



Laura's Law: Assisted Outpatient Treatment Demonstration Project Act of 2002

**For the Reporting Periods
May 2012 – April 2013 and
May 2013 – April 2014**

**Department of Health Care Services
Mental Health and Substance Use Disorder Services**

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EXECUTIVE SUMMARY

Assembly Bill (AB) 1421 (Thomson, Chapter 1017, Statutes of 2002) established the Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law (named after one of the individuals killed during a 2001 incident in Nevada County, California). Laura's Law authorizes court-ordered involuntary assisted outpatient treatment (AOT), for individuals that, due to the symptoms of their mental illness, do not voluntarily access local mental health services. The sunset date for this legislation was extended from January 1, 2013, to January 1, 2017, with the passage of AB 1569 (Allen, Chapter 441, Statutes of 2012). In 2012, the program was transferred from the Department of Mental Health (DMH) to Department of Health Care Services (DHCS) and incorporated into DHCS' county performance contracts with the passage of Senate Bill (SB) 1009 (Committee on Budget and Fiscal Review, Chapter 34, Statutes of 2012). With the passage of SB 585 (Steinberg, Chapter 288, Statutes of 2013), counties are now able to utilize various specified funding including Mental Health Services Act (MHSA) funds for AOT services.

Laura's Law requires DHCS to establish criteria, for counties that choose to implement the program, to collect outcomes data on the program and to produce an annual report to the Legislature by May 1, on the program's effectiveness. DHCS is required to provide information on the effectiveness of the county program in developing strategies to reduce the program's clients' risk for homelessness, hospitalizations, and involvement with local law enforcement. The report is to contain information, if available, on the number of individuals served and who maintain contact with the program, those participating in employment services, victimization, violent behavior, substance use, type/intensity/frequency of treatment, social functioning, independent living skills, extent to which enforcement mechanisms are used when applicable, and satisfaction with program services by those receiving them and their families.

Nevada County is currently the sole county that has implemented an AOT program under Laura's Law. As such, this report reflects information gathered for Nevada County during May 2012 to April 2013 and May 2013 to April 2014. Currently, Nevada County operates an AOT program through the Turning Point Providence Center (TPPC). TPPC has an intensive community support program that is recovery-oriented and supports individuals by helping them to reduce or avoid hospitalizations and contact with local law enforcement. The program is housed under TPPC Adult Assertive Community Treatment (AACT) services and is focused on promoting member-driven decision making in treatment planning to the extent it is possible. The program provides community-based care using a multidisciplinary team of mental health professionals with a staff-to-client ratio of not more than one-to-ten. Services include 24/7 crisis contact and/or intervention, rehabilitation, counseling, medications and daily living skills assistance.

2012-13 and 2013-214 Reports Summary

Because there are a small number of individuals in the TPPC AOT program, privacy laws prevent DHCS from reporting summary-level data for each of the

specified outcomes. Accordingly, this report reflects general findings for the TPPC AOT program participants using data that was submitted to DHCS for the 17 individuals who were served by the TPPC AOT in 2012-13 and 19 who were served in 2013-14:

- The number who were homeless decreased.
- The majority who were hospitalized prior to participating in the program decreased.
- The majority who had contact with law enforcement prior to entering the program decreased.
- Most individuals remained fully engaged with services.
- Some were able to secure employment and/or education.
- Some were victimized during the early portion of their AOT services. During each reporting period, program support helped these individuals avoid further victimization.
- Some demonstrated violent behavior during treatment, which the program reports appeared to be associated with concurrent drug use. However, during treatment, these behaviors were often reduced and/or completely eliminated.
- The majority of clients had co-occurring diagnoses. These individuals were able to reduce or eliminate substance use.
- Some were subject to enforcement mechanisms ordered by the court during AOT. Some of these individuals were involuntarily evaluated by and admitted to a hospital, none received an increase in status hearings, and a majority received medication outreach.
- Approximately half of the individuals achieved moderate to superior levels of social functioning.
- The majority indicated that they were “satisfied” to “very satisfied” with services, as measured by the Mental Health Statistics Improvement Program satisfaction survey.

There are several noteworthy limitations of this analysis. Since Nevada County is the only county that has fully implemented the AOT services during the reporting periods, a comparison between programs is not possible; therefore, it is unknown if all of the improvements are attributed to the program or if other factors were responsible. The findings in this report are also not conclusive due to the small number of individuals served by the TPPC program. Some of the measures are based on self-reports and/or recollections of past events, which may or may not be accurate. Furthermore, individuals were followed for different periods of time (e.g., individual A may have been followed for one week while individual B was followed for the entire reporting year). Finally, since some individuals' services cross over from the previous reporting year into the next, the reporting periods may contain artifacts from prior years. Despite these limitations, this analysis indicates that there was improvement to many of the reported outcomes for individuals who were served during these reporting periods, although it is unknown if these improvements may be attributed to the treatment.

Since the passage of SB 585, it is anticipated that more counties will seek to implement AOT services. The following six counties have received Board of Supervisor approval to implement an AOT program: Los Angeles, Orange, Placer, Mendocino, Yolo and San Francisco. DHCS will continue working with the County Behavioral Health Directors Association of California to determine if any additional counties are planning to fully implement AOT. An update will be provided to the Legislature scheduled for the next reporting period.

INTRODUCTION

Assembly Bill (AB) 1421 (Thomson, Chapter 1017, Statutes of 2002) established the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, known as Laura's Law. The statute requires the Department of Health Care Services (DHCS) to establish criteria for counties that want to implement the program to collect data on the outcomes of the programs, and to report to the Legislature annually on the program's effectiveness. The former Department of Mental Health (DMH) issued a letter (DMH LETTER NO. 03-01: March 20, 2003, found at: <http://www.dhcs.ca.gov/formsandpubs/Pages/MH-Letters-Archive2003.aspx>) specifying the documentation counties have to submit to DMH prior to the implementation of an AOT program, including a program description and data collection indicators. Laura's Law allows court-ordered involuntary AOT, due to the symptoms of an individual's mental illness, who do not voluntarily access local mental health services.

The objective of this report is to inform the Legislature on the effectiveness of the programs implemented under Laura's Law. The effectiveness is evaluated, pursuant to Welfare and Institutions Code (WIC) Section 5348, by whether persons served by these programs:

- Are able to maintain housing and participation/contact with treatment;
- Had reduced or avoided hospitalization; and,
- Had reduced involvement with local law enforcement and the extent to which incarceration was reduced or avoided.

If data are available, DHCS is also to report:

- Contact and engagement with treatment;
- Participation in employment services;
- Victimization;
- Incidents of violent behavior;
- Substance use;
- Required enforcement mechanisms;
- Improved level of social functioning;
- Independent living skills; and,
- Satisfaction with program services.

BACKGROUND

Between the end of World War II and the civil rights movements of the 1960s, significant reforms in mental health care occurred in California; among those was the

Lanterman-Petris-Short (LPS) Act (Chapter 1667, Statutes of 1967) that created specific criteria by which an individual could be committed involuntarily to an inpatient locked facility for a mental health assessment. To meet LPS criteria, a person must be a danger to her or himself or others, or gravely disabled due to a mental illness (unable to care for daily needs). In the 1960s, then Governor Ronald Reagan took steps to reduce the number of persons housed in state hospitals that resulted in the closure of several state hospitals in 1973. The plan at the time was to have communities provide mental health treatment and support to those discharged patients; however, due to limited funding, counties were unable to secure the resources necessary to provide adequate treatment or services. Many of the individuals released from the hospitals ended up homeless or imprisoned with very little or no mental health treatment.¹

In 1999, the state of New York (NY) passed a law that authorized court-ordered AOT for individuals with mental illness and a history of hospitalizations or violence requiring that they participate in community-based services appropriate to their needs. The law was named Kendra's Law in memory of a woman who died after being pushed in front of a New York City subway train by a man with a history of mental illness and hospitalizations. Kendra's Law defines the target population to be served by the AOT programs as "...mentally ill people who are capable of living in the community without the help of family, friends and mental health professionals, but who, without routine care and treatment, may relapse and become violent or suicidal, or require hospitalization." The program is required in all counties in NY and the individuals served by court order have priority for services. Kendra's Law improved a range of important outcomes for its recipients,² but differs from California's Laura's Law in several significant ways. It requires that all counties in NY implement AOT programs, and requires that the clients accessing these programs have priority for services. In California, State law allows counties to voluntarily implement Laura's Law programs and it sets forth specific criteria to demonstrate that program funding will not derive from already established and funded mental health services.

In 2002, California passed AB 1421 (Thomson, Chapter 1017, Statutes of 2002), known as Laura's Law, that provides for court-ordered community treatment for individuals with a history of hospitalization and contact with the law. It is named after a woman who was killed in Nevada County by an individual with mental illness who was not following his prescribed mental health treatment. The legislation established an option for counties to utilize courts, probation and the mental health systems to address the needs of individuals who are unable to participate on their own in mental health treatment programs in the community without supervision, previously resulting in homelessness, incarceration, or hospitalization. Laura's Law authorizes counties to implement an AOT program and specifies that established community services may not be reduced to

¹ For additional historical information, see Laura's Law legislative report 2011 at: <http://www.dhcs.ca.gov/services/MH/Documents/4LaurasLawFinalReport.pdf>

² See Kendra's Law, Final Report on the Status of Assisted Outpatient Treatment Outcomes for Recipients during the First Six Months of AOT [Office of Mental Health, State of New York 2005, http://www.omh.ny.gov/omhweb/kendra_web/finalreport/outcomes.htm] and the New York State Assisted Outpatient Treatment Program Evaluation [Swartz, MS et al. Duke University School of Medicine, Durham, NC, June, 2009, http://www.macarthur.virginia.edu/aot_finalreport.pdf].

accommodate the program.

Implementation of Laura's Law

Nevada County is the sole county operating an AOT program for the past five years. This program is recovery-oriented and supportive for individuals to help them reduce or avoid hospitalization and contact with local law enforcement related to their mental health issues. The program is housed under Turning Point Providence Center (TPPC) Adult Assertive Community Treatment (AACT) services and is focused on promoting member-driven decision making in treatment planning to the extent possible. The program provides community-based care using a multidisciplinary team of mental health professionals with a staff-to-client ratio of no more than one-to-ten. Services include 24/7 crisis contact and/or intervention, rehabilitation, counseling, medications and daily living skills assistance. See Appendix A for more information about TPPC.

The sunset date for this legislation was extended from January 1, 2013, to January 1, 2017, with the passage of AB 1569 (Allen, Chapter 441, Statutes of 2012). The program was transferred from DMH to DHCS and incorporated into DHCS' county mental health performance contracts with the passage of SB 1009 (Committee on Budget and Fiscal Review, Chapter 34, Statutes of 2012).

The original statutory requirements for Laura's Law did not require counties to provide AOT programs and did not appropriate any additional funding for counties to implement. However, the passage of SB 585 (Steinberg, Chapter 288, Statutes of 2013) authorizes counties to utilize specified funds for Laura's Law services, as specified in WIC Sections 5347 and 5348; additional counties may consider or implement AOT programs and services.

DATA COLLECTION AND REPORTING METHODOLOGY

TPPC submitted program services data for all individuals who participated in their programs, including the following:

- Client intake information
- MHSA Full Service Partnership (FSP) Outcome Evaluation forms
 - Partnership Assessment Form - the FSP baseline intake assessment
 - Key Event Tracking (KET) - tracks changes in key life domains such as employment, education, and living situation
 - Quarterly Assessment – tracks the overall status of a partner every three months. The Quarterly Assessment captures data in different domains than the KETs, such as financial support, health status, and substance use
- “Milestones of Recovery Scale” (MORS)³
- Global Assessment of Functioning - indicates the level of presence of psychiatric

³This scale was developed from funding by a Substance Abuse and Mental Health Services Administration (SAMHSA) grant and designed by the California Association of Social Rehabilitation Agencies (CASRA) and Mental Health America Los Angeles (MHALA) researchers Dave Pilon, Ph.D. and Mark Ragins, M.D. to more closely align evaluations of client progress with the recovery model. Data collected from the MORS is used with other instruments in the assessment of individuals functioning level in Social Functioning and Independent Living Skills sections. Engagement was determined using a combination of MORS score improvement, contact with treatment team tolerance and social activity.

symptoms

- Mental Health Statistics Improvement Program (MHSIP) Consumer Surveys measure matters that are important to consumers of publicly funded mental health services in the areas of access, quality/appropriateness, outcomes, overall satisfaction and participation in treatment planning

TPPC compiled the required information into a written report and submitted it to DHCS. DHCS conducted follow-up contacts with Nevada County and TPPC to clarify and confirm the data.

Due to a small population size, AOT participants may be identified; thus, summary numbers for each of the specified outcomes cannot be reported to protect participants' health information and privacy rights. DHCS has made a strong public commitment to comply with federal law and maintain a culture of privacy and security; specifically, the Privacy Rule and the Security Rule contained in the Health Insurance Portability and Accountability Act (HIPAA), also clarified in Title 45 in the Codes of Federal Regulations (CFR) Part 160 and Subparts A and E of 164. DHCS also complies with California privacy laws (e.g., the Information Practices Act, California Civil Code Section 1798.3, et. seq.). In order to achieve both of these goals (public reporting and personally identifiable information protection), standards and procedures that appropriately and accurately aggregate data are necessary.

FINDINGS FOR REPORTING PERIOD MAY 1, 2012 – APRIL 30, 2013 and May 1, 2013 – April 30, 2014

TPPC provided the required data to describe the treatment participants and services, as described in WIC Section 5348, as well as demographic information. There were 17 individuals who were served by the TPPC AOT in 2012-13 and 19 who were served in 2013-14.

Demographic Information

During the 2012-13 reporting period, the majority of individuals court-referred to the program⁴ were male and ages 25 years and older; all identified as Caucasian. Most had co-occurring diagnoses, which refers to an individual having both a mental health and substance abuse issue. During the 2013-14 reporting period, the majority of individuals in the program were male and ages 25 and over; however, during this reporting period most were Caucasian. During 2013-14, almost all of the individuals in the AOT program had co-occurring diagnoses.

Homelessness/Housing

In the 2012-13 reporting period, homelessness decreased. In the following reporting year (2013-14), all individuals in the program had, or were assisted in obtaining, appropriate housing to meet their needs.

Hospitalization

⁴ TPPC staff report that approximately half of the individuals referred for evaluation are able to engage in services voluntarily without court order.

Almost half of the individuals acquired hospitalization days prior to the court order for the 2012-13 reporting period; this decreased during treatment. In the 2013-14 reporting period, almost all individuals acquired hospitalization days prior to the court order, and some individuals acquired hospitalization days during the reporting period.

Law Enforcement Contacts

Prior to AOT treatment, a majority of the individuals served had contact with law enforcement and some had contact during the 2012-13 and 2013-14 reporting periods.

Treatment Participation / Engagement

For both the 2012-13 and 2013-14 reporting periods, the majority of the individuals were able to engage and remain in services.

Employment

Some individuals participated in employment and/or education activities in the 2012-13 and 2013-14 reporting periods.

Victimization

In both reporting periods, during initial engagement with services, some individuals experienced victimization. Program staff reported that some of the victimization was concurrent with drug use. These individuals were supported by the program in securing safe, drug free housing, and were able to avoid additional incidents.

Violent Behavior

In the 2012-13 and 2013-14 reporting periods, some of the individuals demonstrated violent behavior during treatment. In the 2013-14 reporting period, some of the individuals demonstrated some level of violent behavior in their history prior to the program. These behaviors decreased slightly during the reporting period. The program reported that all incidents involved the clients' use of alcohol and/or drugs.

Substance Abuse

In both reporting periods, the majority of the individuals had co-occurring diagnoses, meaning that the individuals had both mental health and substance abuse diagnoses. Many were able to significantly reduce or eliminate their use of substances while they were in the AOT program.

Enforcement Mechanisms

While voluntary treatment is offered, the court orders mental health treatment based on the criteria and risk factors presented in the petition. There are several key enforcement mechanisms ordered by the court that support a reduction of risks and promote recovery:

Hospitalization: As reported previously in the "Hospitalization" section of this report, some of the individuals acquired hospitalization days during the 2012-13 and 2013-14 reporting periods. Some of these individuals received an order for

“involuntary admission to a hospital for evaluation” pursuant to WIC Section 5346 (d) 6 and (f), and it was determined that the individuals required involuntary treatment pursuant to WIC Section 5150.

Status hearings: These hearings are scheduled more frequently depending on the level of the individual’s engagement in treatment and may be as often as every two weeks and less often once status reports suggest a reduction in risk and an increase in independent living skills and supports. This mechanism is designed to be strength-based by increasing the number of interactions with the AOT Court, which is described as supportive and focused on positive outcomes. No individuals were reported to receive increased status hearings for either reporting period.

Medication outreach: Medication support may be recommended by the psychiatrist and in some cases court ordered. If an individual struggles with self-managing medications, medication outreach may be helpful to provide support for the individual to achieve a previous level of health. For both of the reporting periods, the majority of the individuals received medication outreach.

Social Functioning

In both reporting periods, few individuals were reported to have achieved superior levels of social functioning, some reached moderate levels and most had limited social functioning, as measured by the MORS.

Independent Living Skills

Almost all of the individuals were able to achieve independent living, which is defined as not requiring placement in board and care or other supervised housing. In the 2013-14 reporting period, all individuals were able to find or were assisted in finding appropriate housing to meet their needs.

Satisfaction with Services

Nevada County utilized the MHSIP - Adult Survey to obtain this data, which is currently utilized by County Mental Health Plans to comply with federal reporting requirements.

The MHSIP survey was conducted in May 2013 for the 2012-13 reporting period. Of those who completed the survey, the majority indicated that they were “satisfied” or “very satisfied” with services. Family surveys were unavailable during this reporting period.

In the 2013-14 reporting period, of those who completed the MHSIP survey, the majority reported being “satisfied” or “very satisfied” with services and supports. Almost all family satisfaction surveys indicated an overall satisfaction with services. The highest individual item satisfaction was for “I feel more hopeful and empowered in my ability to help my family member/loved one.”

LIMITATIONS

There are several noteworthy limitations of this analysis. Since Nevada County was the sole county fully implementing an AOT program during these reporting periods, a comparison between programs is not possible; therefore, it is unknown if all of the improvements are attributed to the program or if other factors were responsible. The findings in this report are also not conclusive due to the small number of individuals served by the TPPC program. Some of the measures are based on self-reports and/or recollections of past events, which may or may not be accurate. Most importantly, the follow-up period varied for each participant; in some cases there was an insufficient amount of time in which to capture outcomes data. Finally, since some individuals' services crossed over from the previous year, reporting periods may contain artifacts from prior years. Despite these limitations, the implications from this analysis indicate that there was improvement on many of the reported outcomes for individuals who were served during these reporting periods.

DISCUSSION

Although the authorization of AOT services has been enacted for several years, the implementation of AOT programs continues to be limited. The change in MHSA may lead to the creation and expansion of AOT programs since funding is now permitted as a result of SB 585. Other counties have indicated interest in beginning the process towards implementing Laura's Law programs. During the second reporting period, May 1, 2013 – April 30, 2014, Yolo County completed a year-long pilot program which supported four client slots and served four voluntary clients. The Yolo County Board of Supervisors then approved making the program permanent for the 2014-15 reporting period and expanding to five client slots.

All the individuals reflected in this report appeared to benefit from the increased level of services and supports provided by the TPPC AOT treatment team, as evidenced by reductions in hospitalizations, homelessness, contact with law enforcement and substance use. It is important to understand that recovery from mental health issues and substance abuse represents enormous challenges. Recovering from both during the same period requires a great deal of support and counseling.

Prior to participating in the program, the individuals' experience with mental health treatment mainly involved locked facilities or hospitalization; therefore, many had to adjust to forming new relationships with supportive community mental health workers and intensive services. The success of this adjustment was indicated by the engagement by most individuals in the TPPC program as well as high satisfaction marks from the program's participants. During both reporting periods, the majority of the individuals who were able to complete a satisfaction survey indicated that they were "satisfied" or "very satisfied" with the services and supports.

NEXT STEPS

Since the passage of SB 585, more counties may seek to implement AOT services. Thus far, DHCS is aware of a few counties that have actively begun exploring AOT. In June 2013, the Yolo County Board of Supervisors approved a one-year pilot program

that will serve four individuals under the provisions of Laura's Law, requiring four progress reports to be presented to it during the yearlong pilot. Orange County has indicated in the MHSA plan that it will be working on including AOT.

DHCS is working with the California Behavioral Health Directors Association and individual counties to determine if any additional counties are planning to fully implement AOT and to address the plans of those counties that have expressed an intention to implement an AOT program or which have completed a Board of Supervisors approval. An update on Laura's Law will be provided to the Legislature on May 1, 2015.

APPENDIX A

Turning Point Providence Center (TPPC)

TPPC is a Full Service Partnership funded by MHSa, promoting wellness and recovery in partnership with clients 18 years old and older who are living with severe and persistent mental illness. The program utilizes the Adult Assertive Community Treatment (AACT) Model, an enhanced, community-based approach that reduces the risk of hospitalizations or more restrictive placements, while assisting individuals with services and supports that promote wellness, community integration and improved quality of life. All individuals receive the same basic levels of type/intensity/frequency of treatment from the assertive community treatment perspective of the program. The therapeutic partnership is at the center of services and supports, and the program focuses on each individual's strengths and self-identified needs. Clients may have daily contact with staff with a minimum of two contacts per week with the treatment team. This provides for the development of trust and empowers individuals in making decisions regarding their mental health and physical wellness, substance use and community involvement. Treatment is individual/family centered and builds on an individual's strengths in achieving overall positive mental and physical health. Doctor appointments are scheduled monthly and more often as needed. Collaboration with community partners also assist clients with integrating more fully in the community and reestablishing relationships with family and friends.

The services include the following:

- Outreach and engagement
- Assistance with least restrictive housing options
- Psychiatric and medication services
- Certified Alcohol and Drug Counselor (CADC) counseling
- Structured therapeutic groups
- Interagency collaboration and linkage
- Staff-to-client ratio of one-to-ten
- Integration with medical and CADC services
- Support in accessing entitlements
- Peer support and advocacy
- 24/7 on-call support
- Assistance for those involved with the court system
- Flexible funding for emergency housing and basic needs
- Access to employment services
- Other services as determined

TPPC utilizes the AACT program to serve individuals referred through the AOT court processes. This voluntary program provides the same services to the individuals under Laura's Law that is provided to the other individuals in the program, per the Laura's Law requirements. TPPC reports that most individuals referred for AOT assessment accept treatment and avoid the court process; those who don't are referred to Nevada County Courts through a formal AOT petition. The AOT hearing is

held in a specialty or alternative court, which determines whether criteria are met for treatment. Individuals who qualify are given an opportunity to sign a “settlement agreement” with a plan for mental health services without a hearing, or may be ordered by the court following a hearing to participate in mental health services. Both a court order and a settlement agreement are usually for 180 days of participation in AOT.

TPPC also has formed linkages and relationships with local law enforcement. TPPC reports that local law enforcement was involved in their implementation process and is currently invited to participate in all quarterly program meetings and participates in trainings. The program works cooperatively and collaboratively with law enforcement to support the individuals in the program to avoid issues with the law.

AOT Access Criteria

Individuals access the program by qualifying under the legal criteria for a court order for 180 days of required outpatient treatment in their home community. The criteria for application for a court order are:

1. 18 years of age;
2. Suffering from a mental illness as defined;
3. A clinical determination that the person needs supervision to survive safely in the community;
4. The person has a history of lack of compliance with treatment for his/her mental illness as evidenced by hospitalizations in the last 36 months or incarceration related to the mental illness/violent behavior;
5. The person has been offered a voluntary program but has continued to fail to engage in treatment;
6. The person’s condition is substantially deteriorating;
7. Participating in the AOT program would be the least restrictive placement;
8. In regards to the person’s history, participation in AOT would prevent relapse or deterioration requiring involuntary holds under WIC Section 5150 (Lanterman-Petris-Short laws); and,
9. It is likely the person will benefit from AOT.

Only the county mental health director, or his or her designee, may file a petition to authorize AOT with the Superior Court in the county where the person resides. The following persons, however, may request that the county mental health department investigate whether to file a petition for court-ordered outpatient treatment of an individual:

1. Any adult with whom the person resides;
2. An adult parent, spouse, sibling, or child of the person;
3. The hospital director, if the person is an inpatient;
4. The director of a program providing mental health services to the person and in whose institution the person resides;
5. A treating or supervising licensed mental health treatment provider; or,
6. A supervising peace, parole or probation officer.

Upon receiving a request from a person in one of the classifications above, the county mental health director is required to conduct an investigation. The law requires, however, that the director only file a petition if he or she determines that it is likely that all the necessary elements for an AOT petition can be proven by clear and convincing evidence.