



California's protection and advocacy system

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Assisted Outpatient Treatment is Unnecessary and Efforts Should Instead Be Used To Ensure Increased Access To Voluntary Services

Summary of Assisted Outpatient Treatment Law

AB 1421 (2002) or "Laura's Law" permits counties to provide court-ordered "assisted outpatient treatment" (AOT) services for people with a serious mental disorder when a court finds that a person's recent history of hospitalizations or violent behavior, coupled with noncompliance with voluntary treatment, indicate the person is likely to become dangerous or gravely disabled without the court-ordered outpatient treatment. Prior to providing assisted outpatient treatment, the county must offer a voluntary treatment plan which includes a broad array of statutorily required mental health services. The sunset date of the law was extended from January 1, 2008 to January 1, 2013 by AB 2357 (Karnette) 2006. Assembly Member Michael Allen introduced AB 1569 this legislative session to extend this law until January 1, 2019.

Assisted Outpatient Treatment is Unnecessary As There Are Good Alternatives Which Ensure Access to Needed Mental Health Services.

Proposition 63: The Mental Health Services Act (MSHA)

In 2004, the voters of California enacted Proposition 63, the Mental Health Services Act (MHSA). The Act that imposed a 1% surtax on incomes over \$1 million (raising between \$600 million and \$800 million per year) to increase funding for all public mental health services in this State. The Mental Health Services Act, requires county to provide a full array of mental health services including: case management, supportive and transitional housing, and employment services that are not available under other programs.

California voters got it right, expanding programs that have demonstrated success, save lives and money. Some counties already have in place proven voluntary treatment programs that have comparable results to Laura' Law without the expense and coercion of court-ordered treatment. In addition, the Full Service Partnerships have reduced hospitalizations by 50%; incarcerations by 88% and homelessness by 70%. By comparison, the outcome data on involuntary outpatient treatment shows forced treatment is often counterproductive - renewing trauma and steering people away from the mental health system altogether. Scarce public dollars are better spent expanding voluntary treatment programs that provide the surest path to recovery.

The better solution is that more should be done to make mental health services available to the people who need them. Counties could track people who have applied for services and are not currently receiving them due to funding limitations. Counties could also improve coordination between county personal service coordinators and LPS conservators to insure that services are being provided effectively in the community.

Assisted Outpatient Treatment Has Not Been Widely Implemented And Does Not Work.

Only one county, Nevada, has implemented an AOT program. According to a recent Department of Mental Health report there have only been four individuals under an order in nearly a decade. According to the DMH report, one of these individuals was in the hospital for the duration of the court order and was therefore subject to LPS criteria. The report concluded that there may be insufficient data to make conclusions as to the efficacy of the program.

The Nevada County Behavioral Health Director reports the following: Of 33 referrals to the AOT program, 13 agreed to receive services, 10 didn't meet the criteria; of the 10 petitions filed, 6 people entered voluntary agreements, only 4 have been subjected to court orders following a hearing.

Other counties that have considered implementing an AOT program have rejected it.

By expanding the criteria to people who are not currently dangerous or gravely disabled, the AOT statute expands involuntary treatment to people who will never be dangerous or gravely disabled.

A 2009 study of New York's "Kendra's Law" (a law similar to Laura's Law) was unable to conclude that the court order, as compared to the underlying mental health services, improved outcomes. As the report notes:

However, unless we compare AOT recipients to similarly situated individuals who did not receive AOT, it is difficult to assess whether the court order was a key ingredient in promoting engagement or whether comparable gains in engagement would have occurred over time with voluntary treatment alone. (Report, p. 17, available at: http://www.macarthur.virginia.edu/aot_finalreport.pdf.)

Involuntary treatment destroys trust and chases people out of the mental health treatment system. Offering services on a voluntary basis is better. For this reason, the full array of AB 1421 services should be offered on a voluntary basis to everyone who needs them. In fact, AB 1421 requires that the full array of services be available on a voluntary basis before implementing forced treatment. However, not one county has provided the services on a voluntary basis.

Current Law Allows For Involuntary Mental Health Treatment Under Statutorily Defined Criteria

Current law already provides for involuntary community treatment. Welfare & Institutions Code § 5350 provides for establishment of LPS conservatorships for up to one year for individuals who are gravely disabled. The conservator can be given the power to require involuntary treatment on an outpatient basis. Welfare & Institutions Code § 5300 provides for 6-month detention of individuals who are a danger to others. Under that provision, the court can order involuntary outpatient treatment.