



Laura's Law Update
Approved by CMHDA's Governing Board
January 26, 2011

California's "Laura's Law," which permits but does not require counties to establish assisted outpatient mental health treatment, was originally proposed and enacted as Assembly Bill 1421 (Thomson, Chapter 1017, Statutes of 2002). In 2003, under the leadership of David Meyer, a CMHDA LPS Work Group authored the attached excellent memorandum of the issues concerning the implementation of this law. The memorandum was subsequently approved by the CMHDA Governing Board and distributed to CMHDA members as a helpful reference document.

Laura's Law was originally scheduled to sunset on January 1, 2008. However, AB 2357 (Karnette, Chapter 774, Statutes of 2006) extended the original sunset date until January 1, 2013, and added a requirement that the state Department of Mental Health (DMH) provide a report on its progress to the Governor and legislature no later than July 21, 2011. Additionally, in 2008, Senator Leland Yee (D-San Francisco) proposed unsuccessful legislation (SB 1606) to modify and strengthen some provisions of the law.

The expressed intent of assisted outpatient treatment is to provide a "bridge to recovery" for adults who are "most overcome by symptoms of mental illness," and who, as a result of their inability to maintain their own treatment regimen, are functionally rendered a danger to themselves and/or others or gravely disabled (despite not meeting current LPS criteria for involuntary evaluation and treatment). Laura's Law is currently being promoted locally in many communities by some advocacy groups, but strongly opposed by others. It is also likely to be proposed for renewal by our state legislature, and efforts to strengthen the law are also likely to be considered.

Although some believe the intent of Laura's Law is admirable, others vehemently oppose it specifically, and assisted outpatient treatment in general. These widely divergent views pose significant dilemmas for county Mental Health Directors. Clearly, the law as currently structured contains several shortcomings. For example:

- Some assisted outpatient treatments have been shown to be effective in other states, but they have not been shown to be more effective than voluntary forms of treatment. This rubs up against the ethical principles of beneficence/non-maleficence, person's rights and justice inherent to the various disciplines of the mental health profession.
- The law contains no provisions for forced treatment, including medications. Thus, AOT programs can depend only on the "black robe effect" -- the symbolic power of the court and the seriousness of the need to comply with its order for treatment.

- No funding from the state is available to operate AOT programs in California. Furthermore, the law requires that counties not reduce the funding of voluntary programs in order to support the AOT program. This presents counties with an unsolvable fiscal and ethical dilemma. Some counties have expressed concern that draining inpatient funds for AOT clients may reduce the ability for other hospitals to refer indigent individuals languishing in emergency rooms who need to be treated.
- Some worry that such a program may not support recovery, but rather create an environment that may drive individuals from the system. There is also concern that involuntary treatment may not be applied only to individuals with a serious mental illness. Advocates for patients' rights express concern that a county could impose its will on individuals not "complying" with voluntary outpatient care.

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Nevada County has only relatively recently implemented AOT, and Los Angeles County has implemented a very small quasi-AOT program. Thus, there little evidence to date with which to judge its effectiveness in California.

Further, an example of the dilemma faced by many counties considering Laura's Law occurred recently in San Francisco. There, Laura's Law was being strongly promoted by community activists, and the Board of Supervisors seemed poised to implement it. However, several important points were raised that ultimately led to a withdrawal of the proposal from the County Board of Supervisors. First, the county health director pointed out that in the case of quarantining individuals for a disease such as tuberculosis (TB), there is a proven treatment that works which is both efficacious and ethical. However, there is no provision in Laura's law that allows forced medication --,let alone forced treatment -- and the target is clients with severe psychotic disorders who typically only get better with medications. It was argued that it would not be efficacious or ethical to support this approach. Further, he pointed out the hidden court and legal costs, the need to create a whole system of care that would not impact voluntary programs, and that they already have proven alternatives such as Behavioral Health Courts, MHSA Full Service Partnership Teams and Conservatorships with Affidavit B. He discussed the literature on assisted outpatient treatment in New York, noting that it included funding for services. He also noted that the literature is mixed about AOT being better than voluntary care. Most studies say outcomes are equally effective.

It should be noted again that the law requires counties electing to implement it to engage in a comprehensive service planning, training and delivery process as well as to regularly submit several data elements to DMH regarding the program's services and outcomes.

Summary

A much more detailed analysis of Laura's Law can be found in the original CMHDA AB 1421 analysis. Although some of the information and website links are now outdated, we believe that the analysis put forth in 2003 is still accurate and useful today, as new efforts to either convince counties to adopt Laura's Law gain strength, and/or as Laura's Law advocates promote renewal of the law and/or strengthening of its provisions. We hope this information is helpful to county Mental Health Directors who are facing this issue at the local level.