

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 77 Session of 2013

INTRODUCED BY GREENLEAF, FARNESE, ALLOWAY, TARTAGLIONE,
ERICKSON, KITCHEN, VULAKOVICH, FERLO, SCHWANK, BROWNE,
WOZNIAK AND BOSCOLA, JANUARY 9, 2013

REFERRED TO PUBLIC HEALTH AND WELFARE, JANUARY 9, 2013

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," providing for assisted outpatient treatment
7 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:

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

6 (2) Medication.

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

9 (4) Individual or group therapy.

10 (5) Day or partial programming activities.

11 (6) Educational and vocational training or activities.

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

16 (8) Supervision of living arrangements.

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

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

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

6 "Program coordinator." An individual appointed under section
7 302-A(a) who is responsible for the oversight and monitoring of
8 assisted outpatient treatment programs.

9 "Secretary." The Secretary of Public Welfare of the
10 Commonwealth.

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, to meet the criteria for assisted outpatient
14 treatment.

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

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

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

27 (1) That each assisted outpatient receives the treatment
28 provided for in the court order issued pursuant to section
29 305-A.

30 (2) That existing services located in the assisted

1 outpatient's community are utilized whenever practicable.

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

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

9 (5) That assisted outpatient treatment services are
10 delivered in a timely manner.

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

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

27 Section 303-A. Duties of county administrators.

28 Each county administrator shall be responsible for the filing
29 of petitions for assisted outpatient treatment pursuant to
30 section 305-A, for the receipt and investigation of reports of

1 persons who are alleged to be in need of that treatment and for
2 coordinating the delivery of court-ordered services with program
3 coordinators, appointed by the secretary pursuant to section
4 302-A(a). In discharge of the duties imposed by section 305-A,
5 directors of community services may provide services directly,
6 or may coordinate services with the offices of the secretary or
7 may contract with any public or private provider to provide
8 services for assisted outpatient treatment programs as may be
9 necessary to carry out the duties imposed pursuant to this
10 article.

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

13 (a) General duties.--

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

22 (i) A copy of the court order.

23 (ii) A copy of the written treatment plan.

24 (iii) The identity of the case manager or assertive
25 community treatment team, including the name and contact
26 data of the organization which the case manager or
27 assertive community treatment team member represents.

28 (iv) The identity of providers of services.

29 (v) The date on which services have commenced or
30 will commence.

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

10 (b) Quarterly reports to program coordinators.--Directors of
11 assisted outpatient treatment programs shall submit quarterly
12 reports to the program coordinators regarding the assisted
13 outpatient treatment program operated or administered by them.
14 The report shall include the following information:

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

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

18 (3) Any change in status of assisted outpatients,
19 including, but not limited to, the number of individuals who
20 have failed to comply with court-ordered assisted outpatient
21 treatment.

22 (4) A description of material changes in written
23 treatment plans of assisted outpatients.

24 (5) Any change in case managers.

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

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

29 (8) Any other information as required by the secretary.

30 (9) Any recommendations to improve the program Statewide

1 or locally.

2 Section 305-A. Assisted outpatient treatment program.

3 (a) Director to obtain approval from secretary.--A director
4 may operate, direct and supervise an assisted outpatient
5 treatment program as provided in this section, upon approval by
6 the secretary. The county administrator shall operate, direct
7 and supervise an assisted outpatient treatment program as
8 provided in this section, upon approval by the secretary. County
9 administrators shall be permitted to satisfy the provisions of
10 this article through the operation of joint assisted outpatient
11 treatment programs. Nothing in this article shall be construed
12 to preclude the combination or coordination of efforts between
13 and among counties and hospitals in providing and coordinating
14 assisted outpatient treatment.

15 (b) Criteria for assisted outpatient treatment.--A patient
16 may be ordered to obtain assisted outpatient treatment if the
17 court finds all of the following:

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

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

20 (3) The patient is unlikely to survive safely in the
21 community without supervision, based on a clinical
22 determination.

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

25 (i) at least twice within the preceding 36 months
26 been a significant factor in necessitating
27 hospitalization, or receipt of services in a forensic or
28 other mental health unit of a correctional facility, not
29 including any period during which the person was
30 hospitalized or imprisoned immediately preceding the

1 filing of the petition; or

2 (ii) resulted in one or more acts of serious violent
3 behavior toward self or others or threats of, or attempts
4 at, serious physical harm to self or others within the
5 preceding 48 months, not including any period in which
6 the person was hospitalized or imprisoned immediately
7 preceding the filing of the petition.

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

11 (6) In view of the patient's treatment history and
12 current behavior, the patient is in need of assisted
13 outpatient treatment in order to prevent a relapse or
14 deterioration which would be likely to pose a clear and
15 present danger of harm to self or others as determined under
16 section 301.

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

19 (c) Petition to the court.--

20 (1) A petition for an order authorizing assisted
21 outpatient treatment may be filed in the court of common
22 pleas of the county in which the subject of the petition is
23 present or reasonably believed to be present. A petition to
24 obtain an order authorizing assisted outpatient treatment may
25 be initiated only by the following persons:

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

28 (ii) the parent, spouse, sibling 18 years of age or
29 older, or child 18 years of age or older of the subject
30 of the petition;

1 (iii) the director of the facility in which the
2 subject of the petition is hospitalized;

3 (iv) the director of any public or charitable
4 organization, agency or home providing mental health
5 services to the subject of the petition in whose
6 institution the subject of the petition resides;

7 (v) a qualified psychiatrist who is either
8 supervising the treatment of or treating the subject of
9 the petition for a mental illness;

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

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

13 (2) The petition shall state:

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

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

20 (iii) That the subject of the petition is present,
21 or is reasonably believed to be present, within the
22 county where the petition is filed.

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

26 (i) The physician has personally examined the person
27 who is the subject of the petition not more than ten days
28 prior to the submission of the petition, recommends
29 assisted outpatient treatment for the subject of the
30 petition and is willing and able to testify at the

1 hearing on the petition.

2 (ii) Not more than ten days prior to the filing of
3 the petition, the physician or his designee has made
4 appropriate attempts to elicit the cooperation of the
5 subject of the petition but has not been successful in
6 persuading the subject to submit to an examination, that
7 the physician has reason to suspect that the subject of
8 the petition meets the criteria for assisted outpatient
9 treatment, and that the physician is willing and able to
10 examine the subject of the petition and testify at the
11 hearing on the petition.

12 (d) Right to counsel.--The subject of the petition shall
13 have the right to be represented by counsel at all stages of a
14 proceeding commenced under this section. The subject of the
15 petition shall be represented either by counsel of his selection
16 or, if unrepresented and unable to afford counsel as determined
17 by the court, by court-appointed counsel.

18 (e) Hearing.--

19 (1) Upon receipt by the court of the petition submitted
20 pursuant to subsection (c), the court shall fix the date for
21 a hearing at a time not later than three days from the date
22 the petition is received by the court, excluding Saturdays,
23 Sundays and holidays. Adjournments shall be permitted only
24 for good cause shown. In granting adjournments, the court
25 shall consider the need for further examination by a
26 physician or the potential need to provide assisted
27 outpatient treatment expeditiously.

28 (2) The court shall cause the subject of the petition,
29 the petitioner, the physician whose affirmation or affidavit
30 accompanied the petition, the appropriate director, and such

1 other persons as the court may determine to be advised. The
2 subject of the petition shall have the opportunity to
3 provide, in writing, names and parties to be notified of the
4 hearing which shall be considered by the court.

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

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

18 (5) The court may not order assisted outpatient
19 treatment unless an examining physician who has personally
20 examined the subject of the petition within the time period
21 commencing ten days before the filing of the petition
22 testifies in person at the hearing.

23 (6) If the subject of the petition has refused to be
24 examined by a physician, the court may request the subject to
25 consent to an examination by a physician appointed by the
26 court. If the subject of the petition does not consent and
27 the court finds reasonable cause to believe that the
28 allegations in the petition are true, the court may order law
29 enforcement officers or of a sheriff's department to take the
30 subject of the petition into custody and transport him to a

1 hospital for examination by a physician. Retention of the
2 subject of the petition under the order shall not exceed 24
3 hours.

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

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

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

30 (f) Written individualized treatment plan.--

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

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

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

23 (A) That the person has a history of alcohol or
24 substance abuse that is clinically related to the
25 mental illness.

26 (B) That the testing is necessary to prevent a
27 relapse or deterioration which would be likely to
28 result in serious harm to the person or others.

29 (iv) In developing the plan, the physician shall
30 provide the following persons with an opportunity to

1 actively participate in the development of the plan: the
2 subject of the petition; the treating physician; and upon
3 the request of the patient, an individual significant to
4 the patient including any relative, close friend or
5 individual otherwise concerned with the welfare of the
6 patient. If the petitioner is a director, the plan shall
7 be provided to the court no later than the date of the
8 hearing on the petition.

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

12 (i) The categories of assisted outpatient treatment
13 recommended.

14 (ii) The rationale for each category.

15 (iii) Facts which establish that the treatment is
16 the least restrictive alternative.

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

23 If the petitioner is a director, the testimony shall be given at
24 the hearing on the petition.

25 (g) Disposition.--

26 (1) If after hearing all relevant evidence the court
27 finds that the subject of the petition does not meet the
28 criteria for assisted outpatient treatment, the court shall
29 dismiss the petition.

30 (2) If after hearing all relevant evidence the court

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

15 (3) If after hearing all relevant evidence the court
16 finds by clear and convincing evidence that the subject of
17 the petition meets the criteria for assisted outpatient
18 treatment, and the court has yet to be provided with a
19 written individualized treatment plan and testimony pursuant
20 to subsection (f), the court shall order the county
21 administrator to provide the court with the plan and
22 testimony no later than the third day, excluding Saturdays,
23 Sundays and holidays, immediately following the date of the
24 order. Upon receiving the plan and testimony, the court may
25 order assisted outpatient treatment as provided in paragraph
26 (2).

27 (4) A court may order the patient to self-administer
28 psychotropic drugs or accept the administration of the drugs
29 by authorized personnel as part of an assisted outpatient
30 treatment program. The order may specify the type and dosage

1 range of psychotropic drugs and shall be effective for the
2 duration of the assisted outpatient treatment.

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

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

24 (h) Applications for additional periods of treatment.--If
25 the director determines that the condition of the patient
26 requires further assisted outpatient treatment, the director
27 shall apply prior to the expiration of the period of assisted
28 outpatient treatment ordered by the court for a second or
29 subsequent order authorizing continued assisted outpatient
30 treatment for a period not to exceed one year from the date of

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

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

20 (j) Appeals.--Review of an order issued pursuant to this
21 section shall be conducted in the same manner as specified in
22 section 303.

23 (k) Failure to comply with the assisted outpatient
24 treatment.--

25 (1) (i) Where, in the clinical judgment of a physician,
26 the assisted outpatient has failed or refused to comply
27 with the assisted outpatient treatment and efforts were
28 made to solicit compliance and such assisted outpatient
29 may be in need of involuntary admission to a hospital or
30 immediate observation, care and treatment pursuant to

1 section 302 or 303, the physician may request the
2 director of community services, the director's designee
3 or any physician designated by the director of community
4 services to take the assisted outpatient to an
5 appropriate hospital for an examination to determine if
6 the assisted outpatient has a mental illness for which
7 hospitalization is necessary.

8 (ii) If the assisted outpatient refuses to take
9 medication as required by the court order or refuses to
10 take or fails a blood test, urinalysis or alcohol or drug
11 test as required by the court order, the physician may
12 consider the refusal or failure when determining whether
13 the assisted outpatient is in need of an examination to
14 determine whether the assisted outpatient has a mental
15 illness for which hospitalization is necessary.

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

23 (3) (i) Upon the request of the physician, the director
24 or the director's designee, the court may authorize the
25 patient to be taken into custody and transported to the
26 hospital operating the assisted outpatient treatment
27 program or to any other hospital authorized by the county
28 administrator to receive such patients in accordance with
29 section 306.

30 (ii) The patient may be retained for observation,

1 care and treatment and further examination in the
2 hospital for up to 72 hours to permit a physician to
3 determine whether the patient has a mental illness and is
4 in need of involuntary care and treatment in a hospital
5 pursuant to this act.

6 (iii) Any continued involuntary retention in the
7 hospital beyond the initial 72-hour period shall be in
8 accordance with this act relating to the involuntary
9 admission and retention of a person.

10 (iv) If at any time during the 72-hour period the
11 person is determined not to meet the involuntary
12 admission and retention provisions of this act and does
13 not agree to stay in the hospital as a voluntary or
14 informal patient, he shall be released.

15 (v) Failure to comply with an order of assisted
16 outpatient treatment shall not be grounds for involuntary
17 civil commitment or a finding of contempt of court.

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

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

27 (n) Educational materials.--The Department of Public
28 Welfare, in consultation with the county administrator, shall
29 prepare educational and training materials on the use of this
30 section, which shall be made available to county providers of

1 services, judges, court personnel, law enforcement officials and
2 the general public.

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