b>		
<b><i>Transitional Employment/Enclave</i></b>		
<b><i>Paid In-House Work (Sheltered Workshop/ Work Experience/</i></b>		
<b><i>Non-Paid (Volunteer) Work Experience</i></b>		
<b><i>Other Gainful/ Employment Activity</i></b>		
<input type="checkbox"/> The client is not employed at his time.		
Does one of the client's current recovery goals include any kind of employment at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**LEGAL ISSUES / DESIGNATIONS**

***Arrest Information***

Indicate the number of times the client was arrested DURING THE PAST 12 MONTHS:	
According to the nature of the charges, were the arrest(s), DURING THE PAST 12 MONTHS violent in nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the client arrested anytime PRIOR TO THE LAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
According to the nature of the charges, were the arrest(s) PRIOR TO THE LAST 12 MONTHS violent in nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Probation Information***

Is the client CURRENTLY on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the client on probation DURING THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the client on probation anytime PRIOR TO THE LAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the client involved in Mental Health Court?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Parole Information***

Was the client on any kind of parole DURING THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the client on any kind of parole anytime PRIOR TO THE LAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Conservatorship Information***

Is the client CURRENTLY on conservatorship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the client on conservatorship DURING THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the client on conservatorship anytime PRIOR TO THE LAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the client CURRENTLY have a payee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the client have a payee DURING THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the client have a payee anytime PRIOR TO THE LAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Custody Information- Indicate the total number of children the client has who are CURRENTLY:***

Placed on W&I Code 300 Status (Dependent of the court):	
Placed in Foster Care:	
Legally Placed with client:	
Adopted Out:	

From the client's perspective, has the client been the victim of a crime DURING THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
From the client's perspective, has the client been the victim of a crime PRIOR TO THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### EMERGENCY INTERVENTION

Please indicate the **number** of emergency interventions (e.g., emergency room visit) the client had DURING THE PAST 12 MONTHS that were:

Physical Health Related

Mental Health / Substance Abuse Related

### HEALTH STATUS

Does the client have a primary care physician CURRENTLY?  Yes  No

Did the client have a primary care physician DURING THE PAST 12 MONTHS?  Yes  No

### SUBSTANCE ABUSE

In the opinion of the PSC, has the client ever had a co-occurring mental illness and substance use problem?  
 Yes  No

In the opinion of the PSC, does the client CURRENTLY have an ACTIVE co-occurring mental illness and substance use problem?  Yes  No

Is the client CURRENTLY receiving substance abuse services?  Yes  No

Is the client contemplating substance abuse treatment at this time?  Yes  No

### SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used to meet the needs of the client:

DURING THE PAST  
12 MONTHS  
(mark all that apply)

CURRENTLY  
(mark all that apply)

Client's Wages



Client's Spouse / Significant Other's Wages



Savings



Other Family Member / Friend



Retirement/ Social Security Income



Veteran's Assistance Benefits



Loan / Credit



Housing Subsidy



General Relief / General Assistance



Food Stamps



Temporary Assistance for Needy Families (TANF)



Supplemental Security Income/ State Supplementary Payment (SSI-SSP)



Social Security Disability Insurance (SSDI)



State Disability Insurance (SDI)



American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)



Other



No Financial Support

## Adult Key Event Tracking Form (KET)

### CLIENT INFORMATION

County	Nevada County
Client Number	
Client's First Name	
Client's Last Name	
Date Completed	
Client's Date of Birth	

### RESIDENTIAL INFORMATION – includes hospitalization and incarceration-Skip this section if there are no changes

Date of Residential Status Change:

SETTING- Indicate the new residential status (mark only one):

#### **GENERAL LIVING ARRANGEMENT**

- In an apartment or house alone/ with spouse/ partner/ minor children/ other dependents/ roommate -must hold lease or share in rent/mortgage
- With one or both biological/ adoptive parents
- With adult family member (s) other than parents
- Single Room Occupancy (must hold lease)

#### **SHELTER / HOMELESS**

- Emergency Shelter/ Temporary Housing (includes people living with friends but paying no rent)
- Homeless (includes people living in their cars)

#### **SUPERVISED PLACEMENT**

- Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)
- Assisted Living Facility
- Unlicensed but supervised congregate placement (includes group living homes, sober living homes)
- Licensed Community Care Facility (Board and Care)

#### **HOSPITAL**

- Acute Medical Hospital
- Acute Psychiatric Hospital/ Psychiatric Health Facility
- State Psychiatric Hospital

#### **RESIDENTIAL PROGRAM**

- Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)
- Skilled Nursing Facility (physical)
- Skilled Nursing Facility (psychiatric)
- Long-Term Institutional Care (IMD, MHRC)

#### **JUSTICE PLACEMENT**

- Jail

#### **OTHER**

- Other
- Unknown

**EDUCATION** - Skip this section if there are no changes

**Grade Level Information**

Date of Grade Level Completion :

Level of education completed:

- |  |   |
|--|---|
| <input type="checkbox"/> No High School Diploma/ No GED                      | <input type="checkbox"/> Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree |
| <input type="checkbox"/> GED Coursework                                      | <input type="checkbox"/> Bachelor's Degree (e.g., B.A., B.S.)                                   |
| <input type="checkbox"/> High School Diploma/ GED                            | <input type="checkbox"/> Master's Degree (e.g., M.A., M.S.)                                     |
| <input type="checkbox"/> Some College/ Some Technical or Vocational Training | <input type="checkbox"/> Doctoral Degree (e.g., M.D., Ph.D.)                                    |

**Educational Setting Information**

Date of Educational Setting Change:

If there are any educational setting changes, indicate ALL new and ongoing statuses including those previously reported.

- Not in school of any kind
- High School / Adult Education
- Technical / Vocational School
- Community College / 4 year College
- Graduate School
- Other

If stopping school, did the client complete a class and/or program?  Yes  No

Does one of the client's current recovery goals include any kind of education at this time?  Yes  No

**EMPLOYMENT- Skip this section if there are no changes**

Date of Employment Change:

**CURRENT EMPLOYMENT**

If there are any changes to the client's employment, indicate ALL new and ongoing statuses including those previously reported.

Average  
Hours per  
WeekAverage  
Hourly  
Wage**Competitive Employment:**

Paid employment in the community in a position that is also open to individuals without a disability.

**Supported Employment:**

Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.

**Transitional Employment/Enclave:**

Paid jobs in the community that are 1) open only to individuals with a disability, AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.

**Paid In-House Work (Sheltered Workshop/ Work Experience/ Agency-Owned Business):**

Paid jobs open only to program participants with a disability. A Sheltered Workshop usually offers sub-minimum wage work in a simulated environment. A Work Experience (Adjustment) Program within an agency provides exposure to the standard expectations and advantages of employment. An Agency-Owned Business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.

**Non-Paid (Volunteer) Work Experience:**

Non-Paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.

**Other Gainful/ Employment Activity:**

Any informal employment or activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)

 The client is not employed at his time.Does one of the client's current recovery goals include any kind of employment at this time?  Yes  No**LEGAL ISSUES / DESIGNATIONS – Skip this section if there are no changes****Arrest Information – Date Client Arrested:****Probation Information- Date of Probation Status Change:**Indicate new probation status:  Removed from Probation  Placed on Probation**Conservatorship Information - Date of Conservatorship Status Change:**Indicate new conservatorship status:  Removed from conservatorship  Placed on conservatorship**Payee Information - Date of Payee Status Change:**Indicate New Payee Status:  Removed from payee status  Placed on payee status**EMERGENCY INTERVENTION - Skip this section if there are no changes****Date of Emergency Intervention:**

Indicate the type of emergency intervention (e.g., emergency room visit)

 Physical Health Related Mental Health / Substance Abuse Related

**Adult Quarterly Assessment Form (3M)**

**CLIENT INFORMATION**

Client Number	
Program (AACT or FACT)	
Client's First Name	
Client's Last Name	
Date Completed	
Client's Date of Birth	

**SOURCES OF FINANCIAL SUPPORT**

Indicate all the sources of financial support used to meet the needs of the client – **CURRENTLY**  
(mark all that apply)

- Client's Wages
- Client's Spouse / Significant Other's Wages
- Savings
- Other Family Member / Friend
- Retirement / Social Security Income
- Veteran's Assistance Benefits
- Loan / Credit
- Housing Subsidy
- General Relief / General Assistance
- Food Stamps
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income / State Supplementary Payment (SSI-SSP)
- Social Security Disability Insurance (SSDI)
- State Disability Insurance (SDI)
- American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)
- Other
- No Financial Support

**CUSTODY INFORMATION-** Indicate the total number of children the client has who are **CURRENTLY**:

Placed on W&I Code 300 Status (Dependent of the court):	
Placed in Foster Care:	
Legally Placed with Client:	
Adopted Out:	

**HEALTH STATUS**

Does the client have a primary care physician **CURRENTLY**?  Yes  No

**SUBSTANCE ABUSE**

In the opinion of the client service coordinator, does the partner **CURRENTLY** have an **ACTIVE** co-occurring mental illness and substance use problem?  Yes  No

Is the client **CURRENTLY** receiving substance abuse services?  Yes  No

Over the past three months how many times has the client seen the psychiatrist?

Over the past three months how many times has the client seen their Personal Care Coordinator?

Over the past three months has the client been placed on urgent services?

Yes  No

If yes, how long did they remain on daily visits?

Yes  No

Is the client satisfied with the level of service?

Yes  No

Is the client satisfied with the quality of services provided?

Yes  No

# Exhibit H

# **Laura's Law Plan for Development of a Training and Education Program– Nevada County**

**Summary:** There will be training and education groups before the target implementation date and additional follow-up trainings over the next year. These trainings will be customized for specific groups such as Hospitality House, GV and NC police, the Wayne Brown Correctional Facility, NAMI and the SPIRIT Peer Empowerment Center. After approval by the Department of Mental Health, additional training will be held for service providers and the general community.

## **Phase I - Hold Training and Education Groups, Prior to Implementation**

The purpose of each training and education group in Phase I is to address any concerns, define plans, understand the Laura's Law requirements, write procedures, document any requirements including data collection, and determine the implementation process.

All meetings were held December 2007 through April 2008. Trainers were identified for each group. The targeted groups include Legal Education and Training, Hospital Education and Training, and a general Overview for various providers and stakeholders in the community.

## **Phase II – Education and Information regarding Laura's Law in Nevada County following approval from the California Department of Mental Health**

This phase will consist of follow-up groups over the span of a year that are customized for specific groups. The purpose of these groups is to provide additional training pertinent to specific groups and to problem solve and fine tune the Laura's Law Program. Current problems will be identified and addressed and solutions proposed.

Trainers and attendees will be identified for these groups and the groups will be further clarified.

## Legal Education and Training

Identify trainers and attendees	Date and time
<p><b>Trainers</b>                      Judge Anderson/Certification Hearing Officer, Leanne Mayberry/ County Counsel, Michael Heggarty/ Mental Health Director and Mary Lowe/BH Adult Services Program Manager.                      )</p> <p><b>Attendees</b>                      APS, CPS, Rich Kimbal /Under Sheriff , District Attorney, Public Defender, Carol Stanchfield/Turning Point, GV Police Chief, NC Police Chief, Truckee Police Chief</p>	<p>Preparation Meeting – Held March 5, 2008</p> <p>Legal Training and Education Meeting Held March 20, 2008</p> <p>Future training planned after DMH approves the plan.</p>

## General Education and Services Training

Identify the trainers and attendees	Datee date and time
<p><b>Trainers</b>                      Carol Stanchfield/ Turning Point, Mary Lowe/BH</p> <p><b>Attendees</b>                      NAMI, Spirit, CFMG, Crisis, Cindy Maple/Hospitality House, Forensic Task Force</p>	<p>Teleconference held on December 20, 2007 with the Treatment Advocacy Center in Virginia.</p> <p>Future training planned after DMH approves the plan.</p>

## Hospital Education and Training

Identify the trainers and attendees	Schedule the date and time
<p style="text-align: center;"><b>Trainers</b></p> <p>Mary Lowe, Leanne Mayberry, Carol Stanchfield, Crisis (Ben Lopez)</p> <p style="text-align: center;"><b>Attendees</b></p> <p>Michael Haggerty, Cirby Hills/Lynn Tarrant, Placer County Counsel, Sierra Nevada Memorial Hospital Emergency Room</p>	<p>Meeting held April 3, 2008</p>

# AGENDA

## Laura's Law Training- Legal Preparation and Planning

March 5, 2008

1:00 p.m. – 2:30 p.m.

Nevada County Courthouse – Department VI – 3<sup>rd</sup> Floor

Meeting called by: Mary Lowe and Leanne Mayberry

Attendees: Judge Anderson, Michael Heggerty, Mary Lowe, Leanne Mayberry, Undersheriff Kimball

Please review: Draft flowchart prior to the meeting

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<b>1:00 p.m. – 1:05 p.m.</b>	<b>Introductions – Welcome</b>	Mary Lowe
<b>1:05 p.m. – 1:45 p.m.</b>	<b>Review the Draft Process Flowchart</b> Process to initiate the law Interfaces with Law Enforcement Modifications	Leanne Mayberry
<b>1:45 p.m. – 2:00 p.m.</b>	<b>Court Process</b> Process Discussion Required forms	Judge Anderson
<b>2:00 p.m. – 2:15 p.m.</b>	<b>Training</b> Schedule Training Date Should officer training be separate? Finalize training agenda Documentation Requirements	Leanne Mayberry
<b>2:15 p.m. – 2:30 p.m.</b>	<b>Other Concerns/Issues for Follow-up</b>	Mary Lowe

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# AGENDA

## Laura's Law - Legal Training and Education

March 20, 2008

12:00 p.m. – 2:00 p.m.

Nevada County Courthouse – Department VI – 3<sup>rd</sup> Floor

### Meeting called by:

Mary Lowe (Nevada County Behavioral Health, Adult Program Manager)

Rob Shulman (Nevada County – County Counsel)

### Invitees:

Judge Tom Anderson (Nevada County Superior Court)

Scott Berry (Truckee Chief of Police)

John Buck (Turning Point Community Programs – CEO)

John Foster (Grass Valley Chief of Police)

Michael Heggarty (Nevada County – Behavioral Health Director)

Richard Kimball (Nevada County Undersheriff)

Donald Lown (Nevada County – Public Defender)

Mark Nagafuchi (Nevada County - Adult Protect Services)

Cliff Newell (Nevada County – District Attorney)

Rachel Pena (Nevada County - Child Protective Services)

Rod Pence (NAMI representative)

Iden Rogers (NAMI representative)

Carol Stanchfield (Turning Point Community Programs – Program Director)

Lou Trovato (Nevada City Chief of Police)

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<b>12:00 p.m. – 12:05 p.m.</b>	<b>Introductions – Welcome</b>	Tom Anderson and Michael Heggarty
<b>12:05 p.m. – 12:10 p.m.</b>	<b>Overview – What is Laura's Law?</b>	Rob Shulman
<b>12:10 p.m. – 12:50 p.m.</b>	<b>Overview of the County Process</b> Required steps Law Enforcement's Role Court Process Process Discussion Required forms – ongoing development	Judge Anderson, Michael Heggarty, Mary Lowe, and Rob Shulman
<b>12:50 p.m. – 1:20 p.m.</b>	<b>Scenario Review</b>	Mary Lowe and Carol Stanchfield
<b>1:20 p.m. – 1:40 p.m.</b>	<b>Questions and Discussion</b>	All
<b>1:40 p.m. – 2:00 p.m.</b>	<b>Next Steps: Issues for Follow-up Training for Deputies and Officers</b>	All

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# AGENDA

## Laura's Law - Hospital Training and Education

April 3, 2008

1:00 p.m. – 3:00 p.m.

Department of Behavioral Health

500 Crown Point Circle, Suite 120

Grass Valley, CA

Crown Point Conference Room

### Meeting called by:

Mary Lowe (Nevada County Behavioral Health, Adult Program Manager)

Leanne Mayberry (Nevada County – Deputy County Counsel)

Rob Shulman (Nevada County – County Counsel)

### Invitees:

Sandra Cummings (Sierra Nevada Memorial Hospital, ER Director)

Michael Heggarty (Nevada County – Behavioral Health Director)

Ben Lopez (Crisis Services)

Carol Stanchfield (Turning Point Community Programs – Program Director)

Lynn Tarrant (Cirby Hills)

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<b>1:00 p.m. – 1:05 p.m.</b>	<b>Introductions – Welcome</b>	Michael Heggarty
<b>1:05 p.m. – 1:20 p.m.</b>	<b>Review of Laura's Law</b>	Rob Shulman and Leanne Mayberry
<b>1:20 p.m. – 2:00 p.m.</b>	<b>Review the Process</b> <ul style="list-style-type: none"><li>• Protocol</li><li>• Flowchart &amp; process to initiate</li><li>• Documents &amp; forms</li></ul>	Michael Heggarty, Mary Lowe, Leanne Mayberry, and Rob Shulman
<b>2:00 p.m. – 2:30 p.m.</b>	<b>Scenarios</b> <ul style="list-style-type: none"><li>• Compare and contrast 5150 and 5345</li><li>• Process Discussion</li></ul>	Ben Lopez and Carol Stanchfield
<b>2:30 p.m. – 2:45 p.m.</b>	<b>Questions and Discussion</b>	Michael Heggarty and Mary Lowe
<b>2:45 p.m. – 3:00 p.m.</b>	<b>Next Steps</b>	All

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