



**COUNTY OF SAN MATEO**  
Inter-Departmental Correspondence  
Health System



**Date:** May 29, 2015  
**Board Meeting Date:** June 16, 2015  
**Special Notice / Hearing:** None  
**Vote Required:** Majority

**To:** Honorable Board of Supervisors

**From:** Jean S. Fraser, Chief, Health System  
Stephen Kaplan, Director, Behavioral Health and Recovery Services

**Subject:** Implementation of AB 1421 (Laura's Law) in San Mateo County

**RECOMMENDATION:**

Adopt a resolution authorizing implementing AB 1421 (Laura's Law) Assisted Outpatient Treatment Program to examine its efficacy in San Mateo County

**BACKGROUND:**

On May 19th, your Board first considered the recommendation to adopt a resolution to implement AB 1421 (Laura's Law). During the course of your deliberation questions were raised that required further investigation and study before taking an action on the recommendation. Your Board directed us to return on June 16th with further information. This memo details that further information.

**DISCUSSION:**

Per your direction we discussed with Orange County Behavioral Health staff their experience with the implementation of Laura's Law based on their first six months of implementation.

*•Why have the overwhelming majority of clients accepted services voluntarily? Has the threat of the "black robe" caused them to accept services they would ordinarily refuse?*

Orange County staff reported that the main factor influencing the clients is the persistent work of the outreach and engagement team. The team works in pairs to engage the consumer, build rapport, determine his/her needs and then discuss how voluntary services may meet those needs. Prospective clients are told that while this is a court program, the team would like to see them accept services voluntarily so that they can determine their own course of treatment.

The engagement and assessment phase is approximately 60 days. Orange County staff believes that the “black robe” effect has influenced some clients to accept services voluntarily in order to avoid any interaction with the court, but they do not have any data on this effect.

*•Are you receiving referrals from jail and what, if any, impact has there been on the jail population?*

Referrals are being received from the jail. Outreach staff member have jail clearance so they can engage prospective clients who have release dates coming up. On several occasions clients have agreed to services and have been linked to treatment upon their release. Ensuring the release time is coordinated with the treatment team for there to be a “warm handoff” is essential. The numbers are sufficiently small at this point that they do not see an impact on the size of the jail population.

*•How are the "involuntary" clients, i.e. those who went through the court process, doing?*

The first client has done an outstanding job utilizing resources from the FSP. The second client is having difficulty adjusting to the structure and is currently hospitalized.

*•Has the lack of enforcement with the court ordered treatment been a factor?*

Given there are only two clients under a court order for a short period of time, it is too soon to say.

*•Describe what happens with the 930 calls and the 317 assessments from those clients enrolled in the program.*

Of the 930 calls, 613 are for information only or parents or family calling about existing clients.

Of the 317 assessments that have been performed, most were not eligible for a variety of reasons including:

- staff were unable to locate (75);
- person did not meet criteria (54);
- person was already receiving services (30);
- person was incarcerated with extended sentence (18);
- person was in long term inpatient hospital care (16);
- miscellaneous other reasons (36).

Resources are always offered to those who do not meet criteria (i.e. clinic services, outreach and engagement, community support).

There were 73 clients voluntarily enrolled. Two clients have been ordered by the court into treatment involuntarily. Three additional clients went through the court process but

entered into a “settlement agreement” during the court process by which they agreed to accept services.

In addition to asking us to gather more information from Orange County, you also asked us what we would do if we received the same amount of funds but did not implement Laura’s Law.

Our original answer would have been to invest in even more Full Service Partnership beds. However, we have reconsidered that response.

We continue to believe that people with serious mental illnesses are most successfully served when they can engage with services voluntarily. Those who cannot care for themselves need to be conserved. We have resisted implementing Laura’s Law because we think the public misunderstands the law, thinking that it has more power than it does. We also have resisted because we do not want to dissuade people from seeking help by making them worried that they will be forced into services they don’t want.

However, Orange County’s experience of having many more people call for help, and the successful engagement of so many people in voluntary services, is compelling. If adopting Laura’s Law encourages many more people to call for help, and does not dissuade other people who are fearful of a mandatory process, that would be a good outcome.

Accordingly, at this point we recommend implementing Laura’s Law for a one year trial period. The period should start once we certify that we have hired the needed staff and have the FSP slots ready.