Assembly Bill No. 1421 – Author, Assemblywoman Helen Thomson

CHAPTER 1017

Approved by Governor September 28, 2002 - Filed with Secretary of State September 28, 2002

An act to add and repeal Article 9 (commencing with Section 5345) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL’S DIGEST


Existing law, the Lanterman-Petris-Short Act, makes provision for the involuntary treatment of any person with a mental disorder who, as a result of the mental disorder, is a danger to others or to himself or herself, or is gravely disabled.

This bill, until January 1, 2008, would enact the Assisted Outpatient Treatment Demonstration Project Act of 2002, which would create an assisted outpatient treatment program for any person who is suffering from a mental disorder and meets certain criteria. The program would operate in counties that choose to provide the services.

The program would involve the delivery of community-based care by multidisciplinary teams of highly trained mental health professionals with staff-to-client ratios of not more than 1 to 10, and additional services, as specified, for persons with the most persistent and severe mental illness. This bill would specify requirements for the petition alleging the necessity of treatment, various rights of the person who is the subject of the petition, and hearing procedures. This bill would also provide for settlement agreements as an alternative to the hearing process. This bill would provide that if the person who is the subject of the petition fails to comply with outpatient treatment, despite efforts to solicit compliance, a licensed mental health treatment provider may request that the person be placed under a 72-hour hold based on an involuntary commitment.

This bill would also require each county operating an outpatient treatment program pursuant to the bill to provide certain data to the State Department of Mental Health, and would impose requirements upon the department to report to the Legislature, as specified.

The bill would also require the department to develop a specified training and education program for use in counties participating in the program pursuant to the bill.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) On February 15, 2001, the Rand Corporation released a report, commissioned by the California Senate Committee on Rules, titled “The Effectiveness of Involuntary Outpatient Treatment: Empirical
Evidence and the Experience of Eight States,” which is an evidence-based approach to examining and synthesizing empirical research on involuntary outpatient treatment.

(b) Rand’s findings include the following:

(1) Data from the State Department of Mental Health’s Client Data System, documenting about one-half of all commitments in California, indicate that 58,439 individuals accounted for 106,314 admissions under 72-hour holds, and, of those:

   (A) Thirty-three and two-tenths percent, or 17,062, had at least one prior episode of involuntary commitment in the previous 12 months.

   (B) Thirty-four and three-tenths percent, or 17,627, lived with a family member prior to the hold.

   (C) Thirty-four and three-tenths percent, or 17,627, had a diagnosis of schizophrenia or other psychosis.

   (D) Thirty-seven and two-tenths percent, or 19,118, had no record of outpatient service use in the previous 12 months.

(2) Some high-risk patients do not respond well to traditional community-based mental health services. For various reasons, even when treatment is made available, high-risk patients do not avail themselves of these services.

(3) In general, these ambulatory care data from the department’s client data system do not support the assumption that individuals were entering the involuntary treatment system because they were not able to access outpatient services.

(4) The best evidence from randomized clinical trials supports the use of assertive community treatment (ACT) programs, which involve the delivery of community-based care by multidisciplinary teams of highly trained mental health professionals with high staff-to-client ratios. The evidence also suggests that fidelity to the ACT model ensures better client outcomes.

(5) A study by Duke University investigators, using randomized clinical trials, suggests that people with psychotic disorders and those at highest risk for poor outcomes benefit from intensive mental health services provided in concert with a sustained outpatient commitment order.

(6) The effect of sustained outpatient commitment, according to the Duke study, was particularly strong for people with schizophrenia and other psychotic disorders. When patients with these disorders were on outpatient commitment for an extended period of 180 days or more, and also received intensive mental health services, they had 72 percent fewer readmissions to the hospital and 28 fewer hospital days than the non outpatient commitment group.