

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 213 Session of
2005

INTRODUCED BY GREENLEAF, ORIE, ERICKSON, COSTA, KITCHEN,
TOMLINSON, WOZNIAK, THOMPSON, O'PAKE AND BOSCOLA,
FEBRUARY 8, 2005

REFERRED TO PUBLIC HEALTH AND WELFARE, FEBRUARY 8, 2005

AN ACT

1 Amending the act of July 9, 1976 (P.L.817, No.143), entitled "An
2 act relating to mental health procedures; providing for the
3 treatment and rights of mentally disabled persons, for
4 voluntary and involuntary examination and treatment and for
5 determinations affecting those charged with crime or under
6 sentence," adding provisions relating to assisted outpatient
7 treatment programs.

8 The General Assembly of the Commonwealth of Pennsylvania
9 hereby enacts as follows:

10 Section 1. The act of July 9, 1976 (P.L.817, No.143), known
11 as the Mental Health Procedures Act, is amended by adding an
12 article to read:

13 ARTICLE III-A

14 Assisted Outpatient Treatment

15 Section 301-A. Definitions.

16 The following words and phrases when used in this article
17 shall have the meanings given to them in this section unless the
18 context clearly indicates otherwise:

19 "Assisted outpatient" or "patient." A person under a court
20 order to receive assisted outpatient treatment.

1 "Assisted outpatient treatment." Any of the following
2 categories of outpatient services which have been ordered by the
3 court pursuant to section 305-A (relating to assisted outpatient
4 treatment program):

5 (1) Case management services or assertive community
6 treatment team services to provide care coordination.

7 (2) Medication.

8 (3) Periodic blood tests or urinalysis to determine
9 compliance with prescribed medications.

10 (4) Individual or group therapy.

11 (5) Day or partial programming activities.

12 (6) Educational and vocational training or activities.

13 (7) Alcohol or substance abuse treatment and counseling
14 and periodic tests for the presence of alcohol or illegal
15 drugs for persons with a history of alcohol or substance
16 abuse.

17 (8) Supervision of living arrangements.

18 (9) Any other services within an individualized
19 treatment plan developed pursuant to Article I (relating to
20 general provisions) prescribed to treat the person's mental
21 illness and to assist the person in living and functioning in
22 the community, or to attempt to prevent a relapse or
23 deterioration that may reasonably be predicted to result in
24 suicide or the need for hospitalization.

25 "Assisted outpatient treatment program" or "program." A
26 system to arrange for and coordinate the provision of assisted
27 outpatient treatment, to monitor treatment compliance by
28 assisted outpatients, to evaluate the condition or needs of
29 assisted outpatients, to take appropriate steps to address the
30 needs of assisted outpatients and to ensure compliance with

1 court orders.

2 "Director." The director of a hospital licensed or operated
3 by the Department of Public Welfare which operates, directs and
4 supervises an assisted outpatient treatment program, or the
5 county administrator which operates, directs and supervises an
6 assisted outpatient treatment program.

7 "Program coordinator." An individual appointed under section
8 302-A(a) (relating to program coordinators to be appointed) who
9 is responsible for the oversight and monitoring of assisted
10 outpatient treatment programs.

11 "Subject of the petition" or "subject." A person who is
12 alleged in a petition, filed pursuant to the provisions of
13 section 305-A (relating to assisted outpatient treatment
14 program), to meet the criteria for assisted outpatient
15 treatment.

16 Section 302-A. Program coordinators to be appointed.

17 (a) Duty of secretary.--The Secretary of Public Welfare
18 shall appoint program coordinators of assisted outpatient
19 treatment, who shall be responsible for the oversight and
20 monitoring of assisted outpatient treatment programs established
21 pursuant to section 305-A (relating to assisted outpatient
22 treatment program). County administrators shall work in
23 conjunction with the program coordinators to coordinate the
24 implementation of assisted outpatient treatment programs.

25 (b) Oversight and monitoring duties.--The oversight and
26 monitoring role of the program coordinator of the assisted
27 outpatient treatment program shall include each of the
28 following:

29 (1) That each assisted outpatient receives the treatment
30 provided for in the court order issued pursuant to section

1 305-A.

2 (2) That existing services located in the assisted
3 outpatient's community are utilized whenever practicable.

4 (3) That a case manager or assertive community treatment
5 team is designated for each assisted outpatient.

6 (4) That a mechanism exists for a case manager, or
7 assertive community treatment team, to regularly report the
8 assisted outpatient's compliance, or lack of compliance, with
9 treatment to the director of the assisted outpatient
10 treatment program.

11 (5) That assisted outpatient treatment services are
12 delivered in a timely manner.

13 (c) Standards to be developed.--The Secretary of Public
14 Welfare shall develop standards designed to ensure that case
15 managers or assertive community treatment teams have appropriate
16 training and have clinically manageable caseloads designed to
17 provide effective case management or other care coordination
18 services for persons subject to a court order under section 305-
19 A.

20 (d) Corrective action to be taken.--Upon review or receiving
21 notice that services are not being delivered in a timely manner,
22 the program coordinator shall require the director of the
23 assisted outpatient treatment program to immediately commence
24 corrective action and inform the program coordinator of the
25 corrective action taken. Failure of a director to take
26 corrective action shall be reported by the program coordinator
27 to the Secretary of Public Welfare as well as to the court which
28 ordered the assisted outpatient treatment.

29 Section 303-A. Duties of county administrators.

30 Each county administrator shall be responsible for the filing

of petitions for assisted outpatient treatment pursuant to section 305-A (relating to assisted outpatient treatment program), for the receipt and investigation of reports of persons who are alleged to be in need of that treatment and for coordinating the delivery of court-ordered services with program coordinators, appointed by the Secretary of Public Welfare pursuant to section 302-A(a) (relating to program coordinators to be appointed). In discharge of the duties imposed by section 305-A, directors of community services may provide services directly, or may coordinate services with the offices of the Secretary of Public Welfare or may contract with any public or private provider to provide services for assisted outpatient treatment programs as may be necessary to carry out the duties imposed pursuant to this article.

Section 304-A. Directors of assisted outpatient treatment programs.

(a) General duties.--

(1) Directors of assisted outpatient treatment programs established pursuant to section 305-A (relating to assisted outpatient treatment program) shall provide a written report to the program coordinators, appointed by the Secretary of Public Welfare pursuant to section 302-A(a) (relating to program coordinators to be appointed), within three days of the issuance of a court order. The report shall demonstrate that mechanisms are in place to ensure the delivery of services and medications as required by the court order and shall include, but not be limited to, the following:

(i) A copy of the court order.

(ii) A copy of the written treatment plan.

(iii) The identity of the case manager or assertive

1 community treatment team, including the name and contact
2 data of the organization which the case manager or
3 assertive community treatment team member represents.

4 (iv) The identity of providers of services.

5 (v) The date on which services have commenced or
6 will commence.

7 (2) The directors of assisted outpatient treatment
8 programs shall ensure the timely delivery of services
9 described in section 305-A pursuant to any court order issued
10 thereunder. Directors of assisted outpatient treatment
11 programs shall immediately commence corrective action upon
12 receiving notice from program coordinators that services are
13 not being provided in a timely manner, and the directors
14 shall inform the program coordinator of the corrective action
15 taken.

16 (b) Quarterly reports to program coordinators.--Directors of
17 assisted outpatient treatment programs shall submit quarterly
18 reports to the program coordinators regarding the assisted
19 outpatient treatment program operated or administered by them.
20 The report shall include the following information:

21 (1) The names of individuals served by the program.

22 (2) The percentage of petitions for assisted outpatient
23 treatment that are granted by the court.

24 (3) Any change in status of assisted outpatients,
25 including, but not limited to, the number of individuals who
26 have failed to comply with court-ordered assisted outpatient
27 treatment.

28 (4) A description of material changes in written
29 treatment plans of assisted outpatients.

30 (5) Any change in case managers.

1 (6) A description of the categories of services which
2 have been ordered by the court.

3 (7) Living arrangements of individuals served by the
4 program including the number, if any, who are homeless.

5 (8) Any other information as required by the Secretary
6 of Public Welfare.

7 (9) Any recommendations to improve the program Statewide
8 or locally.

9 Section 305-A. Assisted outpatient treatment program.

10 (a) Director to obtain approval from secretary.--A director
11 may operate, direct and supervise an assisted outpatient
12 treatment program as provided in this section, upon approval by
13 the Secretary of Public Welfare. The county administrator shall
14 operate, direct and supervise an assisted outpatient treatment
15 program as provided in this section, upon approval by the
16 Secretary of Public Welfare. County administrators shall be
17 permitted to satisfy the provisions of this article through the
18 operation of joint assisted outpatient treatment programs.
19 Nothing in this article shall be construed to preclude the
20 combination or coordination of efforts between and among
21 counties and hospitals in providing and coordinating assisted
22 outpatient treatment.

23 (b) Criteria for assisted outpatient treatment.--A patient
24 may be ordered to obtain assisted outpatient treatment if the
25 court finds the following:

26 (1) The patient is 18 years of age or older.

27 (2) The patient is suffering from a mental illness.

28 (3) The patient is unlikely to survive safely in the
29 community without supervision, based on a clinical
30 determination.

1 (4) The patient has a history of lack of compliance with
2 treatment for mental illness that has:

3 (i) at least twice within the preceding 36 months
4 been a significant factor in necessitating
5 hospitalization, or receipt of services in a forensic or
6 other mental health unit of a correctional facility, not
7 including any period during which the person was
8 hospitalized or imprisoned immediately preceding the
9 filing of the petition; or

10 (ii) resulted in one or more acts of serious violent
11 behavior toward self or others or threats of, or attempts
12 at, serious physical harm to self or others within the
13 preceding 48 months, not including any period in which
14 the person was hospitalized or imprisoned immediately
15 preceding the filing of the petition.

16 (5) The patient is, as a result of the patient's mental
17 illness, unlikely to voluntarily participate in the
18 recommended treatment pursuant to the treatment plan.

19 (6) In view of the patient's treatment history and
20 current behavior, the patient is in need of assisted
21 outpatient treatment in order to prevent a relapse or
22 deterioration which would be likely to pose a clear and
23 present danger of harm to others or to himself as determined
24 under section 301 (relating to persons who may be subject to
25 involuntary emergency examination and treatment).

26 (7) It is likely that the patient will benefit from
27 assisted outpatient treatment.

28 (c) Petition to the court.--

29 (1) A petition for an order authorizing assisted
30 outpatient treatment may be filed in the court of common

1 pleas of the county in which the subject of the petition is
2 present or reasonably believed to be present. A petition to
3 obtain an order authorizing assisted outpatient treatment may
4 be initiated only by the following persons:

5 (i) a person 18 years of age or older with whom the
6 subject of the petition resides;

7 (ii) the parent, spouse, sibling 18 years of age or
8 older, or child 18 years of age or older of the subject
9 of the petition;

10 (iii) the director of the facility in which the
11 subject of the petition is hospitalized;

12 (iv) the director of any public or charitable
13 organization, agency or home providing mental health
14 services to the subject of the petition in whose
15 institution the subject of the petition resides;

16 (v) a qualified psychiatrist who is either
17 supervising the treatment of or treating the subject of
18 the petition for a mental illness;

19 (vi) the county administrator, or his designee; or

20 (vii) a parole officer or probation officer assigned
21 to supervise the subject of the petition.

22 (2) The petition shall state:

23 (i) Each of the criteria for assisted outpatient
24 treatment as set forth in subsection (b).

25 (ii) The facts which support the petitioner's belief
26 that the person who is the subject of the petition meets
27 each criterion, provided that the hearing on the petition
28 need not be limited to the stated facts.

29 (iii) That the subject of the petition is present,
30 or is reasonably believed to be present, within the

1 county where the petition is filed.

2 (3) The petition shall be accompanied by an affirmation
3 or affidavit of a physician, who shall not be the petitioner,
4 and shall state either that:

5 (i) The physician has personally examined the person
6 who is the subject of the petition not more than ten days
7 prior to the submission of the petition, recommends
8 assisted outpatient treatment for the subject of the
9 petition and is willing and able to testify at the
10 hearing on the petition.

11 (ii) Not more than ten days prior to the filing of
12 the petition, the physician or his designee has made
13 appropriate attempts to elicit the cooperation of the
14 subject of the petition but has not been successful in
15 persuading the subject to submit to an examination, that
16 the physician has reason to suspect that the subject of
17 the petition meets the criteria for assisted outpatient
18 treatment, and that the physician is willing and able to
19 examine the subject of the petition and testify at the
20 hearing on the petition.

21 (d) Right to counsel.--The subject of the petition shall
22 have the right to be represented by counsel at the expense of
23 the subject of the petition at all stages of a proceeding
24 commenced under this section.

25 (e) Hearing.--

26 (1) Upon receipt by the court of the petition submitted
27 pursuant to subsection (c), the court shall fix the date for
28 a hearing at a time not later than three days from the date
29 the petition is received by the court, excluding Saturdays,
30 Sundays and holidays. Adjournments shall be permitted only

1 for good cause shown. In granting adjournments, the court
2 shall consider the need for further examination by a
3 physician or the potential need to provide assisted
4 outpatient treatment expeditiously.

5 (2) The court shall cause the subject of the petition,
6 the petitioner, the physician whose affirmation or affidavit
7 accompanied the petition, the appropriate director, and such
8 other persons as the court may determine to be advised of the
9 date for the hearing.

10 (3) Upon the date for the hearing, or upon such other
11 date to which the proceeding may be adjourned, the court
12 shall hear testimony and, if it be deemed advisable and the
13 subject of the petition is available, examine the subject
14 alleged to be in need of assisted outpatient treatment in or
15 out of court.

16 (4) If the subject of the petition does not appear at
17 the hearing, and appropriate attempts to elicit the
18 attendance of the subject have failed, the court may conduct
19 the hearing in the subject's absence. If the hearing is
20 conducted without the subject of the petition present, the
21 court shall set forth the factual basis for conducting the
22 hearing without the presence of the subject of the petition.

23 (5) The court may not order assisted outpatient
24 treatment unless an examining physician, who has personally
25 examined the subject of the petition within the time period
26 commencing ten days before the filing of the petition,
27 testifies in person at the hearing.

28 (6) If the subject of the petition has refused to be
29 examined by a physician, the court may request the subject to
30 consent to an examination by a physician appointed by the

1 court. If the subject of the petition does not consent and
2 the court finds reasonable cause to believe that the
3 allegations in the petition are true, the court may order law
4 enforcement officers or of a sheriff's department to take the
5 subject of the petition into custody and transport him to a
6 hospital for examination by a physician. Retention of the
7 subject of the petition under the order shall not exceed 24
8 hours.

9 (7) The examination of the subject of the petition may
10 be performed by the physician whose affirmation or affidavit
11 accompanied the petition, if the physician is privileged by
12 the hospital or otherwise authorized by the hospital to do
13 so. If the examination is performed by another physician of
14 the hospital, the examining physician shall be authorized to
15 consult with the physician whose affirmation or affidavit
16 accompanied the petition regarding the issues of whether the
17 allegations in the petition are true and whether the subject
18 meets the criteria for assisted outpatient treatment.

19 (8) A physician who testifies pursuant to paragraph (5)
20 shall state the facts which support the allegation that the
21 subject meets each of the criteria for assisted outpatient
22 treatment, and the treatment is the least restrictive
23 alternative, the recommended assisted outpatient treatment,
24 and the rationale for the recommended assisted outpatient
25 treatment. If the recommended assisted outpatient treatment
26 includes medication, the physician's testimony shall describe
27 the types or classes of medication which should be
28 authorized, shall describe the beneficial and detrimental
29 physical and mental effects of the medication, and shall
30 recommend whether the medication should be self-administered

1 or administered by authorized personnel.

2 (9) The subject of the petition shall be afforded an
3 opportunity to present evidence, to call witnesses on behalf
4 of the subject, and to cross-examine adverse witnesses.

5 (f) Written individualized treatment plan.--

6 (1) (i) The court may not order assisted outpatient
7 treatment unless an examining physician appointed by the
8 appropriate director develops and provides to the court a
9 proposed written individualized treatment plan. The
10 written individualized treatment plan shall include case
11 management services or assertive community treatment
12 teams to provide care coordination, and all categories of
13 services which the physician recommends that the subject
14 of the petition should receive.

15 (ii) If the written individualized treatment plan
16 includes medication, it shall state whether the
17 medication should be self-administered or administered by
18 authorized personnel, and shall specify type and dosage
19 range of medication most likely to provide maximum
20 benefit for the subject.

21 (iii) If the written individualized treatment plan
22 includes alcohol or substance abuse counseling and
23 treatment, the plan may include a provision requiring
24 relevant testing for either alcohol or illegal substances
25 provided the physician's clinical basis for recommending
26 the plan provides sufficient facts for the court to find:

27 (A) That the person has a history of alcohol or
28 substance abuse that is clinically related to the
29 mental illness.

30 (B) That the testing is necessary to prevent a

1 relapse or deterioration which would be likely to
2 result in serious harm to the person or others.

3 (iv) In developing the plan, the physician shall
4 provide the following persons with an opportunity to
5 actively participate in the development of the plan: the
6 subject of the petition; the treating physician; and upon
7 the request of the patient, an individual significant to
8 the patient including any relative, close friend or
9 individual otherwise concerned with the welfare of the
10 patient. If the petitioner is a director, the plan shall
11 be provided to the court no later than the date of the
12 hearing on the petition.

13 (2) The court shall not order assisted outpatient
14 treatment unless a physician testifies to explain the written
15 proposed treatment plan. The testimony shall state:

16 (i) The categories of assisted outpatient treatment
17 recommended.

18 (ii) The rationale for each category.

19 (iii) Facts which establish that the treatment is
20 the least restrictive alternative.

21 (iv) If the recommended assisted outpatient
22 treatment includes medication, the types or classes of
23 medication recommended, the beneficial and detrimental
24 physical and mental effects of the medication, and
25 whether the medication should be self-administered or
26 administered by an authorized professional.

27 If the petitioner is a director the testimony shall be given at
28 the hearing on the petition.

29 (g) Disposition.--

30 (1) If after hearing all relevant evidence, the court

1 finds that the subject of the petition does not meet the
2 criteria for assisted outpatient treatment, the court shall
3 dismiss the petition.

4 (2) If after hearing all relevant evidence, the court
5 finds by clear and convincing evidence that the subject of
6 the petition meets the criteria for assisted outpatient
7 treatment and there is no appropriate and feasible less
8 restrictive alternative, the court shall be authorized to
9 order the subject to receive assisted outpatient treatment
10 for an initial period not to exceed six months. In fashioning
11 the order, the court shall specifically make findings by
12 clear and convincing evidence that the proposed treatment is
13 the least restrictive treatment appropriate and feasible for
14 the subject. The order shall state the categories of assisted
15 outpatient treatment which the subject is to receive. The
16 court may not order treatment that has not been recommended
17 by the examining physician and included in the written
18 treatment plan for assisted outpatient treatment as required
19 by subsection (f).

20 (3) If after hearing all relevant evidence the court
21 finds by clear and convincing evidence that the subject of
22 the petition meets the criteria for assisted outpatient
23 treatment, and the court has yet to be provided with a
24 written individualized treatment plan and testimony pursuant
25 to subsection (f), the court shall order the county
26 administrator to provide the court with the plan and
27 testimony no later than the third day, excluding Saturdays,
28 Sundays and holidays, immediately following the date of the
29 order. Upon receiving the plan and testimony, the court may
30 order assisted outpatient treatment as provided in paragraph

1 (2).

2 (4) A court may order the patient to self-administer
3 psychotropic drugs or accept the administration of the drugs
4 by authorized personnel as part of an assisted outpatient
5 treatment program. The order may specify the type and dosage
6 range of psychotropic drugs and the order shall be effective
7 for the duration of the assisted outpatient treatment.

8 (5) If the petitioner is the director of a hospital that
9 operates an assisted outpatient treatment program, the court
10 order shall direct the hospital director to provide or
11 arrange for all categories of assisted outpatient treatment
12 for the assisted outpatient throughout the period of the
13 order. For all other persons, the order shall require the
14 director of community services of the appropriate local
15 governmental unit to provide or arrange for all categories of
16 assisted outpatient treatment for the assisted outpatient
17 throughout the period of the order.

18 (6) The director or his designee shall apply to the
19 court for approval before instituting a proposed material
20 change in the assisted outpatient treatment order unless the
21 change is contemplated in the order. Nonmaterial changes may
22 be instituted by the assisted outpatient treatment program
23 without court approval. For the purposes of this paragraph, a
24 material change shall mean an addition or deletion of a
25 category of assisted outpatient treatment from the order of
26 the court, or any deviation without the patient's consent
27 from the terms of an existing order relating to the
28 administration of psychotropic drugs.

29 (h) Applications for additional periods of treatment.--If
30 the director determines that the condition of the patient

1 requires further assisted outpatient treatment, the director
2 shall apply prior to the expiration of the period of assisted
3 outpatient treatment ordered by the court for a second or
4 subsequent order authorizing continued assisted outpatient
5 treatment for a period not to exceed one year from the date of
6 the order. The procedures for obtaining any order pursuant to
7 this subsection shall be in accordance with this section,
8 provided that the time period included in subsection (b)(4)(i)
9 and (ii) shall not be applicable in determining the
10 appropriateness of additional periods of assisted outpatient
11 treatment. Any court order requiring periodic blood tests or
12 urinalysis for the presence of alcohol or illegal drugs shall be
13 subject to review after six months by the physician who
14 developed the written individualized treatment plan or another
15 physician designated by the director, and the physician shall be
16 authorized to terminate the blood tests or urinalysis without
17 further action by the court.

18 (i) Application for order to stay, vacate or modify.--In
19 addition to any other right or remedy available by law with
20 respect to the order for assisted outpatient treatment, the
21 patient, the patient's counsel, or anyone acting on the
22 patient's behalf may apply on notice to the appropriate director
23 and the original petitioner to the court to stay, vacate or
24 modify the order.

25 (j) Appeals.--Review of an order issued pursuant to this
26 section shall be had in like manner as specified in section 303
27 (relating to extended involuntary emergency treatment certified
28 by a judge or mental health review officer - not to exceed
29 twenty days).

30 (k) Failure to comply with assisted outpatient treatment.--

1 (1) Where, in the clinical judgment of a physician, the
2 patient has failed or has refused to comply with the
3 treatment ordered by the court, and in the physician's
4 clinical judgment efforts were made to solicit compliance,
5 and, in the clinical judgment of the physician the patient
6 may be in need of treatment under section 302 (relating to
7 involuntary emergency examination and treatment authorized by
8 a physician - not to exceed one hundred twenty hours) or 303,
9 the physician may request the director or the director's
10 designee to direct the removal of the patient to an
11 appropriate hospital for an examination to determine if the
12 patient has a mental illness for which hospitalization is
13 necessary.

14 (2) If the patient refuses to take medications as
15 required by the court order, or he refuses to take, or fails
16 a blood test, urinalysis or alcohol or drug test as required
17 by the court order, the physician may consider that refusal
18 or failure when determining whether the assisted outpatient
19 is in need of an examination to determine whether he has a
20 mental illness for which hospitalization is necessary.

21 (3) Upon the request of the physician, the director or
22 the director's designee may direct law enforcement officers
23 or the sheriff's department to take into custody and
24 transport the patient to the hospital operating the assisted
25 outpatient treatment program or to any hospital authorized by
26 the director of community services to receive such patients.
27 The law enforcement officials shall carry out the directive.

28 (4) Upon the request of the physician, the director or
29 the director's designee, the court may authorize the patient
30 to be taken into custody and transported to the hospital

operating the assisted outpatient treatment program, or to
any other hospital authorized by the county administrator to
receive such patients in accordance with section 306
(relating to transfer of persons in involuntary treatment).

The patient may be retained for observation, care and
treatment and further examination in the hospital for up to
72 hours to permit a physician to determine whether the
patient has a mental illness and is in need of involuntary
care and treatment in a hospital pursuant to this act. Any
continued involuntary retention in the hospital beyond the
initial 72-hour period shall be in accordance with this act
relating to the involuntary admission and retention of a
person. If at any time during the 72-hour period the person
is determined not to meet the involuntary admission and
retention provisions of this act, and does not agree to stay
in the hospital as a voluntary or informal patient, he shall
be released. Failure to comply with an order of assisted
outpatient treatment shall not be grounds for involuntary
civil commitment or a finding of contempt of court.

(l) False petition.--A person making a false statement or
providing false information or false testimony in a petition or
hearing under this section is subject to criminal prosecution
pursuant to 18 Pa.C.S. § 4903 (relating to false swearing).

(m) Construction.--Nothing in this section shall be
construed to affect the ability of the director of a hospital to
receive, admit or retain patients who otherwise meet the
provisions of this act regarding receipt, retention or
admission.

(n) Educational materials.--The Department of Public
Welfare, in consultation with the county administrator, shall

1 prepare educational and training materials on the use of this
2 section, which shall be made available to county providers of
3 services, judges, court personnel, law enforcement officials and
4 the general public.

5 Section 2. This act shall take effect in 60 days.