

A Promising Start



Results from a California Survey Assessing the Use of Laura's Law Executive Summary

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EXECUTIVE SUMMARY

California is home to almost one million individuals with severe mental illness, as many as half of whom are untreated on any given day. Falling through the cracks of the mental health treatment system, these individuals cycle through the various public service systems that cannot refuse them, such as emergency rooms and jails. They have contact with law enforcement on a routine basis. Many have taken up residence on the street, or in dangerous encampments where the most ill are particularly vulnerable to abuse and neglect.

Individuals with severe mental illness have rates of suicide up to 24 times higher than the general population, and California had 4,294 total suicide deaths in 2016 alone.¹ Individuals with severe mental illness are also 16 times more likely to be shot and killed by police.² California saw 162 such incidents in 2017.³ In San Jose, every police shooting in 2017 involved someone with mental illness, according to news reports.⁴

Severe mental illness may be a death sentence in jail as well; a scathing 2018 exposé found that between 2011 and 2017, at least 37 individuals with mental illness died behind bars in California because the jail staff had left them languishing.⁵

Severe mental illness may also lead to otherwise preventable violence when left untreated. Delusions and hallucinations, which feature prominently in psychotic disorders, can both promote violent behaviors and be a trigger for violence when left untreated.⁶ Laura Wilcox, a 19 year-old volunteer at a mental health clinic in Nevada County, was one such victim of a preventable act of violence. The family of her killer had tried for years, without success, to get him treatment for his severe mental illness. Unfortunately, the barriers to treatment were too great.

After Laura's tragic death, her parents made it their mission to advocate for treatment for individuals with severe mental illness who struggle with voluntary treatment adherence. The resulting California law, known as "Laura's Law," authorizes assisted outpatient treatment (AOT) and was signed by Governor Gray Davis in 2002.

AOT is court-ordered civil commitment to community-based treatment for individuals with severe mental illness who have a history of treatment nonadherence and may lack insight into their illness. Individuals who meet certain criteria, such as multiple previous psychiatric hospitalizations or arrests, can be court ordered to adhere to a treatment plan agreed upon by the court and mental health care providers. The process provides judicial oversight to monitor adherence to this treatment plan and holds the mental health system accountable for providing treatment services.

In its current implementation, Laura's Law provides access to treatment most often through voluntary participation, either resulting from better outreach to those with severe mental illness, or through voluntary settlement agreements. In most counties, these avenues to care allow an individual to participate in intensive outpatient treatment with no court supervision.

We applaud California counties for taking the initiative under Laura's Law to better identify and engage people with severe mental illness in intensive case management and services. One of the most helpful aspects of the law is that it allows family members to refer potential participants to services.

Generally, this report shows the much improved outcomes of people with severe mental illness who are identified and targeted through outreach for robust, comprehensive community services and support. The enrollment successes of Laura’s Law underscore the importance and effectiveness of ACT and programs like it. But the current partial implementation of Laura’s Law continues to underserve—and in some cases fail outright—the population it was created to help.

Figure 1 Map of Counties in California



The intent of the practice explicitly authorized by Laura’s Law, AOT, is to provide access to treatment otherwise unavailable to people with severe mental illness who, as a manifestation of the illness, either will not volunteer for services or have demonstrated poor engagement with voluntary services. Some individuals consistently refuse services, while others attempt to follow their treatment plans but fall repeatedly into the trap of convincing themselves they do not need medication as soon as things seem to be going well.

AOT allows these individuals to receive care under the supervision of the court, even if they are willing to do so under a voluntary settlement agreement and do not require formal court orders. AOT leverages the persuasive power of a judge and court process to motivate participants to maintain treatment engagement. By relying on voluntary participation without any court oversight, many California counties are not using Laura’s Law to practice what has succeeded elsewhere as AOT.

While Laura’s Law programs largely lack the court oversight that has succeeded in other states, this report finds that these programs have substantially improved conditions for many highly vulnerable individuals with severe mental illness who have voluntarily agreed to services through Laura’s Law. This is to be celebrated, and we hope the many California counties that have yet to implement Laura’s Law will take note—there is no justification for failing to adopt the Laura’s Law ordinance.

At the same time, there remains untapped potential within most of the counties surveyed. By implementing AOT with court oversight, these counties would extend a lifeline to many whose lack of insight prevents them from participating by voluntary agreement, and improve outcomes for current voluntary participants who still struggle to maintain treatment engagement.

Accordingly, in this report we refer mainly to “Laura’s Law programs”, “Laura’s Law enrollees”, and “Laura’s Law participants,” and reserve the terms “assisted outpatient treatment” and “AOT” for programs that extend the evidence-based benefits of court supervision to all individuals who meet statutory criteria.

Among the findings are the following:

- **All county Laura’s Law programs for which outcome data are available have experienced decreases in psychiatric hospitalizations, crisis contacts, incarcerations and/or homelessness among Laura’s Law enrollees.** In fact, the majority of county Laura’s Law programs experienced decreases in all outcomes measured, according to the survey results. Of the 10 counties with outcome data, eight Laura’s Law programs resulted in a significant decrease in psychiatric hospitalization among individuals enrolled. Nine of the 10 programs had positive outcomes for reducing criminal justice involvement among Laura’s Law enrollees, and six out of seven programs reporting relevant data resulted in significant decreases in homelessness. Finally, of the eight counties with outcome data on crisis services, all eight Laura’s Law programs resulted in decreases in crisis contacts among individuals enrolled.
- **There is significant variation among counties in Laura’s Law program enrollment rates of their Laura’s Law program and court processes.** Utilization rates of individuals enrolled in Laura’s Law programs range from 0.5 per 100,000 population in El Dorado County to 11 per 100,000 population in Nevada County. There is even greater variation among counties in the utilization of court processes. According to our survey results, four counties have no individuals enrolled in Laura’s Law programs with court oversight. Of the 11 counties that do, court-overseen AOT enrollment ranges from 0.3 per 100,000 population in Placer and San Mateo to 7.1 per 100,000 population in Nevada County.

- **Despite being required by the state, reporting on outcomes has been inconsistent.** Three of the county programs that have been operating for more than one year did not have available outcome data to report. Many counties did not have outcome data on all indicators, including psychiatric hospitalization, crisis outcomes, criminal justice involvement and homelessness. In addition, the results show that outcome data for county programs are not defined, analyzed or reported in the same way from one county to another.

Recommendations

Across California, the crisis of suffering among individuals with untreated severe mental illness dominates headlines. Politicians, struggling to come up with solutions, are promising new funding, new legislation and a renewed focus to get a handle on the rapidly growing problem. Meanwhile, the combination of court supervision and robust community services provided by AOT has been shown to reverse the tragic downward spiral too often experienced by individuals with severe mental illness who struggle to engage with community treatment independently. With access to effective treatment and an opportunity to develop habits of treatment engagement, individuals with severe mental illness can live fulfilling, productive lives. The following are Treatment Advocacy Center's recommendations for making full use of Laura's Law to serve people with severe mental illnesses and the communities in which they live.

- **County boards of supervisors should adopt and implement Laura's Law in all counties in California.**
- **Laura's Law programs should utilize court oversight as a fundamental component of the process.**
- **Laura's Law programs should increase enrollment rates.**
- **Laura's Law programs should shorten outreach and engagement times to ensure more timely access to treatment.**
- **County probate judges and Laura's Law programs should include psychiatric medication as part of settlement agreements and court orders when it is indicated in the written treatment plan.**
- **The California Department of Health Care Services, Mental Health Services Division, should enforce uniform data reporting on outcomes and provide incentives for uniform data gathering across county programs.**

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The Treatment Advocacy Center is a national nonprofit organization dedicated exclusively to eliminating barriers to the timely and effective treatment of severe mental illness. The organization promotes laws, policies and practices for the delivery of psychiatric care and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.