Speaker Martin Fox

Assisted Outpatient Treatment: Preventive, Recovery-Based Care for the Most Seriously Mentally Ill

Gary Tsai, M.D.
San Mateo County Psychiatry Residency Training Program, San Mateo, Calif.

Mental health systems are struggling to provide care for the seriously ill, with conservative estimates reporting that approximately 30% of the homeless (1) and 20% of the prison population (2) are severely mentally ill. An important contributing factor to these poor outcomes is that almost 50% of those with severe mental illness (defined in this article as schizophrenia, schizoaffective disorder, bipolar disorder, and depressive disorder with psychotic features) in the United States are untreated (3). Although this population only comprises about 4.5% of the general population, this still amounts to a substantial 13 million Americans affected (4).

Not surprisingly, the percentage of untreated severely mentally ill individuals closely mirrors the 40%–50% of individuals in this population who suffer from anosognosia and possess significant deficits in self-awareness (5). While intensive case management practices, such as Assertive Community Treatment/Full Service Partnerships, have been successful in providing care for clients who are amenable to voluntary services, individuals who lack insight remain difficult to engage. Studies have shown that these individuals possess deficits in the frontal lobe and in executive functioning, which impairs their capability for objective self-reflection (6). Research has also revealed a clear link between lack of insight and treatment nonadherence (7), which has been associated with poorer clinical outcomes in terms of illness relapse, response to treatment, hospitalizations, and suicide attempts (8, 9). Without the capacity to recognize their need for help, this subset of the mentally ill frequently declines care, resulting in revolving-door hospitalizations as well as incarceration and victimization or violence (10). While voluntary care is clearly ideal, the difficult reality is that the mentally ill are a heterogeneous group with varying needs.

Assisted Outpatient Treatment

Assisted outpatient treatment programs, also known as outpatient commitment, arose in response to the challenges of caring for the severely mentally ill. To date, versions of outpatient commitment laws have been enacted in 44 states, most notably in New York via Kendra's Law. These court-ordered programs are community-based, recovery-oriented, multidisciplinary services for seriously ill individuals who have a history of poor adherence to voluntary treatment and repeated hospitalizations and/or incarcerations. Despite regional differences, the challenging patient population receiving services from assisted outpatient treatment and the goals of treatment are generalizable. In most states, mentally ill individuals who decline treatment must meet strict criteria for involuntary treatment; i.e., they must be deemed a danger to themselves, others, or gravely disabled. Rather than waiting until these outcomes are imminent, assisted outpatient treatment engages high-risk individuals through earlier and less restrictive treatment in the community.

Establishing flexible and therapeutic relationships with clients within the evidence-based paradigm of assertive community treatment is the foundation of effective assisted outpatient treatment. In California, comprehensive outpatient services are offered 24/7 at a client-to-clinician ratio of 10:1. Service plan goals are concrete and individualized, and every effort is made to involve patients in their care, empowering their sense of self-worth and independence. The assisted outpatient treatment team is a mobile unit, and the location of services varies depending on client needs. Provided services include psychotherapy, medication management, crisis intervention, nursing, and substance abuse counseling as well as support for housing, benefits, education, and employment. Providers often maintain contact with clients on a daily basis, and any member of the treatment team, including psychiatrists, psychologists, nurses and case workers, can provide services and support.

In 2008, Nevada County became the first and only county in California to fully implement an assisted outpatient treatment program in order to promote ongoing treatment adherence in the community. Although the procedural process varies slightly between states, Nevada County's treatment process begins with a referral submitted to mental health agencies by family members, cohabitants, treatment providers, or peace officers. If the individual meets the eligibility criteria (Figure 1), the treatment team develops a preliminary care plan, which is strategically revised throughout the process to meet the needs and desires of the client. If the individual voluntarily engages with court-supervised treatment, a petition is no longer necessary. However, if the client contests the petition, a public defender is assigned and the court proceeds with a hearing. If granted, the assisted outpatient treatment order is valid for up to 180 days. Regular status hearings, held at least every 60 days, enable the court to both ensure that the client is engaged in treatment and that the treatment team is providing necessary support and services. Importantly, assisted outpatient treatment does not affect existing laws regulating the administration of involuntary medications. If patients decline to engage with the treatment team, they are assessed for the appropriateness of a 72-hour hold for further evaluation and care at a local hospital.

While all assisted outpatient treatment programs involve interactions with law enforcement and the court system, a

continued on page 17

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unique feature of Nevada County's program is its degree of systemic integration. During planning, the behavioral health department held meetings with various stakeholders, including representatives from the mental health board, superior court, county counsel, public defender's office, law enforcement, advocacy groups (such as the National Alliance on Mental Illness), and members of the community. As a result of this collaboration, the assisted outpatient treatment team works closely with all involved parties, enhancing the efficiency and impact of these intensive, wrap-around mental health services.

Results From the Nevada County Assisted Outpatient Treatment Program

Given the difficult target population, one of the most compelling measures of success for Nevada County's assisted outpatient treatment program is the number of people who voluntarily engage in treatment and avoid court-ordered intervention. Between 2008 and 2010, with a county population of 97,000, there were 24 referrals to the program, and 19 met eligibility criteria (11). The vast majority of referrals (15 out of 19) voluntarily engaged with their care team, and a majority remained in treatment even after their court order expired. The Milestones of Recovery Scale was used to assess markers of mental health recovery. Because of out-of-county incarceration or an inability to locate individuals, Milestones of Recovery Scale data were only available for 16 of the 19 individuals who received services. Of these clients, 14 had pre-assisted outpatient treatment scores in the "struggling" category, compared with only eight individuals posttreatment. While five of the 19 clients engaged in treatment were employed prior to treatment, six were employed following treatment.

Assisted outpatient treatment also produced significant cost savings for Nevada County as a result of decreased hospitalizations and incarcerations (Figure 2). The year prior to assisted outpatient

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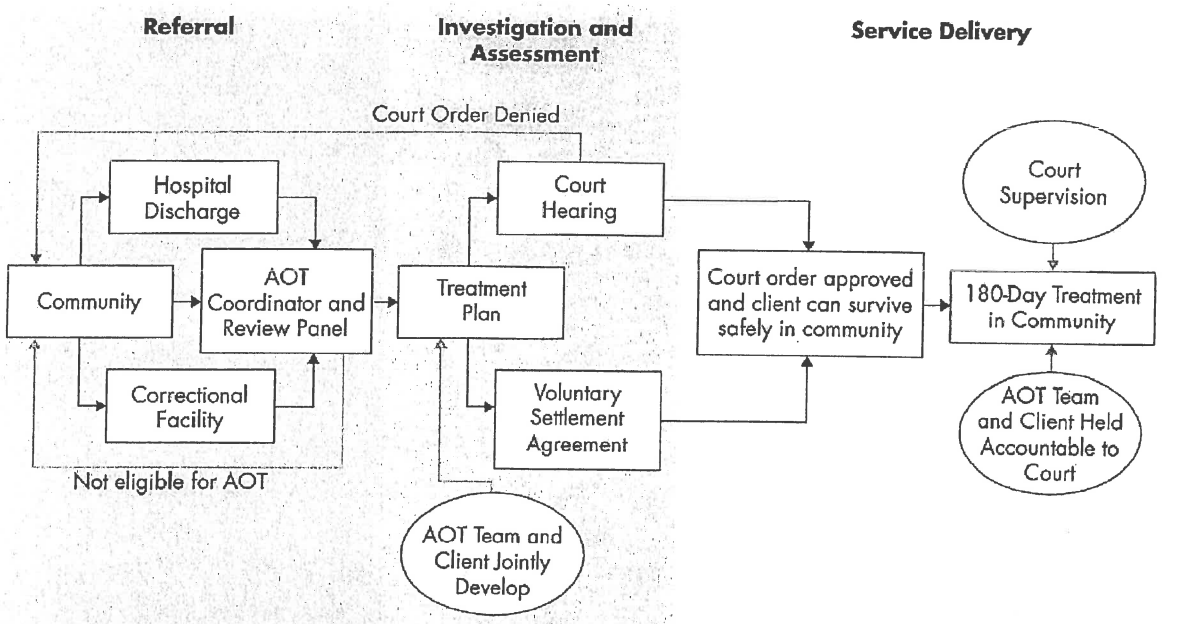
FIGURE 1: Eligibility Criteria and Procedural Process of Assisted Outpatient Treatment (AOT) in California[a]



AOT Eligibility (California):

1. Be mentally ill and at least 18 years old.
2. Have a history of poor treatment compliance leading to at least two hospitalizations or incarcerations in the last 36 months, or violent behavior at least once in the last 48 months.
3. Have been offered and to have declined voluntary in the past.
4. Clinical determination needs to indicate that they are unlikely to survive safely in the community without supervision.
5. Participation in AOT needs to be the least restrictive measure necessary to ensure recovery and stability.
6. Condition needs to be substantially deteriorating and must likely benefit from treatment.
7. Not being placed in AOT must likely result in the patient being harmful to self/others and/or gravely disabled.

[a] Data are drawn from criteria as described by the California Psychiatric Association (www.sdcounty.ca.gov/hhsa/programs/bhs/documents/Lauras_Law_AB1421.pdf) and New York State Office of Mental Health (http://bi.omh.ny.gov/aot/files/AOTReport.pdf).

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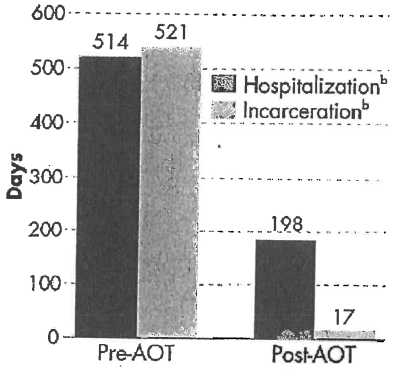
treatment implementation, the 19 participants who received services accounted for 514 days of psychiatric hospitalization. After initiation of treatment, the number of inpatient days for these individuals decreased to 198 days, representing a 61% drop in hospitalization days. Similarly, 521 days of pre-assisted outpatient treatment incarcerations fell to just 17 days posttreatment, representing a 97% reduction in incarceration days. With estimated daily hospitalization costs of $675 and incarceration costs of $150 per day, the assisted outpatient treatment program resulted in a 45% net savings for Nevada County during the 31-month period of this assessment and saved $1.81 for every $1 invested.

FIGURE 2: Outcomes of Nevada County Assisted Outpatient Treatment (AOT) Program[a]



[a] Data are drawn from statistics as reported by the Nevada County Behavioral Health Department.

[b] Data represent number of days.

Conclusions

The unfortunate irony of psychiatric care today is that oftentimes the patients who are most in need of services are too disorganized and ill to seek assistance themselves. Subsequently, these high-risk clients frequently only receive treatment after they are involuntarily hospitalized or placed in other restrictive settings of care, including the criminal justice system.

The Nevada County assisted outpatient treatment program takes a patient-oriented, multidisciplinary approach to provide community-based services for the severely mentally ill who are historically the most difficult to engage. Objective measures of the program demonstrate that it is cost-efficient and has resulted in overall improvement in clinical functioning, as well as fewer hospitalization and incarceration days. These findings are attributable to effective collaboration between county systems, evidence-based clinical practices, and comprehensive and individualized care management.

In an era of health reform and decreased medical spending, ensuring treatment for the most vulnerable mentally ill individuals is instrumental in maximizing the efficient use of limited resources. Nevada County's assisted outpatient treatment program provides an innovative example of an efficacious and cost-effective model of service delivery for seriously ill individuals that is preventive, recovery-oriented, and evidence-based care.

Dr. Tsai is a fourth-year resident in the San Mateo County Psychiatry Residency Training Program, San Mateo, Calif. *The author thanks Carol Stanchfield, Program Director of Turning Point Providence Center, and the Nevada County Behavioral Health Department.*

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D.4

Interfaith Council of Contra Costa County

Rev. Will McGarvey, Executive Director

January 7, 2015

Dear Supervisor Gioia,

We have been studying the effects of the potential implementation of Laura's Law in our county through our Health and Faith in Actions committee for the last year. We have always heard stories of the great needs of the mentally ill in our communities. We have had heard heart-breaking stories from both the families and the consumers in our mental health system. We have had months of conversation and have found that we support every effort that would allow families and friends of the most seriously mentally-ill among us to help them receive the treatment and services and help they really need.

We affirm that Laura's Law preserves the civil rights of these persons, and we encourage those proposed amendments that would protect the rights of the mentally ill persons in the LGBTQ community. We also call on the County to do more to care for those in Foster Care as we are seeing more young people who are at risk with mental illness, and have noted that a young man has died under foster care in one of our congregations.

Our best analysis shows that Laura's Law would save at least $2 annually for every $1 currently spent on "revolving door" crisis care, and so the Elected Council of the Interfaith Council of Contra Costa County supports Laura's Law meaningful implementation as soon as possible, as a way of addressing the needs of those who experience such severe forms of mental illness – and the concerns of their worried families.

"We belong to each other."

Shalom, Peace, Salaam, Om Shanti, Solh, Amani, Paz, 평화, Ping On...

Rev. Will McGarvey, Executive Director
Interfaith Council of Contra Costa County
eye4cee@gmail.com • 925.597.9797 mobile
http://interfaithccc.org

Kathi McLaughlin
600 J Street, #228
Martinez, CA 94553
(925) 372-6886

Good Morning. Today I am here to speak to you as a consumer, the daughter and grand-daughter of consumers, and as the aunt of a young adult consumer.

Laura's Law makes promises that it cannot keep. Forced treatment, with or without medication, not only doesn't work, it severs family relationships that should be strengthened. I understand the panic that families feel when their adult children refuse to seek or accept treatment. My brother feels that panic everyday with his 22 year old son. I don't have an answer for him, or for any other family. What Tim and I do know is that making excuses hasn't worked. Fixing my nephew's problems by forcing him to accept treatment REALLY hasn't worked. My mother was forced to accept "appropriate" treatment after the birth of my brother. That didn't work either, it just made it worse—for all of us.

Mental illness is just that, **an illness** that requires a multi-faceted approach focused on **RECOVERY.** It is not an excuse to treat us as second-class citizens or children who don't know what is good for us. Please don't allow vocal and paternalistic families to dictate treatment for all the rest of us! Most mental health consumers are intelligent, competent, and productive members of our society. PLEASE don't allow strident advocates to trample on our rights by forcing us to into treatment we may not need and assuredly will not accept. Would you force a cancer patient to accept chemo-therapy instead of radiation against their will? Would you force her to accept surgery? Why is mental illness different? Why is it okay to trample on our rights or dictate what is the best or most appropriate treatment for us?

Laura's Law is a huge step backward—to a time when any "strange" or unusual behavior was considered criminal and required the intervention of the courts and law enforcement. Laura's Law allows an abusive spouse, an unhappy or dishonest roommate, or a greedy relative eager to take control over an inheritance or living trust, to force someone into "treatment" against their will under the threat of hospitalization or even jail.

The CAO's power point and Dr. Walker's report briefly discuss the financial liability associated with subsidized housing for individuals transitioning into lower levels of care. That makes me wonder, what about consumers who move to a higher level of care, will their housing be held for them? What would be the impact on the rest of the system if that actual placement is held for them until they can transition back to that lower level of care? If you decide to implement this for 37 individuals and an equal number of voluntary individuals the impact on our limited stock of appropriate housing alone could prove to be devastating.

Please do not bow to the pressure of parents who, in their panic over their adult child's illness, want to dictate treatment options for all of the rest of us! There is no "silver bullet" in the treatment of mental illness, just as there is no one right answer in the treatment of any other illness. **PLEASE** do not criminalize mental illness by adopting this ill-conceived program that pretends to serve mental health consumers while trampling on our rights. If you do decide to move forward, then at least limit the implementation of this to a small pilot which will not divert millions of dollars from an already underfunded and stressed system.

Douglas Dunn--Comments to proposed Laura's Law Board Order (Agenda Item D.4)

We are quite pleased with the direction of the proposed Board Order. It finally takes the huge "first step" of beginning to repair the "broken system" of mental health care in this county. However, we have concerns about the following items:

Item 7, Pages 4 & 5: Other counties Implementation of Laura's Law

Some of the information given is factually incorrect. For example:

- **6** have voted to implement (Los Angeles, Orange, San Francisco, Placer, Mendocino, and **San Diego**).
- **NEW Bullet**: **Two counties have implemented (Orange—October 1, 2014, and Los Angeles—November 25, 2014).**
- One county, Yolo, **per its approved 2014-2017 3 Year MHSA Plan, upgraded its 5 person pilot program to a full 3 year program.**

Item 10, Page 5: **Legal Considerations**

- **On November 25, 2014 Los Angeles County Supervisors voted to fully implement Laura's Law by approving a $1.6 million "down payment" "in state funds" to set up the program. Disability Rights California has not legally challenged Los Angeles County Laura's Law implementation.**

Attachment: November 25, 2014 Los Angeles Times Laura's Law article

Item 16, Page 7: **Timeline to Implement Laura's Law**

At the final expanded Workgroup meeting, August 28, 2014, family members and supporters (myself, Lauren Rettagliata, Sharon Madison, Connie Steers, and Tess Paoli) agreed to the Workgroup report with the stipulation of concurrent start up activities once the Board Order is passed. In our view, this 10 month timeline impinges on the spirit of the workgroup agreement (see attached Workgroup Next Steps). In addition, approval today would allow the Community Program Planning Process and Board approved Implementation and Budget Authorization to take place by May 28, 2015 (see attached 2015-216 Plan Update Timeline). As a result, we have a:

Request: If at all possible, a down payment start-up commitment of 13-18 positions as of July 1, with the remaining 19-25 positions available as of Nov. 1. Voluntary Full Service Partnership positions would be available at the same concurrent rate. This approach would be very similar to what Los Angeles and Orange counties have done and Placer County is in the process of doing. Families need help **as soon as possible!**

Other Considerations: At the July 15, 2014 meeting, the expanded Assisted Outpatient TREATMENT Workgroup agreed to the following additional safeguards:

- *Voluntary Treatment outreach to the AOT selected person by a designated 3 person family liaison, consumer peer specialist, and clinician Care Team.*
- *AOT selected person must meet 5150 criteria before being transported to the hospital.*
- *Voluntary Treatment outreach by same team to try and reach voluntary treatment settlement agreement prior to a possible court order.*
- *All clinical evaluations to be conducted in the least possible restrictive environment.*
- *Care Team responsible for ensuring the right treatment services for referred persons who do not meet Laura's Law clinical criteria.*

2nd Request: We ask that these additional safeguards be part of the Board's Laura's Law order.

3rd Request: We ask the Board to task the Mental Health Commission with promptly appointing a small 4 person Task Force composed of family members and consumers who are not employed by the county or a Community Based Organization (CBO) to actively oversee the timely design and implementation of Laura's Law in this county. This Task Force should be empowered to quickly gather "best practices" information from counties who have already implemented Laura's Law, promptly disseminate them to Behavioral Health leadership, and regularly report back to the Mental Health Commission and/or the Board. Don Green, who has vast judicial LPS Conservatorship experience and I are willing to serve as members of this Task Force.

MHSA FY 2015-16 Plan Update - Milestones and Timeline - as of February 3, 2015

Event	Product	Lead	Complete By
1. Plan stakeholder process	Milestones and Timeline	CPAW	Completed
2. Plan Community Forum	Draft agenda	CPAW	FEB 3
3. Approve plan, announce event, send survey	Complete forum planning	Warren	FEB 6
4. Conduct Community Forum	Stakeholder meeting*	M. Pappas	FEB 25
5. Adjust budget to achieve balance by FY 2017-18	Draft budget plan	Finance	MAR 6
6. Update program profiles, submit FY 13-14 outcomes	Updated Program Profiles	Programs	MAR 13
7. Develop draft 1st Plan Update; share with CPAW/MHC	1st draft Plan Update**	Warren	MAR 20
8. CPAW/MHC review, comment on draft plan	2d draft Plan Update	Warren	MAR 27
9. Approve 2d draft Plan Update; post for public comment	Approval; posting	Cynthia	APR 3
10. Submit plan for balanced budget	Draft budget plan	BOS	APR 9
11. 30 day public comment period	Public Hearing Comments incorporated	MHC MHSA staff	MAY 14 MAY 21
12. Board of Supervisor (BOS) review	Approve final Plan Update	BOS	MAY 28

*Should the Board of Supervisors resolve to implement Laura's Law by means of MHSA funds, the Community Forum will solicit stakeholder input on program design.

**The draft Plan Update will include a process to achieve a structurally balanced budget by FY 2017-18.

Next Steps

The estimated timeline for completion of the following tasks is approximately four to nine months. The AOT workgroup expresses its commitment to implement the Board's directions as efficiently as possible. The AOT workgroup also recognizes that there are people who are in need of additional programs and seeks to balance that sense of urgency with a commitment to establish programs in a sustainable and reliable fashion compliant with applicable regulations that are likely to meet the desired outcomes. If the board chooses to move forward with an AOT program, the following steps would be necessary:

- Pass a board resolution adopting the AB1421 legislation and issue a finding that no voluntary mental health program serving children or adults would be reduced as a result of the implementation.

- Develop a workgroup to plan, design, and implement a collaborative process with CCBHS, the Courts, County Counsel, and the Public Defender.

- Hire and train new and selected staff.

- Engage in outreach efforts, as set forth in the AB1421 legislation, to educate people likely to come into contact with the AB1421 population including family members, primary care physicians and other service providers, law enforcement, homeless service providers, and other relevant parties.

- If the board would like to consider the use of MHSA funding for any of the recommendations, engage in a Community Program Planning (CPP) process, as described in the MHSA legislation and Welfare and Institutions code, to develop an amendment to the three year program and expenditure plan. Given that CCBHS just completed a CPP process for the MHSA Three-Year Program and Expenditure Plan, the workgroup requests that any relevant information about the target population or stakeholder input from that process be considered and inform a CPP process for a plan amendment as permitted by regulation.

L.A. County implements program to ensure mentally ill get treatment

Fifth district supervisor Michael Antonovich was the main proponent on the county Board of Supervisors of fully implementing Laura's Law. (Irfan Khan)

By **ABBY SEWELL** ***contact the reporter***

Mental Health Los Angeles County Board of Supervisors

Los Angeles County finalizes approval of Laura's Law, allowing court-ordered mental health treatment.

Los Angeles County leaders voted Tuesday, November 25, 2014, to fully implement Laura's Law, a state statute that gives counties the option to pursue court-ordered outpatient treatment for people with serious mental illness.

Los Angeles County officials gave final approval Tuesday to a plan to implement court-ordered intensive outpatient treatment for people with serious mental illness.

The Board of Supervisors approved a mental health services plan in July that includes implementing Laura's Law, a state law adopted after a mental health patient launched a shooting rampage at a California clinic that killed 19-year-old employee Laura Wilcox and two others. Tuesday's unanimous vote came at the last meeting before Supervisors Zev Yaroslavsky and Gloria Molina retire from county government. It creates 300 new treatment slots for people with serious mental health issues and allows hiring to begin for mental health workers to reach out to potential patients. In some cases, the county can seek a court order to require treatment.

Los Angeles County launched a small program soon after Laura's Law took effect in 2003, targeting patients with serious mentally illness for intensive outpatient treatment. But that program was strictly voluntary.

L.A. County implements program to ensure mentally ill get treatment (cont'd) 2

Among other things, Tuesday's vote will now allow for court-ordered treatment of those who refuse voluntary programs. The supervisors approved spending $1.6 million in state money to set up the program, including salaries for 18 mental health workers. They will form two outreach teams that will assess patients referred by family members, law enforcement, treatment providers and others. The program will cost an estimated $10 million a year when fully operational. Funds will come from a combination of state and federal mental health sources.

Supervisor Michael D. Antonovich, the board's leading proponent of Laura's Law, said: "The outcome will be that people in need will be treated and returned to productive life."

Laura's Law has been championed by advocates and family members of people with mental health issues, but some have criticized the new mandatory treatment rules, saying they take away patients' rights. Some advocates have also expressed concerns that people of color will be disproportionately targeted for involuntary treatment.

County mental health officials have said the emphasis will be on getting those with mental illnesses into voluntary treatment programs. Taking them to court to force them into treatment would be a last resort, officials said.

Follow Abby Sewell on Twitter at @sewella for more county news.

D.4

Good Morning Supervisors,

My name is Teresa Pasquini and I am speaking for myself. I am the Vice Chair of our county's state mandated Mental Health Commission which recommended adopting Laura's Law in Contra Costa. I am serving the final months of my 3rd term, which have been a privilege. I have been working on educating and advocating for Laura's Law for over 8 years.

Though this is a difficult topic, I am especially proud of the grace and respect that has been shown during the multi year stakeholder processes, special meetings, Community Living Room Conversations and the hearings held by the Board. Any lapses in our civil dialog have been due to misinformation, misinterpretation or simply unbearable pain and fear. We must forgive each other those lapses. My hope is that we will move beyond the field of right and wrong today because together is the only way forward.

Together, consumers, family members, staff, law enforcement, faith based and community based partners have worked diligently to consider how we could bring this potential life saving and money saving program to our county. Doug Dunn's dedicated efforts have helped bring those human and fiscal savings to light for all to see more clearly.

Until today, the supporters of Laura's Law have been told to wait. This Board has been provided a combination of data of the soul and data of the systems to guide your decisions. The evidence shows that we just can't afford to wait any longer to test this program in Contra Costa.

I am deeply grateful to the CAO and Dr. Walker for their comprehensive report to this Board. As stated in the board order, the alternative of adopting this resolution today is the status quo. For the sake of my Danny and all the Danny's in Contra Costa, the status quo must not be an option today.

You have a choice to make. Because of differing legal and philosophical views, it will not be an easy choice. But it should NOT be considered a Sophie's Choice. You are not picking one life over another. Rather, you are picking a chance for a better life for all, especially those few who lack the capacity to make their own choice of health.

Please choose Treatment Before Tragedy for all today.

Thank you!

Teresa Pasquini
2536 Heide Court
El Sobrante, CA 94803

Good morning Mr. ~~Mrs~~ President and honorable members of the Board, Thank you for your service to the county and all its residents.

Please vote to implement Laura's Law now because it is an efficient, effective and humane solution to the problem of untreated mental illness.

My grandfather served with General Pershing in France during World War I
My father served with General McArthur at Okinawa in World War II
I served in the 2nd, 4th and 5th Infantry Divisions during the Vietnam War era
I am the former chief legal officer of the Special Court Martial Convening Authority at Ft. Ord + was responsible for deserter + AWOL apprehension for Department of the Army in the Western United States as the Vietnam War was winding down, I have seen environmentally triggered PTSD in a treatment resistant population on an industrial scale.

We have just witnessed the largest Army troop draw down in the history of our country. Women and men who have experienced multiple deployments in 360° battlefield, are returning to our communities. Too many have treatment resistant PTSD.

~~That is because~~
Treatment resistance is a part of the unit cohesiveness military culture and that is why Laura's Law is ~~very~~ the best way to deal with treatment resistant veterans living with PTSD,

Please demonstrate the respect my fellow veterans living with PTSD deserve by addressing those who are treatment resistance with a humane civil proceeding under Laura's Law,

Please vote to implement Laura's Law now. Thank you

Supercedes Request to Speak

REQUEST TO SPEAK FORM (2 Minute Limit)

I wish to speak on Agenda Item #: D4

Complete this form and place it in the upright box near the speaker's podium, and wait to be called by the Chair.

Personal information is optional. This speaker's card will be incorporated into the public record of this meeting.

Date: _____

My comments will be: ☐ General ☐ For ☐ Against

Name (PRINT): Janice Khalil
To ensure your name is announced correctly, you may want to include its phonetic spelling

Address: 1124 Lavender Drive

City: Brentwood, CA 94513

Phone: 925-418-4534

☐ I wish to speak on the subject of: Supercedes request to speak . . .

I am speaking for: ☒ Myself ☐ Organization: _____

☒ I do not want to speak but would like to leave comments for the Board to consider *(Use the back of this form)*

Information for Speakers:

1. Deposit this form into the upright box next to the speaker's podium before the Board's consideration of your item
2. Wait to be called by the chair. Please speak into the microphone at the podium.
3. Begin by stating your name and your city or area of residence, and whether you are speaking for yourself or on behalf of an organization.
4. If you have handout materials, give them to the Clerk.
5. Avoid repeating comments made by previous speakers.
6. The Chair may limit the time allocated to speakers so that all may be heard.

In lieu of speaking, I wish to submit these comments:

Laura's Law is the Inherently Safer System to protect our community and individuals with Mental Health Issues from falling through the cracks and potentially harming themselves and others.

Pass Laura's Law / Please / Thank you

REQUEST TO SPEAK FORM (3 Minute Limit)

Complete this form and place it in the upright box near the speaker's podium, and wait to be called by the Chair.

Personal information is optional. This speaker's card will be incorporated into the public record of this meeting.

Name (PRINT): Janice Khalil
To ensure your name is announced correctly, you may want to include its phonetic spelling

Address: 1124 Lavender Drive

City: Brentwood, CA 94513

Phone: 925-418-4534

I am speaking for: ☒ Myself

☐ Organization: _____

I wish to speak on Agenda Item #: 04

Date: 2/3/15

My comments will be: ☐ General

☒ For

☐ Against

☒ I wish to speak on the subject of:

The passage of Laura's Law.

☐ I do not want to speak but would like to leave comments for the Board to consider *(Use the back of this form)*

Information for Speakers:

1. Deposit this form into the upright box next to the speaker's podium before the Board's consideration of your item
2. Wait to be called by the chair. Please speak into the microphone at the podium.
3. Begin by stating your name and your city or area of residence, and whether you are speaking for yourself or on behalf of an organization.
4. If you have handout materials, give them to the Clerk.
5. Avoid repeating comments made by previous speakers.
6. The Chair may limit the time allocated to speakers so that all may be heard.

In lieu of speaking, I wish to submit these comments:

Supersedes Request to Speak

REQUEST TO SPEAK FORM (3 Minute Limit)

I wish to speak on Agenda Item #: D4

Complete this form and place it in the upright box near the speaker's podium, and wait to be called by the Chair.

Date: 2/3/14

Personal information is optional. This speaker's card will be incorporated into the public record of this meeting.

My comments will be: ☐ General ☐ ~~For~~ ☐ Against

Name (PRINT): ANTHONY KHALIL

To ensure your name is announced correctly, you may want to include its phonetic spelling

☐ I wish to speak on the subject of:

Address: 1124 Lavender

City: Brentwood

Phone: _____

I am speaking for: ☐ Myself

☐ Organization: _____

☐ I do not want to speak but would like to leave comments for the Board to consider *(Use the back of this form)*

Information for Speakers:

1. Deposit this form into the upright box next to the speaker's podium before the Board's consideration of your item
2. Wait to be called by the chair. Please speak into the microphone at the podium.
3. Begin by stating your name and your city or area of residence, and whether you are speaking for yourself or on behalf of an organization.
4. If you have handout materials, give them to the Clerk.
5. Avoid repeating comments made by previous speakers.
6. The Chair may limit the time allocated to speakers so that all may be heard.

In lieu of speaking, I wish to submit these comments:

I support implementation of Laura's Law as per Item D-4