File No. 140557 Committee Item No. 8
Board Item No. 45

COMMITTEE/BOARD OF SUPERVISORS

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Committee: Rules **Date** June 23, 2014

Board of Supervisors Meeting **Date** 7/15/14

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Completed by: Alisa Miller **Date** June 20, 2014
Completed by: Alisa Miller **Date** July 2, 2014

[Health Code - Assisted Outpatient Treatment ("Laura's Law")]

Ordinance amending the Health Code to authorize the implementation of court-ordered Assisted Outpatient Treatment (AOT) for individuals with mental illness who meet the criteria established by California Welfare and Institutions Code, Sections 5345-5349.5 ("Laura's Law"), to require the County Mental Health Officer to create a Care Team to try to engage individuals referred for AOT in voluntary treatment prior to the imposition of court-ordered treatment; and making a finding that this authorization will not result in a reduction of current adult and juvenile mental health programs.

NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.
Additions to Codes are in *single-underline italics Times New Roman font*.
Deletions to Codes are in ~~*strikethrough italics Times New Roman font*~~.
Board amendment additions are in double-underlined Arial font.
Board amendment deletions are in ~~strikethrough Arial font~~.
Asterisks (* * * *) indicate the omission of unchanged Code subsections or parts of tables.

Be it ordained by the People of the City and County of San Francisco:

Section 1. The Health Code is hereby amended by adding to Article 41 a Division II, consisting of Sections 4111-41179, to read as follows:

ARTICLE 41. MENTAL HEALTH

****

DIVISION II: ASSISTED OUTPATIENT TREATMENT.

SEC. 4111. FINDINGS REGARDING ASSISTED OUTPATIENT TREATMENT.

(a) California Welfare and Institutions Code §§5345-5349.5, also known as "Laura's Law," authorizes counties to implement Assisted Outpatient Treatment ("AOT") to obtain court-ordered

mental health treatment for individuals with mental illness for whom other methods of entering and maintaining treatment have been unsuccessful.

(b) AOT provides treatment through community-based, mobile, recovery-oriented, multidisciplinary, highly trained mental health teams with a staff-to-client ratio of no more than 10 clients per team member.

(c) Several independent studies of similar programs in other states cited in a background paper prepared by the Treatment Advocacy Center show that AOT promotes long-term treatment compliance, and reduces the incidence and duration of hospitalizations, homelessness, arrests, incarcerations, violent episodes, and the victimization of individuals with mental illness by others, while also relieving caregiver stress.

(d) These same studies show that states and municipalities that have successfully implemented AOT realized cost savings in their respective mental health, criminal justice, and emergency care systems.

(e) According to research cited in The Resident's Journal, a publication of The American Journal of Psychiatry, almost half of the individuals with a severe mental illness in the United States are untreated, and almost half of those individuals suffer from anosognosia (the inability to recognize one's own mental illness) and possess significant deficits in self-awareness.

(f) This same research also finds a clear link between lack of insight regarding one's own mental illness and the inability to adhere to treatment, which results in poorer clinical outcomes, illness relapse, hospitalization, and suicide attempts.

(g) For severely mentally ill individuals who are unable to maintain a consistent voluntary treatment regime, AOT provides a means to assist and support them through a structured treatment program.

(h) Before an AOT program may be implemented in a county under California Welfare and Institutions Code §§5345-5349.5, the county must authorize the application of the program in the

county by appropriate legislation and make a finding that no voluntary mental health program serving adults, and no children's mental health program will be reduced as a result of implementing AOT.

SEC. 4112. AUTHORIZING ASSISTED OUTPATIENT TREATMENT; REQUIRED PROGRAMS.

(a) The City and County of San Francisco ("City") authorizes the implementation of California Welfare and Institutions Code §§5345-5349.5 through court-ordered Assisted Outpatient Treatment ("AOT") within the City as provided in this Division II. The City finds that no voluntary mental health program serving adults, and no children's mental health program within the City will be reduced as a result of implementing AOT.

(b) As part of AOT, the City shall provide services that will conform to the requirements of California Welfare and Institutions Code §5348, or any successor provisions. These services shall include, but are not limited to, community-based comprehensive individual service and delivery plans, which plans shall be gender, age, disability, linguistically and culturally appropriate. The plans shall provide access to housing, and be designed to allow the ~~person subject to petition ("Subject")~~ individual referred to AOT ("Referred Individual") *to live in the most independent, least restrictive setting possible. The City shall provide AOT services in each case through a community-based multidisciplinary and highly trained mental health team ("AOT Team") with a staff-to-client ratio of no more than 10 clients per team member.*

(c) The County Mental Health Director ("Director") shall create a Care Team. The Care Team shall work closely with the Referred Individual and the individual requesting the AOT petition to maximize all opportunities within AOT to engage individuals who meet AOT criteria into voluntary treatment.

SEC. 4113. Definitions.

For the purposes of this Division II, the following words or phrases shall mean:

"Care Team" means a group of program staff charged with implementing AOT and shall consist of: 1) A forensic psychologist, who shall be the designated licensed mental health treatment provider responsible for clinical evaluation of the Referred Individual; 2) A peer specialist, who shall be a person who has lived experience with mental health recovery and has been trained to provide peer support to help the Referred Individual engage into treatment; and 3) A family liaison, who shall be a person who has had a family member with mental illness, and has been trained to provide lived experience to educate the referring source on the eligibility, benefits, limitations, and opportunities that AOT provides.

"City" means the City and County of San Francisco.

"Full Service Partnership ("FSP")" means the collaborative relationship between the City and the Referred Individual and, when appropriate, the Referred Individual's family, through which the City plans for, and provides, the full spectrum of community services so that the Referred Individual can achieve the identified goals. The City shall provide FSP services that conform to the requirements of California Code of Regulations Title 9, Section 3200.13c, defining FSP, or any successor provisions.

"Referred Individual" means the person on whose behalf an AOT petition is requested.

SEC. 4114. Maximizing Engagement in Voluntary Treatment

(a) Referral to AOT provides two key opportunities for voluntary engagement of individuals meeting AOT criteria prior to a court hearing:

(1) Immediately after the request for petition and before the filing of a petition with the court; and

(2) After the filing of a petition and before the conclusion of the court hearing on the petition.

(b) At each of the two opportunity points listed in Subsection 4114(a), the Care Team shall make every attempt to engage the Referred Individual into voluntary treatment.

(c) The Referred Individual shall at all times have the opportunity to voluntarily participate in a FSP. The Care Team shall work closely with the Referred Individual and the individual initiating the petition in an effort to engage the Referred Individual into a FSP as a preferred alternative to court-ordered treatment.

(d) All evaluations of the Referred Individual shall be conducted in the least restrictive setting.

(e)The Referred Individual may not be transported for evaluation by a peace, probation or parole officer, unless there is probable cause to believe that the individual meets the criteria required by California Welfare and Institutions Code § 5150, or there is no other means to safely transport the Referred Individual.

(f) The AOT Team shall also ensure that individuals referred for AOT who do not meet AOT criteria are evaluated for, and connected to, the appropriate level of mental health treatment.

SEC. ~~4113~~**4115** ***PETITION.***

(a) The following persons may request the ~~County Mental Health Director ("*Director*")~~*, or the Director's designee, to file a petition with the Superior Court for AOT:*

(1) Any person 18 years or older with whom the ~~Subject~~ Referred Individual *resides;*

(2) Any person who is the parent, spouse, adult sibling, or adult child of the ~~Subject~~ Referred Individual;

(3) The director of a facility providing mental health services where the ~~Subject~~ Referred Individual *resides, the director of a hospital where the* ~~Subject~~ Referred Individual *is hospitalized, or a licensed mental health treatment provider who treats the* ~~Subject~~ Referred Individual *or supervises the treatment of the* ~~Subject~~ Referred Individual*; or*~~,~~

(4) A peace, probation or parole officer assigned to supervise the ~~Subject~~ Referred Individual.

(b) If the Director or designee finds that good cause supports the request, he or she may file a verified petition with the Superior Court that sets forth all of the following elements:

(1) That the ~~Subject~~ Referred Individual *is at least 18 years old and is present in the City;*

(2) That the ~~Subject~~ Referred Individual *is suffering from a mental illness as defined in California Welfare and Institutions Code §§5600.3(b)(2) and (3), or any successor provisions;*

(3) That there has been a clinical determination that the ~~Subject~~ Referred Individual *is unlikely to survive safely in the community without supervision;*

(4) That there is a history of the ~~Subject's~~ Referred Individual's *lack of compliance with treatment, based on at least one of the following:*

(A) twice within the last 36 months, mental illness was a substantial factor in the ~~Subject's~~ Referred Individual's *hospitalization or receipt of mental health services in jail, not including any period during which the* ~~Subject~~ Referred Individual *was hospitalized or incarcerated immediately preceding the filing of the petition, or*

(B) within the last 48 months, the ~~Subject's~~ Referred Individual's *mental illness resulted in one or more acts of serious violent behavior toward himself or herself or others, or the* ~~Subject~~ Referred Individual *threatened or attempted to cause serious physical harm to himself or herself or others, not including any period in which the* ~~Subject~~ Referred Individual *was hospitalized or incarcerated immediately preceding the filing of the petition;*

(5) That the ~~Subject~~ Referred Individual *has been offered the opportunity to participate in a treatment plan that includes all of the services set forth in Section 4112, but continues to fail to engage in treatment;*

(6) That the ~~Subject's~~ Referred Individual's *condition is substantially deteriorating;*

(7) That participation in AOT would be the least restrictive placement necessary to ensure the ~~Subject's~~ Referred Individual's *recovery and stability;*

(8) That the ~~Subject's~~ Referred Individual's treatment history and current behavior indicate that the ~~Subject~~ Referred Individual needs AOT to prevent relapse or deterioration that would likely result in grave disability or serious harm to himself or herself or in a civil commitment under California Welfare and Institutions Code §§5150, et seq.; and,

(9) That it is likely that the ~~Subject~~ Referred Individual would benefit from AOT.

(c) The Director or designee shall submit with the petition the supporting affidavit of a licensed mental health treatment provider, or providers, testifying as to all of the elements identified in subsection (b). The provider must be willing and able to testify at the hearing and must base the affidavit on his or her personal examination of the ~~Subject~~ Referred Individual occurring no more than 10 days prior to the filing of the petition, unless the provider attempted to examine the ~~Subject~~ Referred Individual during that time, but the ~~Subject~~ Referred Individual refused to be examined, in which case the affidavit shall so state.

(d) After the Director or designee files the petition, but before the conclusion of the court hearing on the petition, the ~~Subject~~ Referred Individual or with the ~~Subject's~~ Referred Individual's consent, the ~~Subject's~~ Referred Individual's legal counsel, may waive the ~~Subject's~~ Referred Individual's right to the hearing, and agree to obtain treatment under a written settlement agreement, provided an examining licensed mental health treatment provider states that the ~~Subject~~ Referred Individual could survive safely in the community. The term of the settlement agreement may not exceed 180 days, and the agreement shall be subject to the provisions of California Welfare and Institutions Code §5347.

(e) The Superior Court may order AOT for the ~~Subject~~ Referred Individual if the court finds that all of the elements of the petition, as required in subsection (b), have been established by clear and convincing evidence.

***SEC.** 4114~~4~~4116. ~~SUBJECT'S~~ REFERRED INDIVIDUAL'S RIGHTS.*

(a)The ~~Subject of the petition~~ Referred Individual shall have the following rights:

(1) To receive personal service of all notices of hearings, as well as notice to parties designated by the ~~Subject~~ Referred Individual*;*

(2) To receive a copy of the court ordered evaluation;

(3) To be represented by counsel, and if the ~~Subject~~ Referred Individual *cannot afford counsel, to be represented by the Public Defender;*

(4) To be present at all hearings, unless the ~~Subject~~ Referred Individual *knowingly waives such right;*

(5) To be informed of the right to judicial review by habeas corpus;

(6) To present evidence, call and examine witnesses, and cross-examine witnesses, at the AOT hearing; and

(7) To be informed of the right to appeal the court's decisions.

(b) If ~~Subject~~ Referred Individual *is not present at the AOT hearing, and the court orders AOT for the* ~~Subject~~ Referred Individual*, the* ~~Subject~~ Referred Individual *may file a habeas corpus petition challenging the court's imposition of AOT on the* ~~Subject~~ Referred Individual*, and AOT may not commence until that petition is resolved.*

(c) During each 60-day period of AOT, the ~~Subject~~ Referred Individual *may file a habeas corpus petition to require the Director, or the Director's designee, to prove that the* ~~Subject~~ Referred Individual *still meets all the criteria for AOT, as set forth in Section 4113(b).*

(d) If the ~~Subject~~ Referred Individual *refuses to participate in AOT, the court may order the* ~~Subject~~ Referred Individual *to meet with the AOT Team designated by the Director. The AOT Team shall attempt to gain the* ~~Subject's~~ Referred Individual *cooperation with the treatment plan ordered by the court. If the* ~~Subject~~ Referred Individual *is still not cooperative, he or she may be subject to a 72- hour hold pursuant to the requirements of California Welfare and Institutions Code §5346(f).*

(e) Except as stated in subsection (d), failure by the ~~Subject~~ Referred Individual *to comply with AOT is not a basis for involuntary civil commitment, or contempt of court.*

(f) Involuntary medication is not authorized under AOT without a separate and specific court order.

(g) The court may order no more than six months of AOT. If the Director, or Director's designee, determines that further AOT for the ~~Subject~~ Referred Individual *is appropriate, the Director must, prior to the expiration of the initial period, apply to the court for authorization to extend the time for a period not to exceed an additional 180 days.*

(h) Every 60 days, the Director, or Director's designee must file an affidavit with the court affirming that the ~~Subject~~ Referred Individual *continues to meet the criteria for AOT, as set forth in Section 4113(b). If the* ~~Subject~~ Referred Individual *disagrees with this affidavit, he or she* ~~has~~ shall have *the right to a hearing, at which the Director shall have the burden of proving that the* ~~Subject~~ Referred Individual *continues to meet the criteria for AOT.*

SEC. ~~4115~~4117. ***TRAINING AND REGULATIONS.***

(a) The Director of Public Health shall, ~~develop a training and education program as required by California Welfare and Institutions Code §5349.1.~~ in consultation with the State Department of Health Care Services, client and family advocacy organizations, and other stakeholders, develop a training and education program for purposes of improving the delivery of services to individuals with mental illness who are, or who are at risk of being, involuntarily committed to AOT. This training shall be provided to mental health treatment providers 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.

(~~b~~c)*The Director of Public Health is authorized to promulgate regulations to implement this Division II.*

SEC. ~~4116~~**4118. *REPORTS.***

(a) The Department of Public Health shall comply with the reporting requirements as set forth in California Welfare ~~&~~ and *Institutions Code §5348(d).*

(b) The Department of Public Health shall provide an annual report to the Board of Supervisors on the number of participants in AOT, the length of their treatment, the outcome of their treatment, and other matters the Department deems relevant.

(c) The Department of Public Health shall retain an external consultant to evaluate the efficacy of the AOT program, including but not limited to collecting and analyzing information regarding the demographics of Referred Individuals and the cost of the program. By no later than three years after the effective date of this Section 4118, the Department of Public Health shall provide a copy of this external evaluation to the Board of Supervisors.

SEC. ~~4117~~**4119. *UNDERTAKING FOR THE GENERAL WELFARE.***

In enacting and implementing this Division II, the City is assuming an undertaking only to promote the general welfare. It is not assuming, nor is it imposing on its officers and employees, an obligation for breach of which it is liable in money damages to any person who claims that such breach proximately caused injury.

Section 2. Effective Date. This ordinance shall become effective 30 days after enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board of Supervisors overrides the Mayor's veto of the ordinance.

APPROVED AS TO FORM:
DENNIS J. HERRERA, City Attorney

By: _____
VIRGINIA DARIO ELIZONDO
Deputy City Attorney

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AMENDED IN BOARD
7/8/14

FILE NO.140557

LEGISLATIVE DIGEST

[Health Code - Assisted Outpatient Treatment ("Laura's Law")]

Ordinance amending the Health Code to authorize the implementation of court-ordered Assisted Outpatient Treatment for individuals with mental illness who meet the criteria established by California Welfare and Institutions Code §§5345-5349.5 ("Laura's Law"), to require the County Mental Health Officer to create a Care Team to try to engage individuals referred for AOT in voluntary treatment prior to the imposition of court-ordered treatment, and making a finding that this authorization will not result in a reduction of current adult and juvenile mental health programs.

Existing Law

This article is new.

Amendments to Current Law

State law authorizes counties to implement Assisted Outpatient Treatment ("AOT") also known as "Laura's Law," in order to provide court ordered mental health treatment for individuals with mental illness for whom other methods of entering and maintaining treatment have been unsuccessful.

AOT provides treatment through community-based, mobile, recovery-oriented, multidisciplinary, highly trained mental health teams with a staff-to-client ratio of no more than 10 clients per team member. These services include, but are not limited to, community-based comprehensive individual service and delivery plans, which plans shall be gender, age, disability, linguistically and culturally appropriate. The plans shall provide access to housing, and be designed to allow the individual referred to AOT ("Referred Individual") to live in the most independent, least restrictive setting possible.

The following persons may request the County Mental Health Director ("Director") or the Director's designee to file a petition with the Superior Court for AOT:

- Any person 18 years or older with whom the Referred Individual resides;
- Any person who is the parent, spouse, adult sibling, or adult child of the Referred Individual;
- The director of a facility providing mental health services where the Referred Individual resides, the director of a hospital where the Referred Individual is

hospitalized, or a licensed mental health treatment provider who treats the Referred Individual or supervises the treatment of the Referred Individual; or,
- A peace, probation or parole officer assigned to supervise the Referred Individual.

If the Director finds that good cause supports the request, he or she may file a verified petition with the Superior Court that sets forth all of the following:

- That the Referred Individual is at least 18 years old and is present in the City;
- That the Referred Individual is suffering from a mental illness as defined in California Welfare and Institutions Code §§ 5600.3(b)(2) and (3), or any successor provisions;
- That there has been a clinical determination that the Referred Individual is unlikely to survive safely in the community without supervision;
- That there is a history of the Referred Individual's lack of compliance with treatment, based on at least one of the following: (1) twice within the last 36 months, mental illness was a substantial factor in the Referred Individual's hospitalization or receipt of mental health services in jail, or (2) within the last 48 months, the Referred Individual's mental illness resulted in one or more acts of serious violent behavior toward himself or herself or others, or the Referred Individual threatened or attempted to cause serious physical harm to himself or herself or others;
- That the Referred Individual has been offered the opportunity to participate in a treatment plan, but continues to fail to engage in treatment;
- That the Referred Individual's condition is substantially deteriorating;
- That participation in AOT would be the least restrictive placement necessary to ensure the Referred Individual's recovery and stability;
- That the Referred Individual's treatment history and current behavior indicate that the Referred Individual needs AOT to prevent relapse or deterioration that would likely result in grave disability or serious harm to himself or herself, or in a civil commitment under California Welfare and Institutions Code §§ 5150, et seq.; and,
- That it is likely that the Referred Individual would benefit from AOT.

The petition must be accompanied by the supporting affidavit of a licensed mental health treatment provider who must be willing and able to testify at the hearing and must base the affidavit on his or her personal examination of the Referred Individual occurring no more than 10 days prior to the filing of the petition, unless the provider attempted to examine the Referred Individual during that time, but the Referred Individual refused to be examined.

After the petition is filed, but before the conclusion of the court hearing, the Referred Individual or with the Referred Individual's consent, the Referred Individual's legal counsel, may waive the Referred Individual's right to the hearing, and agree to obtain

treatment under a written settlement agreement, provided an examining licensed mental health treatment provider states that the Referred Individual could survive safely in the community. The term of the settlement agreement may not exceed 180 days.

The Superior Court may order AOT if the court finds that all of the elements of the petition, have been established by clear and convincing evidence.

The Referred Individual of the petition has the following rights:

- To receive personal service of all notices of hearings, as well as notice to parties designated by the Referred Individual;
- To receive a copy of the court ordered evaluation;
- To be represented by counsel, and if the Referred Individual cannot afford counsel, to be represented by the Public Defender;
- To be present at all hearings, unless the Referred Individual knowingly waives such right;
- To be informed of the right to judicial review by habeas corpus;
- To present evidence, call and examine witnesses, and cross-examine witnesses, at the AOT hearing; and
- To be informed of the right to appeal the court's decisions.

If Referred Individual is not present at the AOT hearing, and the court orders AOT, the Referred Individual may file a habeas corpus petition challenging the court's imposition of AOT on the Referred Individual, and AOT may not commence until that petition is resolved.

During each 60-day period of AOT, the Referred Individual may file a habeas corpus petition to require the Director to prove that the Referred Individual still meets all the criteria for AOT.

If the Referred Individual refuses to participate in AOT, the court may order the Referred Individual to meet with the AOT Team who shall work with the Referred Individual's to try to gain his or her cooperation with the treatment plan. If the Referred Individual is still not cooperative, he or she may be subject to a 72- hour hold under California Welfare and Institutions Code §5346(f).

Failure by the Referred Individual to comply with AOT is not a basis for involuntary civil commitment, or contempt of court.

Involuntary medication is not authorized under AOT without a separate and specific court order.

The court may order no more than six months of AOT. If the Director determines that further AOT for the Referred Individual is appropriate, the Director must, prior to the expiration of the initial period, apply for court authorization to extend the time for an additional 180 days.

Every 60 days, the Director must file an affidavit with the court affirming that the Referred Individual continues to meet the criteria for AOT. If the Referred Individual disagrees with this affidavit, he or she has the right to a hearing, at which the Director has the burden of proving that the Referred Individual continues to meet the criteria for AOT.

The Director of Public Health shall develop a training and education program, and is authorized to promulgate regulations to implement AOT.

The Department of Public Health shall comply with the reporting requirements under California Welfare & Institutions Code § 5348(d), and shall provide an annual report to the Board of Supervisors on the number of participants in AOT, the length of their treatment, the outcome of their treatment, and other matters the Departments deems relevant.

Committee Amendments

The County Mental Health Director ("Director") shall create a Care Team consisting of:

(1) A forensic psychiatrist, who will be the designated licensed mental health treatment provider responsible for clinical evaluation of the Referred Individual;

(2) A peer specialist, who will be a person with mental illness, who can provide lived experience to help the Referred Individual engage into treatment; and

(3) A family liaison, who will be a person who has had a family member with mental illness, who can provide lived experience to educate the. The Care Team shall work closely with the Referred Individual and the individual requesting the AOT petition to maximize all opportunities within AOT to engage individuals who meet AOT criteria into voluntary treatment.

Referral to AOT provides two key opportunities for voluntary engagement of individuals meeting AOT criteria prior to a court hearing:

(1) Immediately after the request for petition and before the filing of a petition with the court; and

(2) After the filing of a petition and before the conclusion of the court hearing on the petition.

At each of these opportunities, the Care Team shall make every attempt to engage the Referred Individual into voluntary treatment.

The Referred Individual shall at all times have the opportunity to voluntarily participate in a "Full Service Partnership ("FSP")" which is the collaborative relationship between the City and the Referred Individual and, when appropriate, the Referred Individual's family, through which the City plans for, and provides, the full spectrum of community services so that the client can achieve the identified goals. The City shall provide FSP services that conform to the requirements of California Code of Regulations Title 9, Section 3200.13c, defining FSP, or any successor provisions.

The Care Team shall work closely with the Referred Individual and the individual initiating the petition in an effort to engage the Referred Individual into a FSP as a preferred alternative to court-ordered treatment.

All evaluations of the Referred Individual shall be conducted in the least restrictive setting.

The Referred Individual may not be transported for evaluation by a peace, probation or parole officer, unless there is probable cause to believe that the individual meets the criteria required by California Welfare and Institutions Code § 5150, or there is no other means to safely transport the Referred Individual.

The AOT Team shall also ensure that individuals referred for AOT who do not meet AOT criteria are evaluated for, and connected to, the appropriate level of mental health treatment.

Amendments at the Board of Supervisors

On July 8, 2014, the Board amended the legislation to require the Department of Public Health to hire an external evaluator to evaluate the efficacy of the AOT program within 3 years after the effective date of the ordinance.

Background Information

Several independent studies of AOT programs in other states cited in a background paper prepared by the Treatment Advocacy Center (see, www.Treatment AdvocacyCenter.org, Backgrounder: Assisted outpatient treatment (AOT) (updated 1/2120) for the citations to the studies referenced) show that AOT promotes long-term treatment compliance, and reduces the incidence and duration of hospitalizations, homelessness, arrests, incarcerations, violent episodes, and the victimization of individuals with mental illness by others, while also relieving caregiver stress. These same studies show that states and municipalities that have successfully implemented AOT realized cost savings in their respective mental health, criminal justice, and emergency care systems.

According to research cited in "Assisted Outpatient Treatment: Preventive, Recovery-Based Care for the Most Seriously Mentally Ill," by Gary Tsai, M.D., *The Resident's Journal*, a publication of The American Journal of Psychiatry, Volume 7, June 2012 , almost half of the individuals with a severe mental illness in the United States are untreated, and almost half of those individuals suffer from anosognosia (the inability to recognize one's own mental illness) and possess significant deficits in self-awareness.) This same research also finds a clear link between lack of insight regarding one's own mental illness and the inability to adhere to treatment, which results in poorer clinical outcomes, illness relapse, hospitalization, and suicide attempts.

For severely mentally ill individuals who are unable to maintain a consistent voluntary treatment regime, AOT provides a means to assist and support them through a structured treatment program.

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SAN FRANCISCO PUBLIC DEFENDER
JEFF ADACHI – PUBLIC DEFENDER
MATT GONZALEZ – CHIEF ATTORNEY

June 25, 2014

Supervisor Mark Farrell
City Hall, 1 Dr. Carlton Goodlett Drive
San Francisco, CA 94102

Dear Supervisor Farrell,

As Public Defender, my office provides legal representation to over 3,500 people every year who are in the mental health system and have been charged with criminal offenses or subjected to some form of involuntary treatment or hospitalization due to mental illness. We represent the interests of the patient and are mandated under state law to advocate on their behalf.

I am writing in support of the Assisted Outpatient Treatment (AOT) ordinance, which, if implemented properly, has the potential of strengthening our mental health system and de-criminalizing the treatment of individuals who suffer from severe mental illness. As Public Defender, I have witnessed how the criminalization and incarceration of mentally ill individuals has exacerbated the recovery of such individuals within the criminal and juvenile justice system. My goal in supporting this ordinance is to decriminalize mentally illness in our City, and to find treatment alternatives which will no longer require incarceration.

Earlier this year, I had the opportunity to meet with a public defender from Nevada County, whose office implemented Laura's Law in 2008. He informed me that in their county, Laura's Law served to reduce the number of mentally ill clients who were incarcerated by 65%, and resulted in fewer criminal cases in favor of conservatorship or outcomes which took patients out of the criminal justice system. It is my hope that we can achieve a similar result here.

I also have had the opportunity to speak with Judge Thomas Anderson, the Presiding Judge of the Nevada County Superior Court, who is the former Public Defender of Nevada County. Judge Anderson reported that in over 75% of their cases, the intervention of the designated mental health professional by their personal outreach to the individual in crisis resulted in that person accepting some level of treatment. Judge Anderson said that this outreach provided that person with the stability to allow them to remain free of forced commitment in hospital or jail.

Adult Division - HOJ
555 Seventh Street
San Francisco, CA 94103
P: 415.553.1671
F: 415.553.9810
www.sfpublicdefender.org

Juvenile Division - YGC
375 Woodside Avenue, Rm. 118
San Francisco, CA 94127
P: 415.753.7601
F: 415.566.3030

Juvenile Division - JJC
258A Laguna Honda Blvd.
San Francisco, CA 94116
P: 415.753.8174
F: 415.753.8175

Clean Slate
P: 415.553.9337
www.sfpublicdefender.org/services

Community Justice Center
P: 415.202.2832
F: 415.563.8506

Bayview Magic
P: 415.558.2428
www.bayviewmagic.org

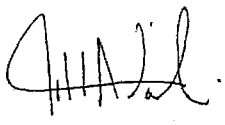
MoMagic
P: 415.567.0400
www.momagic.org

It is important for the public to understand both the strengths and limitations of Laura's Law. Laura's Law is not a panacea for proper mental health care or a cure for homelessness as some have suggested. Laura's law does not grant police or anyone else the authority to restrain or forcibly medicate the patient, and the patient is free to walk away and refuse to participate in treatment. In other words, there is no enforcement mechanism. However, if all of the participating agencies work together to improve outcomes through the judicial review process, I do believe that we can begin making positive changes in the lives of individuals suffering from mental illness and their families. We have experienced this through our City's Behavioral Health Court, which has become a model in terms of how coordinated treatment and services, coupled with court supervision, can improve outcomes.

While I do support Laura's Law, I also believe that it is absolutely necessary that there be a strong oversight committee to ensure that the law is not abused and that individuals who are empowered file a petition are properly trained so that only cases that meet the legal criteria are allowed. My understanding is that the AOT ordinance will be followed by subsequent legislation which will provide for these accountability measures.

We thank your office for soliciting our participation and advice throughout this process and look forward to continuing to work with your office and the Board of Supervisors in drafting the accountability measures.

Sincerely,



Jeff Adachi
Public Defender

California Association of Psychiatric Technicians

June 30, 2014

File 140557
BOS-11, cpage

San Francisco City & County Board of Supervisors
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Via e-mail and regular mail

RE: IMPLEMENTATION OF "LAURA'S LAW" ASSISTED-OUTPATIENT TREATMENT PROGRAM

Honorable Supervisors:

I am again writing on behalf of our 14,000-member professional organization to implore you to implement the cost- and life-saving mental-health program known as "Laura's Law."

This law is a California state law allowing counties to create and run court-ordered assisted-outpatient treatment programs for your constituents with serious mental illnesses. To qualify for this program, a constituent must have a serious mental illness plus a recent history of psychiatric hospitalizations, jailings or acts, threats or attempts of serious violent behavior toward himself, herself or others. The law was named after Laura Wilcox, a young woman from Nevada County who – along with two others – was killed by a man with serious mental illness who had refused treatment.

As state-licensed, -trained and -regulated mental-health and developmental-services nursing professionals, Psychiatric Technicians are very familiar with the urgent and all-too-often unmet needs of Californians with mental illnesses and developmental disabilities, as well as the desperate, ongoing efforts of families to get needed mental-health care for their loved ones in crises. We Psychiatric Technicians are formally pledged to uphold the integrity, dignity and rights of Californians in our care. Laura's Law upholds Californians' rights while allowing them to get the services they need -- providing a cost-effective, life-saving tool to help Californians who are facing suffering, danger and even death because of untreated mental illness.

Since Senate Bill 585 clarified that Proposition 63/Mental Health Services Act funds can indeed be used to pay for Laura's Law programs, we're pleased that more counties have joined Nevada County -- Laura Wilcox's home -- in considering and even implementing assisted-outpatient treatment programs for constituents in need. San Francisco has long been considered a national leader in progressive constituent services and it is our sincere hope that your city/county will help set the trend for compassionate care for people with mental illnesses and their families throughout the United States.

Thank you for your caring and careful consideration, and please contact me at (800) 677-2278 if I may be of further assistance.

Sincerely,

Juan Nolasco, PT
CAPT State President

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2014 JUL -1 PM 2:24

File 140557

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: File 140557, 140558: Support for Laura's Law
Attachments: TAC_Laura's Law_ Support _San Francisco Supervisors_7_8_14.pdf; AOT Studies (2012).pdf; AOT Saves Money.pdf

From: Kathryn Cohen [mailto:Cohenk@treatmentadvocacycenter.org]
Sent: Tuesday, July 08, 2014 8:27 AM
To: Board of Supervisors (BOS)
Subject: Support for Laura's Law

July 8, 2014

San Francisco City and County Board of Supervisors
City Hall, Room 244
San Francisco, CA 94102-4689

Re: Support for Laura's Law

Dear Board of Supervisors:

We urge you to support the implementation of Laura's Law in San Francisco City and County. Authorizing Laura's Law will increase the likelihood that individuals with mental illness who are deteriorating will receive treatment when it is most likely to avert a crisis or disaster. **By authorizing Laura's Law, you will provide San Francisco County with a proven mechanism for saving taxpayers significant costs and saving lives.**

The Treatment Advocacy Center is a national non-profit with supporters throughout the state of California. The mission of our organization is to eliminate barriers to the timely and effective treatment of severe mental illness like schizophrenia and bipolar disorder. Our focus and expertise is on civil commitment laws like Laura's Law.

Laura's Law is a less restrictive alternative to hospitalization and incarceration. One of the goals of the law is to provide effective treatment while protecting an individual's due process rights. Civil commitment is always a last resort, but is necessary for a small but significant population of people who are unable to recognize they are ill (roughly 50% of people with schizophrenia and 40% of people with bi-polar disorder). I have included information you may find helpful as you look at the issue of implementing the law in San Francisco County.

AOT has produced measurable results in multiple states, virtually all of them positive. Kendra's Law is New York's law (on which the criteria of Laura's Law are based) that allows court-ordered community treatment for someone with a severe mental illness. Five years after taking effect, the New York Office of Mental Health reported that among participants in the program:[i]

- 74 percent fewer individuals experienced homelessness;
- 77 percent fewer individuals experienced psychiatric hospitalization;
- 83 percent fewer individuals experienced arrest;
- 87 percent fewer individuals experienced incarceration;

Similar studies throughout the country have confirmed the effectiveness of these laws when implemented including Florida, Ohio, Georgia, North Carolina, Washington D.C. and others. Much of this data is highlighted in the first attachment (AOT studies).

The weight of evidence both in California and throughout the country demonstrates that, when implemented, assisted outpatient treatment laws save money and improves lives:

- AOT produced 50% cost savings in the first year of AOT participation in New York.[ii]
- Nevada County estimates a savings of $1.81 for every $1 invested.[iii]
- Implementation of AOT in North Carolina was cost neutral in the first year and cost savings every year thereafter.[iv]

Feel free to contact us if we can be a resource in any way.

Sincerely,

Kathryn Cohen, Esq.
Legislative and Policy Counsel
Treatment Advocacy Center

Kathryn Cohen, Esq.
Treatment Advocacy Center
Legislative and Policy Counsel
200 North Glebe Road, Suite 730
Arlington, VA 22203

Phone: (703) 294-6004
Cell: (202) 630-2197
Fax: (703) 294-6010

The Treatment Advocacy Center (www.treatmentadvocacycenter.org) is a national nonprofit organization dedicated to eliminating barriers to the timely and effective treatment of severe mental illnesses. TAC promotes laws, policies, and practices for the delivery of psychiatric care and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.

We take no money from pharmaceutical companies. The American Psychiatric Association awarded TAC its 2006 presidential commendation for "sustained extraordinary advocacy on behalf of the most vulnerable mentally ill patients who lack the insight to seek and continue effective care and benefit from assisted outpatient treatment.

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[i] These statistics cited in this summary are from the following source: N.Y. State Office of Mental Health (March 2005). *Kendra's law: Final report on the status of assisted outpatient treatment. New York: Office of Mental Health.*

[ii] Swartz MS, Swanson JW: Can States Implement Involuntary Outpatient Commitment Within Existing State Budgets? Psychiatric Services 64: 7-9, 2013.

[iii] Anderson, Tom. 2012. Testimony supporting AB 1569 before the California State Assembly Committee on Health, March 29, 2012; Report to the Nevada County Grand Jury: Laura's Law in Nevada County, A Model for Action – Saving Money and Lives, 2011-2012.

[iv]. Swartz MS, Swanson JW: Can States Implement Involuntary Outpatient Commitment Within Existing State Budgets? Psychiatric Services 64: 7-9, January 2013.

Treatment Advocacy Center Backgrounder

Assisted Outpatient Treatment Saves Money

SUMMARY: Forty-four states permit the use of assisted outpatient treatment" (AOT), also called "outpatient commitment." AOT is court-ordered treatment for individuals who have a history of treatment nonadherence as a condition of their remaining in the community. Studies and data from states using AOT show that it can reduce mental health system and criminal justice system costs. Additionally, research and experience indicate that states with existing resources can implement AOT without new funding.

* * *

AOT produced 50% cost savings in the first year of AOT participation in New York. Contrary to the expectation of increased costs, recent evidence has demonstrated improved clinical outcomes and substantial net cost savings associated with Kendra's Law. A 2012 cost-impact study reviewed expenses for AOT program administration, legal and court services, mental health and other medical treatment, and criminal justice involvement. Researchers "compared costs for selected participants in New York City for the year before and two years after AOT initiation and found that participation produced net cost savings of 50% in the first year and an additional 13% in the second year; in five other counties, savings of 62% in the first year and an additional 27% in the second year were noted."[1]

AOT resulted in cost savings of 40% in North Carolina and programs were implemented without additional funding. A recent analysis examined mental health services and criminal justice involvement costs for county-based AOT programs in North Carolina that were operated within existing state and county allocations and revenue sources. The study compared costs for persons receiving AOT to a similar population without it and found that "[o]utpatient commitment of six months or more, combined with provision of outpatient services, appeared to result in cost savings of 40%." Most of the cost-savings came from the effectiveness of AOT in reducing rehospitalization rates. The researchers noted that their findings "suggest that states with adequate services to provide consumers on outpatient commitment may implement a program without new funding."[2]

AOT saved $1.81 for every dollar spent in Nevada County, California. The county program implemented AOT using California Mental Health Services Act (MHSA) funds. The program received national recognition in July 2011 with an Achievement Award in Health from

the National Association of Counties for innovation that "modernizes county government and increase(s) its services." In the first 30 months of its AOT program, Nevada County estimates that it saved $1.81 for every dollar spent, for a total savings of over $500,000.[3]

AOT significantly reduced hospitalization and incarceration costs in Seminole County, Florida. After the state passed an AOT law in 2004, Seminole County implemented an AOT program using existing services and funding allocations. As a result, between June 1, 2005, and November 30, 2006, 36 people received AOT through Seminole Behavioral Healthcare. In the year prior to receiving AOT, participants averaged 117 days of hospitalization and 23 days of incarceration. After placement in the program, the participants experienced significant reductions in both hospitalization days (43 percent, for a cumulative savings of $303,728) and incarceration days (72 percent, for a cumulative savings of $14,455).[4]

ENDNOTES

[1] Swartz MS, Swanson JW, Steadman HJ, et al: New York State Assisted Outpatient Treatment Program Evaluation. Duke University School of Medicine, Durham, NC, June, 2009. Available at http://www.omh.ny.gov/omhweb/resources/publications/aot_program_evaluation/ Accessed on January 9, 2013; Assisted Outpatient Treatment for Persons with Severe Mental Illness: the Data and the Controversy. Presented at the annual meeting of the American Psychiatric Association, Philadelphia, May 5-9, 2012.

[2] Swartz MS, Swanson JW: Can States Implement Involuntary Outpatient Commitment Within Existing State Budgets? Psychiatric Services 64: 7-9, 2013

[3] Anderson, Tom. 2012. Testimony supporting AB 1569 before the California State Assembly Committee on Health, March 29, 2012; Report to the Nevada County Grand Jury: Laura's Law in Nevada County, A Model for Action – Saving Money and Lives, 2011-2012.

[4] Esposito RE, Westhead VA, Berko J: Outpatient Commitment Law: Effective but Underused. Psychiatric Services 59: 328, 2008

Treatment Advocacy Center Backgrounder

Assisted outpatient treatment (AOT)

SUMMARY: Forty-five states permit the use of assisted outpatient treatment (AOT), also called outpatient commitment. AOT is court-ordered treatment (including medication) for individuals who have a history of medication noncompliance, as a condition of their remaining in the community. Studies and data from states using AOT prove that it is effective in reducing the incidence and duration of hospitalization, homelessness, arrests and incarcerations, victimization, and violent episodes. AOT also increases treatment compliance and promotes long-term voluntary compliance, while reducing caregiver stress. The five states that do not have AOT are Connecticut, Maryland, Massachusetts, New Mexico and Tennessee.

* * *

Assisted outpatient treatment reduces hospitalization.
Several studies have clearly established the effectiveness of AOT in decreasing hospitalization.

Researchers in 2009 conducted an independent evaluation of New York's court-ordered outpatient treatment law ("Kendra's Law") and documented a striking decline in the rate of hospitalization among participants. During a six-month study period, AOT recipients were hospitalized at less than half the rate they were hospitalized in the six months prior to receiving AOT (i.e., the hospitalization rate dropped from 74 percent to 36 percent). Among those admitted, hospital stays were shorter: average length of hospitalization dropped from 18 days prior to AOT to 11 days during the first six months of AOT and 10 days for the seventh through twelfth months of AOT (Swartz et al. 2009, 26-29).

A randomized controlled study in North Carolina (part of the so-called "Duke Study") in 1999 demonstrated that intensive routine outpatient services alone, without a court order, did not reduce hospital admission. However, when the same level of services (at least three outpatient visits per month, with a median of 7.5 visits per month) were combined with long-term AOT (six months or more), hospital admissions were reduced 57 percent, and length of hospital stay was reduced by 20 days compared to individuals receiving the services alone. The results were even more dramatic for the subset of individuals with schizophrenia and other psychotic disorders. For them, long-term AOT reduced hospital admissions by 72 percent and length of hospital stay by 28 days compared with the services alone. The participants in the North Carolina study were from both urban and rural communities and "generally did not view themselves as mentally ill or in need of treatment" (Swartz et al. 1999).

A 1986 study in Washington, D.C., found that the average patient's number of hospital admissions decreased from 1.81 per year before AOT to 0.95 per year after AOT (Zanni and deVeau 1986). In a more recent Washington study of 115 patients, AOT decreased

hospitalization by 30 percent over two years. The savings in hospital costs for these 115 patients alone was $1.3 million (Zanni and Stavis 2007). In Ohio, the decrease in hospital admissions was from 1.5 to 0.4 (Munetz et al. 1996) and in Iowa, from 1.3 to 0.3 over a 12 month period (Rohland 1998).

In an AOT program in Florida, AOT reduced hospital days from 64 to 37 days per patient over 18 months, a 43percent decrease. The savings in hospital costs averaged $14,463 per patient (Esposito et al. 2008).

Only two studies have failed to find court-ordered outpatient treatment effective in reducing admissions. One was a Tennessee study in which "outpatient clinics [were] not vigorously enforcing the law," and thus non-adherence had no consequences (Bursten 1986). The second was a Bellevue Hospital (New York City) study that pre-dated the enactment of Kendra's Law and was based on a small AOT pilot program at that hospital (Policy Research Associates 1998). The study authors acknowledged that they could not "draw wide-ranging conclusions ... [due to] the modest size of [the] study group." As in the Tennessee study, there were no consequences to an individual for non-adherence, calling the significance of the findings into serious question. Although not statistically significant because of the small study group, the Bellevue study suggests that the court orders did in fact help reduce the need for hospitalization. Patients in the control group spent a median of 101 days in the hospital, while patients in the court-ordered group spent a median of 43 days in the hospital during the study.

Assisted outpatient treatment reduces homelessness.
A tragic consequence for many individuals with untreated mental illnesses is homelessness. At any given time, there are more people with untreated severe psychiatric illnesses living on America's streets than are receiving care in hospitals. In New York, when compared to three years prior to participation in the program, 74 percent fewer AOT recipients experienced homelessness (New York State Office of Mental Health 2005).

Assisted outpatient treatment reduces arrests and incarceration.
A study of the New York State Kendra's Law program published in 2010 concluded that the "odds of arrest in any given month for participants who were currently receiving AOT were nearly two-thirds lower" than those not receiving AOT (Gilbert et al. 2010).

According to a New York State Office of Mental Health 2005 report on Kendra's Law, arrests for AOT participants were reduced by 83 percent, plummeting from 30 percent prior to the onset of a court order to only 5 percent after participating in the program (New York State Office of Mental Health 2005, 18).

In a Florida report, AOT reduced days spent in jail among participants from 16.1 to 4.5 days, a 72 percent reduction (Esposito et al. 2008).

Similarly, the Duke study in North Carolina found that, for individuals who had a history of multiple hospital admissions combined with arrests and/or violence in the prior year, long-term AOT reduced the risk of arrest by 74 percent. The arrest rate for participants in long-term AOT was 12 percent, compared with 47 percent for those who had services without a court order (Swanson et al. 2001).

Assisted outpatient treatment reduces violence, crime, and victimization.
The 2005 New York State Office of Mental Health report also found that Kendra's Law resulted

in dramatic reductions in harmful behaviors for AOT. Among AOT recipients at six months of assisted outpatient treatment compared to a similar period of time prior to the court order: 55 percent fewer recipients engaged in suicide attempts or physical harm to self; 47 percent fewer physically harmed others; 46 percent fewer damaged or destroyed property; and 43 percent fewer threatened physical harm to others. Overall, the average decrease in harmful behaviors was 44 percent (New York State Office of Mental Health 2005, 16).

A 2010 study by Columbia University's Mailman School of Public Health reached equally striking findings about the impact of Kendra's Law on the incidence of violent criminal behavior. When AOT recipients in New York City and a control group of other mentally ill outpatients were tracked and compared, the AOT patients – despite having *more* violent histories – were found four times less likely to perpetrate serious violence after undergoing treatment (Phelan et al. 2010).

The Duke Study in North Carolina found that long-term AOT combined with intensive routine outpatient services was significantly more effective in reducing violence and improving outcomes for severely mentally ill individuals than the same level of outpatient care without a court order. Results from that study showed a 36 percent reduction in violence among severely mentally ill individuals in long-term AOT (180 days or more) compared to individuals receiving AOT for shorter terms (0 to 179 days). Among a group of individuals characterized as "seriously violent," 63.3 percent of those not in long-term AOT repeated violent acts, while only 37.5 percent of those in long-term AOT did so. Long-term AOT combined with routine outpatient services reduced the predicted probability of violence by 50 percent (Swanson et al. 2001b).

The North Carolina study further demonstrated that individuals with severe psychiatric illnesses who were not on AOT "were almost twice as likely to be victimized as were outpatient commitment subjects." Twenty-four percent of those on AOT were victimized, compared with 42 percent of those not on AOT. The authors noted "risk of victimization decreased with increased duration of outpatient commitment" and suggested that "outpatient commitment reduces criminal victimization through improving treatment adherence, decreasing substance abuse, and diminishing violent incidents" that may evoke retaliation (Hiday et al. 2002).

Assisted outpatient treatment improves treatment compliance.
AOT has also been shown to be effective in increasing treatment compliance. In New York, according to the 2005 New York State Office of Mental Health report, AOT led to a 51 percent increase in recipients' exhibition of good service engagement, and more than doubled the exhibition of "good" adherence to medication (New York State Office of Mental Health 2005, 11-13).

In North Carolina, only 30 percent of AOT patients refused medication during a six-month period, compared to 66 percent of patients not under AOT (Hiday and Scheid-Cook 1987). In Ohio, AOT increased attendance to outpatient psychiatric appointments from 5.7 to 13.0 per year; it also increased attendance at day treatment sessions from 23 to 60 per year (Munetz et al. 1996).

AOT also promotes long-term voluntary treatment compliance. In Arizona, "71 percent [of AOT patients] . . . voluntarily maintained treatment contacts six months after their orders expired" compared with "almost no patients" who were not court-ordered to outpatient treatment (Van Putten et al. 1988). In Iowa, "it appears as though outpatient commitment promotes treatment compliance in about 80 percent of patients while they are on outpatient commitment. After

commitment is terminated, about three-quarters of that group remained in treatment on a voluntary basis" (Rohland 1998).

The New York Independent Evaluation also yielded interesting findings on the likelihood of voluntary compliance after AOT is allowed to expire. For individuals who received AOT for periods of six months or less, the researchers found that post-AOT sustainability of improvements in medication adherence depended on whether intensive outpatient services were continued on a voluntary basis. Those who continued with intensive services maintained their substantial increase in medication adherence relative to the pre-AOT period (from 37 to 45 percent); those who discontinued such assistance dropped back to near the pre-AOT levels (33 percent). Patients who received AOT for more than six months, however, experienced *increased* medication adherence *whether or not intensive services were continued.* The medication adherence rate was higher for those who continued intensive services than for those who did not (50 percent vs. 43 percent), but both groups maintained substantial improvements from the pre-AOT rate (37 percent) (Swartz et al. 2009, 39-44).

Assisted outpatient treatment improves substance abuse treatment outcomes.
Individuals who received a court order under New York's Kendra's Law were 58 percent more likely to have a co-occurring substance abuse problem compared with a similar population of mental health service recipients not receiving AOT. Furthermore, the prevalence of substance abuse at six months in AOT as compared to a similar period of time prior to the court order decreased substantially: 49 percent fewer abused alcohol (from 45 percent to 23 percent), and 48 percent fewer abused drugs (from 44 percent to 23 percent) (New York State Office of Mental Health 2005, 16).

Assisted outpatient treatment reduces caregiver stress.
A study published in 2004 examined the impact of AOT on those who serve as primary caregivers for people with severe mental illness (typically, family members). The level of reported stress was compared for caregivers of individuals who received AOT of at least six months, those who received brief AOT, and those who received no AOT. The results indicated that extended AOT (six months or more) significantly reduced caregiver stress. Not surprisingly, improved treatment adherence was also found to reduce caregiver stress. Notably, the study showed that AOT operates as an independent factor from treatment adherence in reducing stress. That is, AOT "contributes significantly to reduced caregiver strain, over and above its effect on treatment adherence" (Groff et al. 2004).

STUDIES REFERENCED

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Miller, Alisa

From: Board of Supervisors (BOS)
Sent: Wednesday, July 09, 2014 5:19 PM
To: Miller, Alisa
Subject: File 140557: Thank You for Laura's Law Bill!!!

From: J Sottile [mailto:jim_sottile@yahoo.com]
Sent: Wednesday, July 09, 2014 4:41 PM
To: Farrell, Mark (BOS)
Cc: Kim, Jane (BOS); bos@sfgov.org
Subject: Thank You for Laura's Law Bill!!!

Supervisor Farrell,

As a resident of the Downtown/Tenderloin neighborhood for more than a decade I would like to personally thank you for offering a Laura's Law bill here in SF.

Seeing the victims of substance abuse on the street, who sleep in doorways along Sutter, Geary, Taylor and Post street my hope is that additional relief may come in the form of delivering mental health services.
I also helped campaign for the sit/lie ordinance and just view this as another tool for making SF a more liveable city.

Thank You for your Leadership,
Jim Sottile
94102

6/23/14 Received in Committee

File Nos. 140557
140558

VIRGINIA LEWIS, LCSW, SFMHB

I am virginia Lewis, licensed clinical social worker, private practice for 25 years and have worked with bi-polar clients. I am a member of the SF mental health board, NAMI and was Chair of the SF Night Ministry. I presently conduct a parent support group for NAMI and a I am in contact with many parents and relatives of persons with serious chronic mental illness (primarily schizophrenia and bi-polar disorder).

I am also the mother of a bi-polar child and I am speaking to you today, primarily as a parent, in support of LL. I want us to make it clear that my daughter has given me permission to speak about her. I believe this is important because one reason so few of we parents are willing to speak publicly is because we are protecting our children and families from stigma. Presently my daughter is stable on her medications for a year and doing well. However, there are no guarantees going forward that this will continue. We have discussed LL and she told me that she wishes that the LL option had been available to us in the past when as a family we dealt with tragic and horrific situations due to her serious mental illness. During these times, there were almost no effective services available to her in SF, in either the public or the private sphere. The LL program provides a pathway for parents to obtain help before events spiral downward and it becomes necessary, to avoid violence, to involve law enforcement. It would be the only such real option available to families and friends of SCMIs in SF.

Thx.

6/23/14
Received in
Committee

San Francisco Board of Supervisors
Rules Committee Meeting
Monday, June 23, 2014

File Nos. 140557
140558

Public Comment Good morning honorable Supervisors. Please recommend that the Board vote to implement Laura's Law and don't leave our veterans that are living with Serious Mental Illness and lack the insight needed to seek treatment voluntarily, to suffer and die on the streets.

There will be 100,000 fewer female and male soldiers on active duty before the end of this year, as Afghanistan winds down. The Department of Veterans Affairs scheduling scandal clearly shows that it is not ready for the return of treatment resistant, treatment non-compliant female and male service members who were trained to be violent, like me.

The United States Department of Justice approved Assisted Outpatient Treatment, Laura's Law as an effective, efficient and humane hospitalization and incarceration recidivism reduction program in March of 2012 and that is a fact that cannot be ignored any longer.

Too many California public mental health officials, however, continue to throw money down so-called mental health wellness rat holes which rely on the brutality of the streets to modify the behavior of persons living with Serious Mental Illness who are insight deficient. That results in increased recidivism which is irresponsible, inhumane and immoral, as well as deadly for mentally ill persons like 34 year old Errol Chang who was killed in Pacifica on March 18 and 18 year old Yanira Serrano who was killed in Half Moon Bay on June 3.

Please recommend that the Board vote to implement Laura's Law and don't leave our veterans to suffer and die on the streets based on the intellectually and morally bankrupt misrepresentations of law and misstatements of fact used by the Recovery Racketeers and their unethical attorneys Disability Rights California to line their own pockets at the expense of those least able to defend themselves. Thank you.

San Francisco Travel

June 18, 2014

Ms. Angela Calvillo
Clerk of the Board
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

RE: File #140557 – Implementation of Laura's Law

Dear Ms. Calvillo:

The San Francisco Travel Association is in full support of Supervisor Mark Farrell's measure that would fully implement Laura's Law in the City and County of San Francisco.

Encountering individuals with untreated mental health issues on our streets is cited by our visitors as the most disturbing aspect of their experience in San Francisco. And, in most cases these visitors compassionately ask why our city does not do more to care for and provide treatment for these individuals.

We can all agree that San Francisco's residents who are facing acute mental health challenges deserve a better and more humane solution than a life on the street. The measure being proposed by Supervisor Farrell offers a compassionate and caring approach to meeting the needs of these individuals by providing the families of individuals facing these challenges with an avenue for securing assistance for their loved ones who are suffering from mental illness.

For these reasons, San Francisco Travel urges you to support this proposal to fully implement Laura's Law when it is heard in Rules Committee on June 23, 2014.

Sincerely,

Joe D'Alessandro
President and CEO
San Francisco Travel

cc:
Mayor Ed Lee
Board of Supervisors

California Association of Psychiatric Technicians

June 17, 2014

Angela Calvillo, Clerk of the Board
San Francisco City & County Board of Supervisors
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Via e-mail and regular mail

RE: IMPLEMENTATION OF "LAURA'S LAW" ASSISTED-OUTPATIENT TREATMENT PROGRAM

Dear Ms. Calvillo:

Due to a scheduling conflict, I regret that I will not be able to attend the June 23 Supervisors' Rules Committee public hearing on the proposed implementation of "Laura's Law." However, I would be grateful if you would distribute this letter to supervisors and any additional decisionmakers you feel are appropriate.

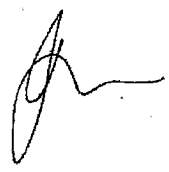
On behalf of our 14,000-member professional organization, I am again writing to implore San Francisco City & County to implement "Laura's Law." This law is a California state law allowing counties to create and run court-ordered assisted-outpatient treatment programs for your constituents with serious mental illnesses. To qualify for this program, a constituent must have a serious mental illness plus a recent history of psychiatric hospitalizations, jailings or acts, threats or attempts of serious violent behavior toward himself, herself or others. The law was named after Laura Wilcox, a young woman from Nevada County who – along with two others – was killed by a man with serious mental illness who had refused treatment.

As state-licensed, -trained and -regulated mental-health and developmental-services nursing professionals, Psychiatric Technicians are very familiar with the urgent and all-too-often unmet needs of Californians with mental illnesses and developmental disabilities, as well as the desperate, ongoing efforts of families to get needed mental-health care for their loved ones in crises. We Psychiatric Technicians are formally pledged to uphold the integrity, dignity and rights of Californians in our care. Laura's Law upholds Californians' rights while allowing them to get the services they need -- providing a cost-effective, life-saving tool to help Californians who are facing suffering, danger and even death because of untreated mental illness.

Since Senate Bill 585 clarified that Proposition 63/Mental Health Services Act funds can indeed be used to pay for Laura's Law programs, we're pleased that more counties have joined Nevada County -- Laura Wilcox's home -- in considering and even implementing assisted-outpatient treatment programs for constituents in need. San Francisco has long been considered a national leader in progressive constituent services and it is our sincere hope that your city/county will help set the trend for compassionate care for people with mental illnesses and their families throughout the United States.

Please contact me at (800) 677-2278 if I may be of further assistance on this issue.

Sincerely,



Juan Nolasco, PT
CAPT State President

1220 S Street, Suite 100 ✦ Sacramento CA 95811-7138 ✦ (916) 329-9140 ✦ (800) 677-2278 ✦ FAX (916) 329-9145

Evans, Derek

From: Board of Supervisors (BOS)
Sent: Tuesday, May 27, 2014 1:59 PM
To: BOS-Supervisors; Evans, Derek; Miller, Alisa
Subject: File 140557/140558: Laura's Law

From: Monika Eisenbud [mailto:monika@msri.org]
Sent: Monday, May 26, 2014 7:04 PM
To: Board of Supervisors (BOS)
Subject: Laura's Law

Hello, Mr. Farrell

I write to you as a psychiatrist in the Bay area, and also as a family member of someone with severe mental illness.

You and I are aware of a significant problem affecting those with neurologically-based severe mental illness: their injured brain leaves them unable to perceive their own illness, so unable to recognize that there is anything wrong: the logical consequence is that they see no reason why they should take medication.

Yet the medications we have available, while imperfect (with troublesome side effects) can make all the difference between a livable life or an intolerable one. Without treatment, there is the high likelihood of a downward spiral: devastating symptoms, self-medicating with street drugs to try to ease the resulting suffering, isolation from those who care, and homelessness, with all its tragic consequences.

Laura's law is needed, and is a compassionate approach. When I practiced psychiatry in Massachusetts, a law was passed that allowed patients hospitalized for acute psychosis to refuse medication treatment. We referred to laws of that kind as giving the mentally ill 'the right to die with their rights on.' This approach did not serve the needs of the mentally ill, nor did it work for those standing ready to help them, and the law was changed.

We, as mental health professionals on the front lines strongly support Laura's law and your efforts to have it go into effect in San Francisco.

Cordially,

Monika Eisenbud, M.D.

Evans, Derek

From: Board of Supervisors (BOS)
Sent: Tuesday, May 27, 2014 1:58 PM
To: BOS-Supervisors; Evans, Derek; Miller, Alisa
Subject: File 140557 & 140558: Laura's Law

-----Original Message-----
From: fvano@earthlink.net [mailto:fvano@earthlink.net]
Sent: Sunday, May 25, 2014 7:43 PM
To: Board of Supervisors (BOS)
Subject: Laura's Law

Dear Supervisors:

As a psychiatrist, I fully support the implementation of Laura's law. I have seen too many people "die with their rights on"- or be incarcerated. Please vote yes- it's time.

Frank Van Orden, M.D.
1631 20th Avenue
San Francisco, CA 94122

File 140557

File 140558
cpage

From: Nancy Rossman [nancyrossman@sbcglobal.net]
Sent: Wednesday, May 21, 2014 12:36 PM
To: Board of Supervisors (BOS)
Subject: Laura's Law

I worked for the city for 18 years in mental health. I am very interested in the passage of Laura's law. I have personally witnessed lives being salvaged as a part of managed care. Do we have to wait any longer to pass Laura's law which would mean the difference of a decent life or homelessness and jail for some. The progressive step is to pass Laura's law and I would particularly like to know the stand Supervisors Campos and Chui are taking so I can vote for the right candidate. I met them both at the 30th Street Sr. Center but didn't get to ask in person. Nancy Rossman

140551
File 140558
Page

From: Stephen Aron [stearon@msn.com]
Sent: Wednesday, May 21, 2014 2:26 PM
To: Board of Supervisors (BOS)
Subject: Laura's Law

Please enact Laura's Law and show the community that a responsive mental health program to provide treatment and protect the patient can be put into effect.

Stephen C. Aron, M.D.
240 Westgate Drive Suite 235
Watsonville, CA 95076
Phone: (831) 728-0255
Fax: (831) 621-4666
Email: stearon@msn.com
Web: Stephen-aron-md.6te.net

File 140557, 140558
4 page

From: M. Geary [likelife@hotmail.com]
Sent: Tuesday, May 20, 2014 1:03 PM
To: Board of Supervisors (BOS)
Subject: Laura's Law

Please pass Laura's Law for SF and help
get mentally ill people the treatment they need...

Thank you,
Marilyn L. Geary

File 140557
File 140588
cpage

From: Lisa Cataldo [lcataldo@eurekausd.org]
Sent: Tuesday, May 20, 2014 10:40 AM
To: Board of Supervisors (BOS)
Subject: Laura's Law

Good morning,

My name is Lisa and I would like to help in any way needed so that Laura's Law may be adopted in your county. I live in Roseville with my son Michael who is 26 years old with severe schizophrenia. It has been a very long journey as my son was missing in Los Angeles in April 2011 and a senior in his Master's program at Pepperdine at the time of his first psychotic break. He receives a very modest amount of Social Security Disability now and has Medicare and Medical. My son receives an Invega shot once a month along with other medication and our biggest opportunity has been to keep him medicated and safe from harming himself and others.

Sincerely,

Lisa

Lisa Cataldo
Executive Assistant to the Superintendent
Eureka Union School District
5455 Eureka Road
Granite Bay, CA 95746
lcataldo@eurekausd.org
(916) 774-1202

File 140557
File 140558

cpage

From: jim eyerman [jimeye108@gmail.com]
Sent: Wednesday, May 21, 2014 3:36 PM
To: Board of Supervisors (BOS)
Subject: Laura's Law

I fully support Laura's law.
To treat chronic severe mentally ill person with medication restores their dignity. Anosognosia is real (18 fMRI studies have documented the altered neurophysiology involved). The humane approach is to alleviate the disorders and the distress. Please support Laura's Law.

--
Kindest Regards!
Jimmy

Jimmy Eyerman, MD, 10 Willow St #1, Mill Valley, CA 94941, jameseyerman.com 415-686-9255

Certifications ~ Integrative Holistic Medicine ~ Adult & Adolescent Psychiatry ~ Ayurveda ~ Jyotish ~ Pulse Diagnosis ~ Holotropic Breathwork ~ Transpersonal Psychology. Assoc Prof Clin Psychi, UCSF & Touro U

"Compassion...compassion, always say compassion," HH Dalai Lama

***HOLOTROPIC BREATHWORK*: [usually] EVERY SUNDAY: 7-->10 PM.**
Register: jimeye108@gmail.com Sliding scale: $50 <-> $400. Reference: **A Clinical Report on Holotropic Breathwork in 11,000 Psychiatric Inpatients in a Community Hospital Setting -->** http://www.maps.org/news-letters/v23n1/v23n1_p24-27.pdf

"We have learned to register and to make use of the intentions implicit in all the acts of consciousness or transconsciousness. To say that the Imagination (or love, or sympathy, or any other sentiment) induces knowledge, and knowledge of an "object" which is proper to it, no longer smacks of paradox." Henri Corbin

"Matter is spirit, moving slowly enough to be seen." "Nous ne sommes pas des êtres humains vivant une expérience spirituelle, nous sommes des êtres spirituels vivant une expérience humaine" Teilhard de Chardin, scientifique et jésuite

Ya devi sarva-bhuteshu KANTI [Beauty] rupena samsthita namastasyai namastasyai namastasyai namo namaha! Tantric Praise of the Goddess. [Hey Maa, to You who pervades all forms as Beauty, we bow, again and again and again!]

"Our conscious brain operates at roughly 2000 bits of information per second. The entire [unconcious] brain operates at approximately 400 billion bits of information per second." Statinover & Dispenza / Hagelin

Subject: File 140557, 140558: Important: Laura's Law - Why To Vote NO - Details Enclosed

-----Original Message-----
From: Eric Brooks [mailto:brookse@igc.org]
Sent: Wednesday, May 21, 2014 5:25 PM
To: MarStaff (BOS); Pagoulatos, Nickolas (BOS); Lim, Victor (BOS); Lauterborn, Peter (BOS); Chiu, David (BOS); Rauschuber, Catherine (BOS); True, Judson; Breed, London (BOS); Brown, Vallie (BOS); Johnston, Conor (BOS); Cerda, Juan (BOS); Kim, Jane (BOS); Veneracion, April (BOS); Angulo, Sunny (BOS); Lee, Ivy (BOS); Yee, Norman (BOS); Mormino, Matthias (BOS); Scanlon, Olivia (BOS); Low, Jen (BOS); Wiener, Scott; Taylor, Adam (BOS); Power, Andres; Cretan, Jeff (BOS); Campos, David (BOS); Ronen, Hillary; Lane, Laura (BOS); Goossen, Carolyn (BOS); Cohen, Malia (BOS); Bruss, Andrea (BOS); Chan, Yoyo (BOS); Tugbenyoh, Mawuli (BOS); Avalos, John (BOS); Redondiez, Raquel (BOS); Hsieh, Frances (BOS); Pollock, Jeremy (BOS); Tang, Katy (BOS); Summers, Ashley (BOS); Quizon, Dyanna (BOS)
Subject: Important: Laura's Law - Why To Vote NO - Details Enclosed

Hi Supervisors and Staff,

It is very troubling to see that you will have yet another vote soon at the full Board on supporting and implementing "Laura's Law".

It is crucial that you understand that NAMI and other organizations pushing both Laura's Law, and this local measure that would enact it in San Francisco, get a majority of their funding from pharmaceutical and medical industry corporations. To see details on NAMI's connection with the drug industry go to:
http://www.nytimes.com/2009/10/22/health/22nami.html

That report is from 2009 when the controversy over NAMI's funding first broke, but such funding of NAMI by pharmaceutical and other medical industry corporations continues, as can be seen on NAMI's own disclosure page at:
http://www.nami.org/Template.cfm?Section=Major_Foundation_and_Corporate_Support

Please Vote 'NO' On Laura's Law

The law, though well disguised by associating itself with well meaning local supporters, is simply an attempt to force more people onto dangerous psychiatric drugs and other aggressive psychiatric treatments, against their will.

Here are more details on NAMI and the booming increase in the push for rampant unnecessary drug treatment.

NAMI, the National Alliance on Mental Illness (locally SF NAMI), has spent decades pushing aggressive over-diagnosis of mental illness, in order to trick, and even force, millions of innocent healthy people (a vast number of them children) onto extremely dangerous psychoactive drugs, most with heavy side effects that neuter the lives of the people who are naively taking them. The out of control over-prescription of such drugs has led to pharmaceutical induced suicides, aggressive behavior, violence, and deaths.

To see an example of NAMI's blatant and excessive pushing of pharmaceutical drugs, view its flyer "Confronting Society's Stigma" at:
http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/8NamiConfrontingStigmas.PDF.pdf

NAMI aggressively markets to the public and mental health professionals that normal human behaviors, such as shyness or lack of attention in school, are illnesses caused by 'chemical imbalances' in the brain, which need to be treated with medication. This 'chemical imbalance' theory, though it has been widely accepted because of huge PR campaigns from groups like NAMI, has absolutely no basis in proven science whatsoever. See: http://chriskresser.com/the-chemical-imbalance-myth

One of the most egregious accomplishments of NAMI, and other pharmaceutical industry front groups like CHADD, is the pushing of the false pseudo-diagnosis of 'ADD' and 'ADHD' so effectively that it has succeeded in forcing millions of innocent healthy school children onto drugs like Ritalin, ruining their childhoods and devastating their adult lives. See: http://www.nytimes.com/2013/12/15/health/the-selling-of-attention-deficit-disorder.html

It is easy to be misled by local NAMI organizers, because they are often very well meaning volunteers, who really care about legitimate mental illness, and they often work on expanding non-drug treatments; but they have also been deeply manipulated and duped by NAMI PR and literature into pushing hard for massive over-prescription of psychoactive drugs.

As a primary supporter of legislation like "Laura's Law" NAMI has one agenda, and that is to force millions -more- people nationwide, onto profitable, but unnecessary, and life threatening drugs.

Again, please vote 'NO' on Laura's Law.

IMPORTANT NOTE: It is equally disturbing that representatives of NAMI have gained seats and heavy influence on our local Mental Health Board.
This connection with NAMI on our local board should be investigated, and in light of the pharmaceutical industry manipulation of NAMI, all Mental Health Board members who are paid by NAMI, or receive funding from NAMI for their local work or nonprofits, should be removed from the Mental Health Board due to clear conflict of interest.

Thanks for your attention to this.

Eric Brooks
415-756-8844

BOARD of SUPERVISORS

City Hall
Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

MEMORANDUM

TO: Barbara Garcia, Director, Department of Public Health
Chief Greg Suhr, Police Department
Sheriff Ross Mirkarimi, Sheriff's Department
Chief Wendy Still, Adult Probation Department
Chief Allen Nance, Juvenile Probation Department
Jeff Adachi, Public Defender, Office of the Public Defender
George Gascon, District Attorney, Office of the District Attorney

FROM: Alisa Miller, Clerk, Rules Committee
Board of Supervisors

DATE: June 18, 2014

SUBJECT: LEGISLATION INTRODUCED

The Board of Supervisors' Rules Committee had the following proposed legislation transferred from Neighborhood Services and Safety Committee on June 11, 2014. This matter is being referred to your department for informational purposes.

File No. 140557

Ordinance amending the Health Code to authorize the implementation of court-ordered Assisted Outpatient Treatment for individuals with mental illness who meet the criteria established by California Welfare and Institutions Code, Sections 5345-5349.5 ("Laura's Law"); and making a finding that this authorization will not result in a reduction of current adult and juvenile mental health programs.

If you wish to submit any reports or documentation to be considered with the legislation, please send those to me at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

c: Greg Wagner, Department of Public Health
Colleen Chawla, Department of Public Health
Christine Fountain, Police Department
Katherine Gorwood, Sheriff's Department
Sharon Woo, Office of the District Attorney

BOS-11, NSS + Rules Clerk
CO B, Leg Dep

President, District 3
BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-7450
Fax No. 554-7454
TDD/TTY No. 544-5227

DAVID CHIU
邱信福
市參事會主席

PRESIDENTIAL ACTION

Date: 6/11/2014

To: Angela Calvillo, Clerk of the Board of Supervisors

Madam Clerk,
Pursuant to Board Rules, I am hereby:

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2014 JUN 11 AM 9:05

☐ Waiving 30-Day Rule (Board Rule No. 3.23)

File No. _____ _____ (Primary Sponsor)

Title. _____

☒ Transferring (Board Rule No. 3.3)

File No. 140557 Farrell (Primary Sponsor)

Title. Health Code - Assisted Outpatient Treatment

From: Neighborhood Services & Safety Committee

To: Rules Committee

☐ Assigning Temporary Committee Appointment (Board Rule No. 3.1)

Supervisor _____

Replacing Supervisor _____

For: _____ (Date), _____ (Committee) Meeting

David Chiu

David Chiu, President
Board of Supervisors

Print Form

Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

☒ 1. For reference to Committee. (An Ordinance, Resolution, Motion, or Charter Amendment)

☐ 2. Request for next printed agenda Without Reference to Committee.

☐ 3. Request for hearing on a subject matter at Committee.

☐ 4. Request for letter beginning "Supervisor _____ inquires"

☐ 5. City Attorney request.

☐ 6. Call File No. _____ from Committee.

☐ 7. Budget Analyst request (attach written motion).

☐ 8. Substitute Legislation File No. _____

☐ 9. Reactivate File No. _____

☐ 10. Question(s) submitted for Mayoral Appearance before the BOS on _____

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

☐ Small Business Commission ☐ Youth Commission ☐ Ethics Commission

☐ Planning Commission ☐ Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative Form.

Sponsor(s):

Supervisor Mark E. Farrell; Supervisors Scott Wiener, Katy Tang, and London Breed

Subject:

Health Code - Assisted Outpatient Treatment ("Laura's Law")

The text is listed below or attached:

Attached.

Signature of Sponsoring Supervisor: _____

For Clerk's Use Only:

140557