

A Promising Start



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

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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.

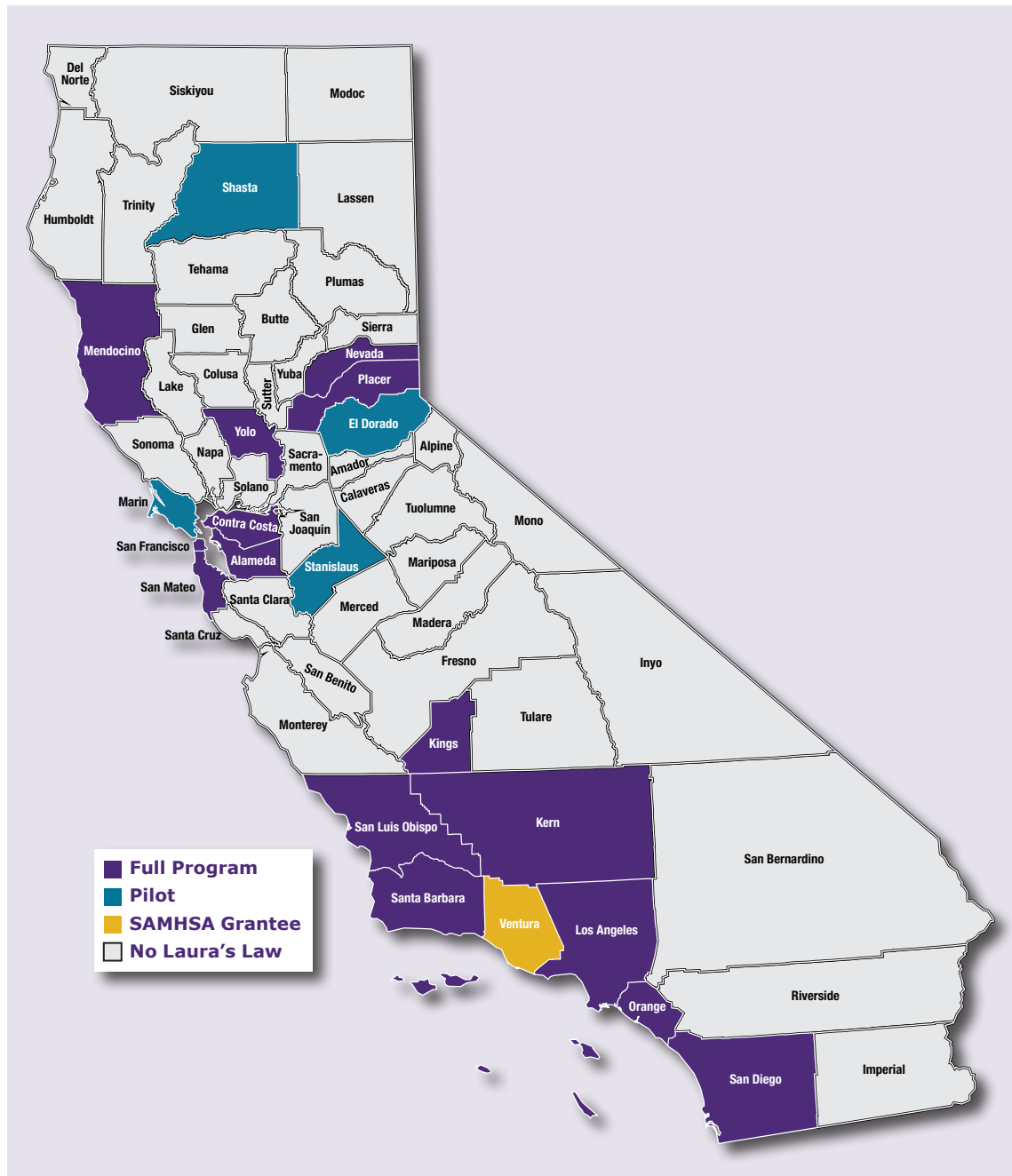
AOT is court-ordered civil commitment to community-based treatment for individuals with severe mental illness who have a history of treatment nonadherence and may lack insight into their illness. Individuals who meet certain criteria, such as multiple previous psychiatric hospitalizations or arrests, 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.**

INTRODUCTION

California has more than one million individuals with dire mental illness, and on any given day in 2019, as many as half of those are untreated.⁷ Cycling between the various public service safety nets, such as homeless shelters and emergency rooms, as well as the streets and correctional facilities, individuals with severe mental illnesses are consigned to the shadows. Their misery comes as a direct result of the broken mental health system.

When the Treatment Advocacy Center uses the terms *serious mental illness* or *severe mental illness* in this report or elsewhere, we are referring to diagnoses of schizophrenia and associated psychotic disorders, or severe bipolar disorder.

For almost all other physical illnesses, a continuum of care exists with a spectrum of services designed to meet the needs of the individual. For example, an individual diagnosed with multiple sclerosis receives intensive physical therapy and medications to help slow the disease progression. Health care providers reinforce the fact that early treatment improves outcomes. Inpatient care, occupational therapy, physical therapy, medication management and integrated support are all expected parts of such an individual's treatment continuum.

However, this continuum of care does not exist for severe mental illness in the majority of the United States, including California; when and if it does, an individual must jump through numerous hoops to receive continuous care. Despite clear evidence that early intervention leads to better outcomes and that continued lack of treatment leads to brain damage and treatment resistance,⁸ individuals with severe mental illness are diagnosed, on average, 74 weeks after initial symptoms appear.⁹

A major factor in that delay is a dire shortage of psychiatric beds, including crisis care beds, longer-term inpatient care beds and residential beds.¹⁰ This shortage limits the availability of treatment and may also cause treatment to be abbreviated.¹¹ In addition, a lower-than-average reimbursement rate to psychiatrists,¹² a shortage of psychiatrists and other mental health workers,¹³ and a fragmented system of care¹⁴ all exacerbate the obstacles to quality treatment for people living with severe mental illness.

However, structural and resource deficits constitute only one part of the problem. Even a fully funded system still requires laws and policies that facilitate appropriate intervention when it is needed. Yet California, like many states, sets up both intentional and unintentional barriers that hinder access to treatment. In particular, California law severely limits who can petition for emergency evaluation or treatment, and retains some vague and some overly restrictive criteria that have the effect of blocking access to its system.¹⁵

Voluntary treatment is always preferable for any medical condition. However, because of the physical brain changes that occur with severe mental illness, an individual may not have awareness of his or her illness and therefore may not seek treatment. Anosognosia, a term coined by neurologists more than 100 years ago for a form of lack of insight, is "a complete or partial lack of awareness of different neurological ... and/or cognitive dysfunctions."¹⁶ Anatomical in nature and caused by damage to the brain from the disease, anosognosia may lead to an unwillingness to accept treatment voluntarily. A vicious and deadly cycle can ensue: anosognosia results in lack of treatment, which leads to further brain damage, worsening symptoms, and a lesser likelihood of gaining insight in the future.¹⁷

Despite these immense challenges, it is possible for individuals with the most severe psychiatric disorders to live fulfilling, successful lives. Evidence-based practices exist across the continuum of care and can work for those who struggle with treatment adherence, have histories of violence or repeated hospitalizations, or have been involved with the criminal justice system.

The most promising and effective of these evidence-based practices is assisted outpatient treatment (AOT). AOT answers the practical need for a community-based solution for individuals with the most severe psychiatric diseases and has been shown to dramatically improve clinical outcomes for those who demonstrate difficulty adhering to prescribed treatment.

What Is AOT?

AOT is a form of court-ordered and court-supervised intensive treatment in a community setting for individuals with severe mental illness and a demonstrated history of lack of adherence to treatment and poor outcomes. Known across the states by a variety of labels (such as “involuntary outpatient treatment” or “outpatient commitment,”) AOT obligates local mental health systems to serve participants at the same time that it obligates participants to adhere to their treatment plans. Developed by patients with their health care providers, these treatment plans typically include intensive case management, medication and talk therapy—all services known to be necessary to promote recovery. The court adds a level of oversight to the individual and the treatment providers to ensure adherence to this plan, but it is not involved in providing psychiatric treatment or developing the plan itself.

Known across the states by a variety of labels (such as “involuntary outpatient treatment” or “outpatient commitment,”) AOT obligates local mental health systems to serve participants at the same time that it obligates participants to adhere to their treatment plans.

AOT is designed to disrupt the cycle of hospitalization and relapse in the community due to lack of adherence to treatment. Many states, including California, require that to be eligible for AOT, an individual must have a history of nonadherence and adverse consequences, such as multiple hospitalizations or incarcerations. AOT is not a criminal process; no criminal justice system involvement is required to be eligible, nor can incarceration or criminal charges be used as an enforcement mechanism.

AOT instead draws upon the state’s role as *parens patriae* under the legal principle that a state has an inherent responsibility to protect citizens unable to protect themselves. An AOT statute allows a judge, after extensive due process, to order outpatient treatment for a person with severe mental illness who meets certain additional criteria (see Appendix B for a full list of California’s statutory criteria).

By helping to ensure effective, sustained treatment, AOT can restore an individual’s capacity to exercise civil liberties while reducing the likelihood of loss of life or liberty as a result of victimization, suicide, incarceration, hospitalization and other common consequences of nontreatment. AOT increases stability and wellness by providing effective, whole-person support and treatment to people with severe mental illness who have fallen through the cracks and previously been stuck in revolving doors of incarceration, homelessness and emergency treatment.

In the past decade, AOT has reached national prominence as an evidence-based practice. The U.S. Department of Justice certified AOT as an effective program to reduce crime. The American Psychiatric Association and other prominent mental health organizations have endorsed AOT as an effective tool to promote recovery. Federal law signed by President Obama in 2016 approved \$60 million over four years to support AOT programs across the nation. Ventura County, California, has launched an AOT program under this grant program, having been awarded \$1 million per year for four years.

THE HISTORY OF LAURA'S LAW IN CALIFORNIA

California's version of AOT is known as *Laura's Law*, named after Laura Wilcox, a college student who, while working in a mental health clinic in Nevada County over her winter break in 2001, was killed by a client with untreated severe mental illness. The client, Scott Thorpe, had a history of noncompliance with treatment for his psychiatric illness despite numerous attempts by his family to seek help. In addition to Laura, two other individuals died during this preventable tragedy.



Laura Wilcox

After Laura's death, her parents, Amanda and Nick Wilcox, made it their mission to advocate for treatment to prevent further tragedies. Laura's Law (AB-1421) passed the state legislature in 2002 and was signed into law by Governor Gray Davis. It was modeled in part after similar legislation passed in New York in 1999, known as Kendra's Law.

At the time of the passage of Laura's Law, involuntary hospitalization through civil commitment and Lanterman-Petris-Short (LPS) conservatorship laws was used in California to get treatment for individuals who were at risk of harming themselves or others, or were determined to be gravely disabled. LPS conservatorship gives legal rights to one adult, the conservator, to make legal and medical decisions for another adult who has severe mental illness, the conservatee. LPS conservatorship allows the conservator to hospitalize the conservatee involuntarily but requires the conservatee to be at immediate risk of danger to self or others before it permits that level of intervention.

Laura's Law was conceived as a less restrictive, more preventive measure that allows family members, mental health workers or officers to request treatment in the community for an individual who may not currently be at risk of harming self or others but has a history of repeatedly reaching that point due to chronic treatment disengagement.

Rather than requiring additional resources, Laura's Law was designed to make more effective use of existing resources. Those under a Laura's Law order receive the same services that others in the state receive, simply with the overlay of a court order and court oversight of care. In many instances, those services are funded by the state.

Since individuals with the most severe psychiatric diseases are often the most resistant to conventional outpatient treatment, yet the most in need of mental health services, Laura's Law is a cost-effective use of such funds.

At an estimated \$35,000–\$40,000 per person per year, the average service costs to California counties for implementing Laura's Law are far less than the annual costs of incarceration or of inpatient psychiatric care.¹⁹ Currently, housing an inmate in a California prison for one year costs more than \$75,000.²⁰ Meanwhile, at \$1,200 per day, a year of treatment in a California psychiatric hospital could cost the state's taxpayers as much as \$438,000.²¹

All 58 counties in California have the authority to utilize Laura's Law to leverage treatment for individuals with severe mental illness who struggle with consistent treatment engagement. However, it is up to each individual county to affirmatively adopt Laura's Law and establish a program.

The first county to adopt and implement Laura’s Law was Nevada County, the county where Laura Wilcox was killed. Through the tireless advocacy work of Laura’s parents and others, Nevada County received approval in May 2007 to use MHSA funds to establish a Laura’s Law program, and in April 2008 the program officially started. More than 10 years later, Nevada County remains the most successful Laura’s Law program in the state, fully utilizing the tools the law provides to serve the county’s population with severe mental illness.

A state audit uncovered that California’s counties had accumulated \$2.5 billion in unspent Proposition 63 funds, money that was supposed to be spent on improving mental health care to vulnerable Californians, while evidence-based programs like Laura’s Law and ACT teams continue to be underfunded.

Proposition 63, the Mental Health Services Act (MHSA) was passed by California voters in 2004 and raises over \$1.5 billion annually by placing a 1% tax on incomes over a million dollars. This funding stream may be used by counties to “prevent mental illness from becoming severe and disabling”.¹⁸ Funding questions had been a major roadblock to persuading county boards of supervisors to pass and implement AOT programs.

Therefore, in 2013, the state legislature clarified that Proposition 63 funds could be used to implement Laura’s Law, giving mental health treatment advocates further ammunition to urge the counties to adopt programs. As a result of this change, more widespread implementation of Laura’s Law programs has begun in the last five years.

As of late 2018, 19 counties, representing 65% of the state’s population, have started Laura’s Law programs.²² The 19 California counties that have implemented full or pilot Laura’s Law programs are Alameda, Contra Costa, El Dorado, Kern, Los Angeles, Marin, Mendocino, Nevada, Orange, Placer, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Shasta, Stanislaus, Ventura, and Yolo (see Figure 1 on page 2). Still, 39 counties, encompassing large geographic areas, have not yet adopted the ordinance or implemented the program.

In 2018, California Missed the Mark in Attempts to Increase Access to Care

SB-1045, Conservatorship: Serious Mental Illness and Substance Use Disorders, passed the California State Assembly in late August 2018 and was signed into law in September by Governor Brown. The law creates a new avenue for conservatorship, outside of LPS and AOT, for individuals who meet certain criteria.

Although the intentions of the law—to increase treatment access for individuals with serious mental illness who have a history of noncompliance with treatment—are commendable, it in fact completely misses the mark. To pass, advocates of the original bill were forced to accept changes that drastically undercut its original scope and effectiveness.

The law allows for only three counties in the state, Los Angeles, San Francisco and San Diego, to create a five-year pilot program, and it requires the individual counties to adopt resolutions to implement the law. The criteria are also extremely limiting, requiring eight past hospitalizations or evaluations in the past 12 months and a co-occurring substance use disorder to qualify. In effect, this bill requires deterioration and tragedy before an individual can access needed care.

METHODOLOGY

To prepare this report, we conducted a legal analysis of California's Laura's Law statute to determine the process for implementing it in the state. We then surveyed the 19 full or pilot Laura's Law county programs currently in existence. The survey included data mining of public documents on the Laura's Law programs, searches of reports from county boards of supervisors, and interviews with key stakeholders in each county by either phone or e-mail.

Next, we analyzed available data and information from each county program, including data on referrals, outreach and engagement, enrollment, and outcomes of enrollment. Data were standardized to the best of our ability in order to identify trends across county programs. Appendix A offers a description and analysis of each county's program, and a summary of the results for the state is given in Table 1 (see pages 10–11). A list of differences between Laura's Law and AOT laws and programs in other states is provided in the Discussion section, with evidence from the survey results.

The longest-running Laura's Law program, Nevada County's, has found that it is appropriately meeting the needs of the county when five individuals per 100,000 population are enrolled in the program via the court process. Nevada County has also found that Laura's Law programs are working well when an additional five individuals per 100,000 population who have been referred to the program are engaging in services voluntarily after outreach and engagement. Our minimum recommended enrollment rates are based on these assumptions.

For a few counties that either had limited data or had not yet scaled up their programs, we used available data from the county and average results from a California county of similar size and demographics to estimate potential outcomes if the county were to fully implement the program.

THE LAURA'S LAW PROCESS IN CALIFORNIA

Each county's Laura's Law program is unique due to variability in population, resources and interpretation of the law by program designers. What follows is a generalized description of the process.

Referral

A qualified requester can refer an individual to be considered for Laura's Law eligibility by submitting a request to a participating county's mental health department. (Qualified requesters include an adult who lives with the individual; a parent, spouse, adult sibling or adult child of the individual; the director of an institution or facility where the individual resides; the director of the hospital where the person is hospitalized; a treating or supervising mental health provider; or a probation, parole or peace officer.) Upon receiving a referral, an assessment team contacts the referrer to gather additional information and verify identifying information as well as the basis for the referral. The team then contacts the referred individual to facilitate a clinical examination to determine whether he or she meets the criteria for eligibility (see Appendix B).

Outreach and engagement

Once an individual is determined to meet criteria for eligibility, a period of outreach to and engagement with the referred client begins, the goal of which is to try to get the individual to enroll in mental health services voluntarily. *Outreach* consists of locating the individual in the community and educating him or her on the program and the services it offers. *Engagement* refers to working with the individual during discharge from a hospital or release from jail, to secure enrollment in community-based treatment services.

Court petition

If an individual found to meet criteria for Laura's Law continues to refuse voluntary services throughout the outreach and engagement period, a new mental health evaluation is conducted. If the evaluation confirms the original finding that the criteria have been met, the county files a petition to the court. Service of the petition instructs the individual to appear in court with an assigned public defender, and affords the individual another chance to accept a treatment plan and services voluntarily. If the individual accepts services at this point, a settlement agreement incorporating the treatment plan is presented to the court.

If the individual contests the petition, the court proceeds to a hearing within five business days. A psychologist, the individual (if he or she desires), and anyone else that the court deems necessary, such as a family member or peace officer, testify at the hearing. If the court finds the evidence of the individual's need for Laura's Law enrollment to be clear and convincing, it may order the individual to participate in the program for a maximum of six months. At the end of that period, the order may be renewed for up to an additional six months if the court finds that the individual continues to meet eligibility criteria.

Laura's Law enrollment

From the point of view of the referred individual, Laura's Law is simply court supervision of his or her treatment plan. The court monitors the individual's progress and may seek to ensure that promised services are delivered. The treatment plan is individualized to accommodate the individual's preferences and requirements; it is also dynamic and flexible to respond to changing needs. Appropriate levels of care and available services should always be considered in the development of the treatment plan, which should typically include a combination of intensive case management, outpatient mental health services and psychotropic medications.

Enforcement mechanisms

Whereas court orders typically derive their persuasive power from the judge's authority to hold a violator in contempt, enforced through fines and incarceration, the Laura's Law court order is, by design, a very different creature. As in many states, California's statute expressly prohibits holding a participant in contempt for disobeying the court.²³ Nor may the court order that a patient who has failed to take medication as directed in the court order be forcibly medicated in direct response²⁴ or automatically placed under hospital commitment without a finding that the standard criteria for involuntary inpatient treatment have been met.

This is not to say, however, that Laura's Law provides for no response at all to a participant's failure to comply with the court order. If an enrollee is determined to be refusing to participate in the court-ordered treatment, the court may order the participant to meet with the treatment team to resolve the issue. If the treatment team's efforts to secure cooperation are unsuccessful, the court may order the individual to be hospitalized for up to 72 hours for a psychiatric evaluation. Although not required in the statute, such a 72-hour hold could be timed to coincide with a return of the individual to court for an emergency hearing, at which the court would consider the findings from the ordered evaluation to determine whether the individual has, as a result of nontreatment, decompensated to the point of meeting California's criteria for hospital commitment.

SURVEY FINDINGS

Impact of Laura’s Law, by County

As noted, this survey examined each county Laura’s Law program closely to evaluate outcomes and provide recommendations for improvement. Each analysis serves as a guide, which county officials can refer to see how their population is served or not served by these programs. Individual county profiles can be found in Appendix A. A comparison of county-level data is in Table 1 on pages 17 and 18.

All county programs for which outcome data are available have experienced decreases in psychiatric hospitalizations, crisis contacts, incarcerations and/or homelessness among Laura’s Law enrollees.

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 out of the 10 programs had positive outcomes in reducing criminal justice involvement among Laura’s Law enrollees, and six out of seven programs 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.

Significant variation exists in the components of county Laura’s Law programs.

Referral

The referral process is different in every county. As with other indicators and outcomes, not all county programs collect data or information on referrals to begin with. However, the survey results indicate a wide variety of processes, including differences in who makes the referral, how the referral is processed, and the number of referrals received and deemed eligible. For example, Contra Costa County received 165 referrals in 2017, the majority of which came from family members. San Francisco County, with a population size comparable to that of Contra Costa, received only 82 referrals in 2017. The majority of San Francisco referrals were from health care providers, and only 40% of those referred were deemed eligible for Laura’s Law.

Outreach and engagement

The length of the outreach and engagement period varies from county to county. The statute requires a minimum of 30 days, but our survey results indicate that several county Laura’s Law programs in California extend the outreach and engagement period significantly beyond this 30-day period. For example, the average time from referral to Laura’s Law enrollment in Los Angeles County is six months. Almost 25% of referral cases are closed due to a preventable adverse event, such as incarceration or hospitalization, or inability to locate the individual. In addition, our survey results indicate that some counties do not use the court process for Laura’s Law program initiation and may keep an individual in outreach and engagement until he or she volunteers for services. In Santa Barbara County, 42% of individuals who were referred accepted services voluntarily within six weeks. The remaining referrals were either still in outreach and engagement or closed due to inability to locate the individual.

Court petition

The survey brought to light many programs that have been running for years and have seen significant numbers of referrals but have yet to file a petition to the court for enrollment in Laura's Law. Of the 15 counties with data on enrollment, four had no individuals enrolled into Laura's Law through the court process.

Enrollment

There is significant variation in enrollment rates in Laura's Law programs throughout California. 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, despite the two counties' geographical proximity.

There is even greater variation in the utilization of the court process for Laura's Law enrollment among counties. According to our survey results, four counties have no court oversight for Laura's Law enrollees. Of the 11 counties that do, Laura's Law enrollment with court oversight ranges from 0.3 per 100,000 population in Placer and San Mateo to 7.1 per 100,000 population in Nevada County.

Reporting

Despite being required by the state, reporting on outcomes of Laura's Law programs is inconsistent. Three 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. Only Contra Costa and Orange County separated outcomes on individuals who had court oversight between those that did not. In addition, outcome data for county programs are not defined, analyzed or reported in the same way from one county to the next.

Psychotropic medication

Counties also vary in their practice regarding both specifying medication in treatment plans and communicating the mandatory nature of adhering to prescribed medications. In some California counties, statutory language intended to reaffirm the prohibition against the forcible administration of medication has been interpreted to prevent the court from directing the individual to take medication.²⁵ In such counties, medication adherence is conspicuously absent from Laura's Law treatment plans.

Enforcement and extension

County programs utilize a variety of practices to enforce Laura's Law treatment orders and extend them if necessary. According to our survey results, of the 13 counties that provide information on enforcement, only four reported using these mechanisms either to enforce treatment compliance or to extend an order if the individual is still in need of treatment.

Nevada County was the first to implement a Laura's Law program, and now, more than 10 years later, remains the most successful program in the state.

Nevada County's program is considered the gold standard for Laura's Law in California and, due to its methods of implementation, sees the best outcomes. According to the findings from our survey, Nevada County has five individuals per 100,000 population enrolled in Laura's Law via the court process at any given time, more than four times the number in any other county in the state. In 2017, there was an 82% reduction in jail days served by individuals enrolled in the Laura's Law program, resulting in significant cost savings to the county. A data analysis from Nevada County in 2011 found that Laura's Law had resulted in a cost savings of \$503,621 due to decreases in hospitalization and jail days, with \$1.81 saved for every \$1.00 invested into the program.²⁶

DISCUSSION

Potential cost savings

As research studies confirm, maintaining a public mental health system without an AOT program is much more expensive.²⁷ County, state and federal governments are footing the bill for individuals with severe mental illness to be repeatedly hospitalized, have frequent emergency department visits, consume law enforcement resources, and languish in jail. In the end, none of this spending provides adequate treatment or promotes recovery.

At an estimated \$35,000–\$40,000 per person per year, the average service costs to California counties for implementing Laura’s Law are far less than the annual costs of incarceration or inpatient psychiatric care.²⁸ Currently, housing an inmate in a California prison for one year costs more than \$75,000.²⁹ Meanwhile, at \$1,200 per day, a year of treatment in a California psychiatric hospital could cost as much as \$438,000 to the state’s taxpayers.³⁰

Differences between Laura’s Law and AOT laws in other states

While Laura’s Law is in many respects typical of other AOT laws found across the United States, there are a few unique or unusual elements that impact how AOT is understood and practiced in California.

- **Laura’s Law after release from inpatient hospitalization**

First, included among the eligibility criteria for Laura’s Law in California is a finding that “the person’s condition is substantially deteriorating.”³¹ With its phrasing in the present tense, this language can easily be interpreted to exclude the possibility of utilizing an order upon an individual’s discharge from hospitalization, during which the person presumably received treatment that has, for the time being, reversed or suspended any prior deterioration in condition.

In other states, hospital discharge is generally considered the optimal point to initiate an outpatient order as a step-down level of support upon entering the community. But many of the California Laura’s Law programs interpret the “substantially deteriorating” requirement to limit eligibility to individuals currently in crisis in the community.

The initiation process for Laura’s Law could help explain some of the outcome results from our survey. Some counties report increases in inpatient hospitalization episodes or number of days spent in a hospital among Laura’s Law enrollees after their enrollment in the program. For example, for individuals enrolled in a Laura’s Law program in Orange County in 2017, there was a 33% decrease in the number experiencing a hospitalization after enrolling in the program, but a 23% increase in the total number of days that participants were hospitalized. These results suggest that a small number of individuals who were enrolled had severe symptoms that required a more intensive treatment option and longer period of inpatient stabilization.

However, Nevada County takes a more expansive view of what it means to be “substantially deteriorating,” looking at the individual’s broader arc in treatment rather than his or her condition at the precise moment of the Laura’s Law petition. This reading of the law, which has never been challenged in court, allows Nevada County to initiate Laura’s Law upon hospital discharge.

There was a 60% increase in hospitalization days among Laura's Law enrollees in Nevada County, in part due to one individual who experienced a long hospital stay after enrollment. This finding is a reminder of the complexities of the illness, with sometimes unavoidable episodes of severe symptoms.

- **Judicial oversight and interaction**

A second unique element in California is that the Laura's Law eligibility criteria require a finding that the individual "has been offered an opportunity to participate in a treatment plan, ... and the person continues to fail to engage in treatment."³² Clearly, this language affords an individual an opportunity to voluntarily participate in treatment and avoid having Laura's Law enrollment formally imposed by court order.

In itself, this language is not atypical of practices across the nation. Even without such explicit guidance from the law, it's common for patients to choose to enroll in AOT by agreeing to accept the services outlined in a proposed written treatment plan, which in this case becomes what is referred to as a *voluntary settlement agreement*.

However, in many state models, judicial oversight and interaction is the essence of the AOT model. All participants typically see a judge initially, and often at subsequent status conferences as well, regardless of whether they are under court orders or voluntary settlements. Court oversight is acknowledged as a significant factor in encouraging continuation in treatment, both during the order and beyond.

In all the California counties we surveyed for this report, we found that the language directing that patients be afforded an opportunity to avoid the formal court order has led to a practice in which only the few who refuse voluntary participation receive the benefits of judicial interaction and supervision. The many individuals in California who are considered Laura's Law participants despite having no interaction with the court would in fact not be considered AOT participants in other states.

- **Medication in treatment orders**

Finally, as noted previously, there is a view among many of the counties we surveyed that Laura's Law does not allow the court to order an individual to adhere to prescribed medication. Given the centrality of medication to recovery for the great majority of individuals with severe mental illness, the omission of it from a Laura's Law order would be unthinkable to most practitioners in other states.

The common belief that Laura's Law prohibits court-ordered medication stems from language providing that "involuntary medication shall not be allowed absent a separate order by a court"³³ and referencing other statutes that guide the forcible administration of medication. When read in context, it is clear that this language is intended only to generally prohibit (absent an additional court order) *forcible administration* of medication through enforcement of the court order. Contrary to the way it has been interpreted, this provision presents no barrier to including a directive to comply with prescribed medication in the treatment plan, the court order or the judge's instructions from the bench.

Table 1
Counties in California with Laura's Law Programs

COUNTY	RESOLUTION PASSED	PROGRAM START DATE	LAURA'S LAW ENROLLMENT PER 100,000 POPULATION	LAURA'S LAW ENROLLMENT PER 100,000 THROUGH COURT PROCESS	AVERAGE TIME FOR OUTREACH AND ENGAGEMENT	CRISIS OUTCOMES	HOSPITALIZATION OUTCOMES	CRIMINAL JUSTICE OUTCOMES	HOUSING OUTCOMES	LAURA'S LAW ENFORCEMENT MECHANISMS USED OR ORDERS RENEWED?
Alameda	Nov 2015	Jul 2018	2.7	0.4	No data available	No data available	No data available	No data available	No data available	No
Contra Costa	Feb 2015	Feb 2016	4.5	0.6	116 days	39% reduction in number of crisis episodes	No impact on hospitalization, although results suggest Laura's Law enrollment reduced avoidable hospitalizations	15% reduction in jail days, 45% reduction in number of individuals involved in criminal justice system	31% reduction in homelessness	No
El Dorado	Aug 2015	Jan 2017	0.5	0.5	No data available	No data available	No data available	No data available	No data available	No
Kern	Jul 2015	Oct 2015	0.6	0	No data available	No data available	No data available	No data available	No data available	No
Los Angeles	Jul 2014	May 2015	1.3	0.6	6 months	30% reduction in emergency services utilization; 12% reduction in mobile crisis services utilization [^]	17% reduction in psychiatric hospitalization [^]	13% reduction in utilization of law enforcement services [^]	No data available	Yes
Marin	Mar 2017	Sep 2018	Program has just begun	No data available	No data available	No data available	No data available	No data available	No data available	No data available
Mendocino	Nov 2014	Apr 2018	2.2	0	No data available	No data available	No data available	No data available	No data available	No data available
Nevada	May 2007	May 2008	11	7.1	No data available	12% reduction in emergency interventions	60% increase in psychiatric hospitalization days	82% reduction in jail days	78% reduction of number of days spent homeless	Yes
Orange	May 2014	Feb 2015	Not applicable	1.7	No data available	No data available	33% decrease in the number of enrollees who were hospitalized, 48% decrease in hospitalization episodes, 23% increase in the hospitalization days	No change in number of enrollees who had an incarceration episode, 34% reduction in the total number of incarcerations, 50% reduction in the number of days spent incarcerated	5% increase in number of enrollees who experience a period of homelessness, 13% reduction in total number of homeless episodes, 75% reduction in number of days spent homeless	Yes

[^] for all individuals who are referred into the program

Table 1 (continued)
Counties in California with Laura's Law Programs

COUNTY	RESOLUTION PASSED	PROGRAM START DATE	LAURA'S LAW ENROLLMENT PER 100,000 POPULATION	LAURA'S LAW ENROLLMENT PER 100,000 THROUGH COURT PROCESS	AVERAGE TIME FOR OUTREACH AND ENGAGEMENT	CRISIS OUTCOMES	HOSPITALIZATION OUTCOMES	CRIMINAL JUSTICE OUTCOMES	HOUSING OUTCOMES	LAURA'S LAW ENFORCEMENT MECHANISMS USED OR ORDERS RENEWED?
Placer	Aug 2014	Jan 2015	1.3	0.3	No data available	No data available	83% reduction in number of individuals with hospitalization episode, 96% reduction in hospital days	80% reduction in individuals with incarceration episodes, 70% reduction in jail days	No change in homelessness due to Laura's Law enrollment	No
San Diego	Apr 2015	Apr 2016	0.7	0	No data available	No data available	No data available	No data available	No data available	No data available
San Francisco	Jul 2014	Nov 2015	3.1	1.1	No data available	77% reduction in psychiatric emergency services use among individuals court ordered into Laura's Law	20% decrease in inpatient hospitalization among individuals court ordered into Laura's Law	60% reduction in incarceration rates among individuals court ordered into Laura's Law	No data available	Yes
San Luis Obispo	Nov 2015	Sep 2016	No data available	No data available	No data available	70% reduction in emergency room use	70% reduction in psychiatric hospitalizations	70% reduction in incarceration days	70% reduction in homelessness	No
San Mateo	Jun 2015	Jul 2016	6.9	0.3	65 days	40% reduction in psychiatric emergency room use	50% reduction in hospitalization episodes and 62% reduction in hospitalization days	80% reduction in jail bookings	27% reduction in homelessness	No
Santa Barbara	May 2016	Jan 2017	3.4	0	>90 days	66% reduction in psychiatric ER visits; 73% reduction in crisis calls	72% reduction in psychiatric hospitalization	40% reduction in incarceration episodes	No data available	No
Shasta	Oct 2015	Apr 2018	Program has not begun	No data available	No data available	No data available	No data available	No data available	No data available	No data available
Stanislaus	Sep 2017	Sep 2018	No enrollment data	No enrollment data	No data available	No data available	No data available	No data available	No data available	No data available
Ventura	Mar 2016	Jan 2017	4	0.8	90 days	No data available	No data available	No data available	No data available	No data available
Yolo	Jun 2013	Oct 2013	2.3	0.9	Up to 18 months	24% reduction in emergency department visits	42% reduction in psychiatric hospital days	19% reduction in jail days	61% reduction in homelessness	No

RECOMMENDATIONS

Treatment for the population of individuals with the most severe psychiatric diseases has been shown to be the key to preventing the dire outcomes that occur when their symptoms are left untreated. Laura's Law can help ensure that individuals with severe mental illness receive treatment as early as possible to prevent deterioration, promote treatment compliance and reduce harm. Treatment and recovery are the ultimate goals of Laura's Law programs, empowering individuals to develop habits of treatment engagement and lead fulfilling lives. The following are Treatment Advocacy Center's recommendations for making full use of Laura's Law to serve California residents 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.** As seen in this report, Laura's Law is proven to reduce unnecessary suffering among individuals with severe mental illness in California. It is therefore essential that California continue to make strides towards full statewide implementation of Laura's Law program to ensure all eligible Californians have access to this evidence-based program.
- **Laura's Law programs should utilize court oversight, as a fundamental component of the process.** Laura's Law was developed to provide court oversight to encourage individuals with severe mental illness to stay engaged in treatment. This is an essential component of the program and should be utilized when timely and appropriate to ensure individuals with severe mental illness who are enrolled in the program have the greatest prospect of success.
- **Laura's Law programs should increase enrollment rates.** Current enrollment rates are much lower than those recommended to meet the needs of the population with severe mental illness. Laura's Law programs throughout the state must increase their enrollments to meet the needs of the population the program is designed to serve, reinvesting cost savings into the communities served.
- **Laura's Law programs should shorten outreach and engagement times to ensure more timely access to treatment.** Research shows that a longer duration of untreated psychosis leads to a greater likelihood of permanent brain damage and greater difficulty engaging in treatment in the future. Therefore, the outreach and engagement period should not be extended beyond the 30 days required by statute. Limiting outreach and engagement will help individuals with severe mental illness receive timely access to treatment even when unable to voluntarily agree to it.
- **County probate judges and Laura's Law programs should include psychiatric medication as part settlement agreements and court orders when it is indicated in the written treatment plan.** Contrary to the way the statute has been interpreted, it presents no barrier to including a directive to comply with prescribed medication in the treatment plan, the court order or the judge's instructions from the bench. Given the centrality of medication adherence to recovery for the great majority of individuals with severe mental illness, psychiatric medication must be included as part of the treatment plan when clinically appropriate, and judges should stress the individual's legal obligation to adhere to prescribed medications as part of the order.
- **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.** Data on the outcomes of Laura's Law programs are essential for evaluating and continuously improving their effectiveness. In addition, the state should standardize definitions, analysis and reporting across counties to facilitate comparisons and promote sharing of recommended practices.

REFERENCES

- ¹ U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2017). Web-based injury statistics query and reporting system [database]. Retrieved May 17 from www.cdc.gov/injury/wisqars; Schoenbaum, M., Sutherland, J. M., Chappel, A., Azrin, S., Goldstein, A. B., Rupp, A., & Heinnsen, R. K. (2017). Twelve-month health care use and mortality in commercially insured young people with incident psychosis in the United States. *Schizophrenia Bulletin* 43(6): 1262–1272.
- ² Fuller, D. A., Lamb, H. R., Biasotti, M., & Snook, J. (2015). *Overlooked in the undercounted: The role of mental illness in fatal law enforcement encounters*. Arlington, VA: Treatment Advocacy Center. Retrieved from <https://www.treatmentadvocacycenter.org/overlooked-in-the-undercounted>
- ³ *Washington Post*. (2017). Fatal force [database]. Retrieved May 17 from <https://www.washingtonpost.com/graphics/national/police-shootings-2017/>
- ⁴ Wadsworth, J. (2017, May 30). Every San Jose police shooting in 2017 has involved suspects with a history of mental illness. *San Jose Inside*. Retrieved from <https://www.sanjoseinside.com/2017/05/30/every-san-jose-police-shooting-in-2017-has-involved-suspects-with-a-history-of-mental-illness/>
- ⁵ Harki, G. (2018, August 23). Horrific deaths, brutal treatment: Mental illness in America’s jails. *The Virginian-Pilot*. Retrieved from https://pilotonline.com/news/local/projects/jail-crisis/article_5ba8a112-974e-11e8-ba17-b734814f14db.html
- ⁶ Lamberti, J. S. (2007). Understanding and preventing criminal recidivism among adults with psychotic disorders. *Psychiatric Services*, 58, 773–781. Retrieved from <https://ps.psychiatryonline.org/doi/full/10.1176/ps.2007.58.6.773>
- ⁷ Treatment Advocacy Center. (2017, May). *Serious mental illness and treatment prevalence*. Arlington, VA. Retrieved from <https://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3638>
- ⁸ Andreasen, N. C., Liu, D., Ziebell, S., Vora, A., & Ho, B. C. (2013). Relapse duration, treatment intensity, and brain tissue loss in schizophrenia: A prospective longitudinal MRI study. *American Journal of Psychiatry*, 170(6), 609–615; Rubio, J. M., & Correll, C. U. (2017). Duration and relevance of untreated psychiatric disorders, 1: Psychotic disorders. *Journal of Clinical Psychiatry*, 78(3), 358–359.
- ⁹ Addington, J., Heinssen, R. K., Robinson, D. G., Schooler, N. R., Marcy, P., Brunette, M. F., ... Kane, J. M. (2015). Duration of untreated psychosis in community treatment settings in the United States. *Psychiatric Services*, 66, 753–756. Retrieved from <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400124>
- ¹⁰ Fuller, D. A., Sinclair, E., Geller, J., Quanbeck, C., & Snook, J. (2016). *Going, going, gone: Trends and consequences of eliminating state psychiatric beds, 2016*. Arlington, VA: Treatment Advocacy Center.
- ¹¹ Fuller, D. A., Sinclair, E., & Snook, J. (2016). *Released, relapsed, rehospitalized: Length of stay and readmission rates in state hospitals—a comparative state survey*. Arlington, VA: Treatment Advocacy Center. Retrieved from <http://www.treatmentadvocacycenter.org/storage/documents/released-relapsed-rehospitalized.pdf>
- ¹² Melek, S. P., Perlman, D. J., & Davenport, S. (2017). *Addiction and mental health vs. physical health: Analyzing disparities in network use and provider reimbursement rates*. Milliman. Retrieved from <http://www.milliman.com/NQTLDisparityAnalysis/>
- ¹³ Satiani, A., Niedermier, J., Satiani, B., & Svendsen, D. P. (2018). Projected workforce of psychiatrists in the United States: A population analysis. *Psychiatric Services*, 69, 710–713. Retrieved from <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700344>
- ¹⁴ Krupski, A., West, I. I., Scharf, D. M., Hopfenbeck, J., Andrus, G., Joesch, J. M., & Snowden, M. (2016). Integrating primary care into community mental health centers: Impact on utilization and costs of health care. *Psychiatric Services*, 67, 1233–1239. Retrieved from <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201500424>
- ¹⁵ Treatment Advocacy Center. (2018). *Grading the states: An analysis of involuntary psychiatric treatment laws*. Arlington, VA. Retrieved from <https://www.treatmentadvocacycenter.org/grading-the-states>
- ¹⁶ Prigatano, G. P. (2010). *The study of anosognosia*. London: Oxford University Press, 17.
- ¹⁷ Treatment Advocacy Center. (2016, June). *Serious mental illness and anosognosia*. Arlington, VA. Retrieved from <https://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3628-serious-mental-illness-and-anosognosia>

- ¹⁸ CALIF. WELF. & INST. CODE § 5346.
- ¹⁹ Harder+Company Community Research & San Francisco Health Network. (2018, March). *San Francisco's assisted outpatient treatment program 2018 annual report*. Retrieved from https://www.sfdph.org/dph/files/AOT/SanFranciscoAOTReport-Year3_2018.pdf
- ²⁰ Associated Press. (2017, June 4). At \$75,560, housing a prisoner in California now costs more than a year at Harvard. *Los Angeles Times*. Retrieved from <http://www.latimes.com/local/lanow/la-me-prison-costs-20170604-htmlstory.html>
- ²¹ Treatment Advocacy Center. (2012). *California must extend Laura's Law*. Arlington, VA. Retrieved from http://www.treatmentadvocacycenter.org/storage/documents/CA_-_Lauras_Law_Extender_Bill_-_2012.pdf
- ²² Based on 2017 county population data. State of California Department of Finance. (2018, May). E-1 population estimates for cities, counties, and the State—January 1, 2017 and 2018 [database]. Retrieved from <http://www.dof.ca.gov/Forecasting/Demographics/Estimates/E-1/>
- ²³ CALIF. WELF. & INST. CODE § 5346(f).
- ²⁴ CALIF. WELF. & INST. CODE § 5348(c), referring to the procedure for medication over objections in CALIF. WELF. & INST. CODE § 5332 (the latter called a Riese hearing).
- ²⁵ CALIF. WELF. & INST. CODE § 5348(c) states, "Involuntary medication shall not be allowed absent a separate order by the court pursuant to Sections 5332 to 5336, inclusive." The referenced sections apply to individuals hospitalized involuntarily and refusing medication who are not subject to emergency medication, which does not require a prior court decision.
- ²⁶ Heggarty, M. (2013, March 5). Assisted outpatient treatment (W&I Code 5345) (AB 1421) "Laura's Law": The Nevada County experience [PowerPoint presentation]. Nevada County Health and Human Services. Retrieved from <https://slideplayer.com/slide/4310040/>
- ²⁷ Swanson, J. W., Van Dorn, R. A., Swartz, M. S., Robbins, P. C., Steadman, H. J., McGuire, T. G., & Monahan, J. (2013). The cost of assisted outpatient treatment: Can it save states money? *American Journal of Psychiatry*, 170, 1423–1432.
- ²⁸ Harder+Company Community Research & San Francisco Health Network. *San Francisco's assisted outpatient treatment program*.
- ²⁹ Associated Press. At \$75,560, housing a prisoner in California.
- ³⁰ Treatment Advocacy Center. *California must extend Laura's Law*.
- ³¹ CALIF. WELF. & INST. CODE § 5346.
- ³² Ibid.
- ³³ CALIF. WELF. & INST. CODE § 5348(c).

APPENDIX A:

ANALYSIS OF LAURA'S LAW PROGRAM BY COUNTY

ALAMEDA COUNTY

Resolution passed: November 2015

Program start date: July 2016

Service provider: Alameda County Behavioral Health Care Services with full-service partnership (FSP) services provided by Telecare

Enrollment: 50 individuals engaged in services after in-home outreach team (IHOT) engagement, 6 individuals through Laura's Law petition and court process

Alameda County population: 1.638 million

Enrollment per 100,000 population: 2.7, 0.4 through court process

Alameda County has two separate FSP services that ultimately make up its Laura's Law program. The IHOT operates as Alameda County's outreach and engagement program. The program accepts referred individuals who have a severe mental illness and, due to lack of treatment engagement, are high utilizers of public service systems, having had high numbers of law enforcement contacts, emergency department visits and hospitalizations. The IHOT program works to engage referred individuals by connecting them with needed mental health services.

If an individual referred to IHOT does not accept services voluntarily, the IHOT team will connect the individual to services through the court process. Both IHOT and Laura's Law enrollees receive treatment services through an FSP-assertive community treatment (ACT) team operated by Telecare.

Total referrals for IHOT received in fiscal 2017: 195

Referral data

Referral data from 99 referrals received July 2016–December 31, 2016

REFERRAL SOURCE	PERCENTAGE OF TOTAL (N = 99)
Family member (parent, spouse, adult sibling or adult child)	27%
High utilizer list	21%
Mental health provider	13%
Probation, parole or peace officer	8%
Other or unable to determine	30%

DEMOGRAPHIC CHARACTERISTIC	PERCENTAGE OF TOTAL (N = 59)
Gender	
Male	69%
Female	31%
Race/ethnicity	
Black/African American	32%
Hispanic/Latino	12%
White	25%
Other/unknown	31%
Age	
19–24	12%
25–29	29%
30–49	40%
50+	19%
Primary diagnosis	
Schizophrenia or other psychotic disorder	73%
Mood disorder	14%
Unknown/other	11%

Outreach and engagement

IHOT is intended to provide 90 days of outreach and engagement services for individuals with severe mental illness, meeting the individual “where they are” and linking them to social and community supports. Implementation details provided by Alameda County indicate that this period of outreach is extending far beyond the envisioned 90 days, though details were not provided regarding to what degree and why.

Enrollment

During the first year of program implementation, six individuals were referred from IHOT to Laura’s Law through the court process, through either a settlement agreement or a court order.

Total cases: 175

INVESTIGATION OUTCOME	PERCENTAGE OF TOTAL (N = 175)
Still receiving IHOT services (i.e., still in outreach and engagement)	39%
Discharged from IHOT	61% (n = 107)
• Laura’s Law petition	5.6%
• Connected to FSP services	40%
• Discharged with no service connections	53%

OUTCOMES

Due to the small number of individuals in Laura’s Law in Alameda County, no outcome data are available.

Alameda County Behavioral Health Care Services acknowledges that its Laura’s Law program enrollment does not adequately meet the potential eligibility levels in the county based on county population. The Alameda County Board of Supervisors approved an expansion of the IHOT teams to increase program capacity by 20%, as well as an expansion of the Laura’s Law program to 30 slots. “We believe that adding these programs to the array of adult and older adult services gives us the ability to serve people in severe need of treatment,” wrote a county official.

RECOMMENDATIONS

Alameda County Behavioral Health Care Services:

- Increase Laura’s Law enrollment to the approved 30 slots, which would increase coverage to 1.8 per 100,000 population.
- Utilize the court petition process after the 90-day IHOT outreach and engagement period ends for individuals who do not engage with services voluntarily.

REFERRAL INFORMATION

To make a referral, you can call the Alameda County ACCESS Line at 1-800-491-9099 to request a Laura’s Law screening.

Data obtained from Alameda County Behavioral Health Care Services In-Home Outreach Team, Assisted Outpatient Treatment, Community Conservatorship Interim Evaluation, 2017, and the Alameda County Mental Health Services ACT Three-Year Plan, FY2018–FY2020.

CONTRA COSTA COUNTY

Resolution passed: February 2015

Program start date: February 2016

Service provider: Contra Costa County Behavioral Health Services through ACT team operated by Mental Health Systems (MHS)

AOT enrollment: 51, 7 through court process

Contra Costa County population: 1.127 million

Enrollment per 100,000 population: 4.5, 0.6 through court process

Total referrals in 2017: 165

REFERRAL SOURCE	PERCENTAGE OF TOTAL (N = 165)
Family member (parent, spouse, adult sibling or adult child)	58%
Mental health provider	16%
Probation, parole or peace officer	15%
Inpatient physician	2%
Other	9%

Total cases: 211 (165 plus 46 individuals carried over from previous year)

INVESTIGATION OUTCOME	PERCENTAGE OF TOTAL (N = 211)
Referred to MHS and eligible for Laura's Law, received outreach and engagement services	38% (n = 80)
<ul style="list-style-type: none"> Enrolled in ACT voluntarily Not enrolled in ACT 	64% 36%
Not referred to MHS	62% (n = 131)
<ul style="list-style-type: none"> Engaged with provider Investigation ongoing at year-end Did not meet eligibility requirements Unable to locate individual; individual hospitalized or incarcerated 	27% 25% 34% 14%

Outreach and engagement

After the county forensic service team determines that an individual is eligible for Laura's Law, he or she is connected to an MHS team, which conducts outreach and engagement activities with the goal of engaging the individual in ACT services voluntarily. Because of the Laura's Law program design, MHS must provide the individual the opportunity to participate on a voluntary basis. If, after the engagement period, the individual remains unable or unwilling to voluntarily enroll in the program, MHS may refer the individual back to the county forensic team to file a petition to compel court-ordered participation. Of the 80 individuals who received outreach and engagement services, 64% enrolled in ACT services, 28% were still receiving outreach at year-end 2017, and 9% did not enroll and their cases were closed by the county.

Average length of time from referral to ACT enrollment: 116 days

Of the 51 individuals enrolled in 2017,

- 86% enrolled in Laura's Law voluntarily and
- 14% enrolled in the program with a settlement agreement.

DEMOGRAPHIC CHARACTERISTIC	PERCENTAGE OF TOTAL (N = 51)
Gender	
Male	49%
Female	51%
Race/ethnicity	
White	61%
Black/African American	18%
Hispanic or Latino	10%
Unknown/other	12%
Age	
18–25	25%
26–49	55%
50+	20%
Primary diagnosis	
Psychotic disorder	61%
Mood disorder	23%
Unknown/other	16%
Co-occurring substance use disorder	
Yes	80%

Average length of time of Laura's Law enrollment: 329 days, ranging from 41 to 647 days

ACT treatment adherence: 84% were adherent to ACT services, defined by Contra Costa County as receiving at least one hour of face-to-face engagement with the ACT team at least two times per week.

ACT services: Individuals had on average five face-to-face contacts per week, totaling 5.5 hours of service time.

OUTCOMES

- Laura's Law enrollment reduced crisis episodes by 39%.
- Laura's Law had no significant impact on total psychiatric hospitalization days. However, the results suggest that Laura's Law enrollment reduced avoidable hospitalizations and the hospitalizations that did occur during Laura's Law enrollment constituted an unavoidable and necessary level of care for the individuals involved. The number of individuals hospitalized was cut in half, despite a doubling of the average length of stay of those hospitalizations after Laura's Law enrollment.
- Laura's Law enrollment increased the number of jail days by 15%; however, the number of individuals with criminal justice involvement during Laura's Law enrollment decreased by 45%.
- Of the 14 individuals arrested and booked during Laura's Law enrollment, seven were subsequently charged and three convicted of a criminal offense.
- Laura's Law enrollment reduced homelessness by 31%.

OUTCOME	THREE YEARS PRIOR TO LAURA'S LAW ENROLLMENT	DURING LAURA'S LAW ENROLLMENT
Crisis services		
Number of consumers	47	29
Number of crisis episodes (per 180 days)	4.1	2.8
Average length of stay (days)	1.2	1.1
Psychiatric hospitalization		
Number of consumers	30	16
Number of hospitalizations (per 180 days)	1.3	1.0
Average length of stay (days)	9.4	23
Criminal justice involvement		
Number of consumers	31	14
Number of bookings (per 180 days)	2.8	2.6
Average length of stay (days)	12.4	34
Housing		
Number of consumers housed	29	38

LAURA'S LAW ENFORCEMENT MECHANISMS

The primary enforcement mechanisms when Laura's Law enrollees refuse to engage are a judge's order to meet with the treatment team or to have a mental health evaluation at a designated facility. These enforcement mechanisms were not used in 2017 in Contra Costa County's Laura's Law program.

RECOMMENDATIONS

Contra Costa County Behavioral Health Systems:

- Shorten the voluntary outreach and engagement period to 60 days. The high number of hospitalizations among Laura's Law enrollees suggests that Contra Costa County is engaging individuals into treatment after they have significantly decompensated.
- Grant the outreach and engagement team the ability to request a court petition within the 60-day window if clinically needed.
- Utilize the court process for treatment after the outreach and engagement period ends to reduce unnecessary decompensation and further hospitalization.
- Increase court monitoring of Laura's Law participants; otherwise, the program is effectively an ACT model, not an AOT program.

REFERRAL INFORMATION

If you are a Qualified Requesting Party, and you think an individual meets the conditions for Laura's Law eligibility, call 1-844-422-2268 during business hours to request an investigation. A Laura's Law clinician will return your call to review your request with you.

Data obtained from the 2018 annual report for the California Department of Health Care Services, prepared by Research Development Associates.

As this report was going to press, Contra Costa Health Services released a cumulative evaluation report on the Laura's Law pilot project that began in February 2016. Prepared by Research Development Associates, the evaluation aimed to answer research questions regarding who the Laura's Law program is serving and the outcomes for these individuals, including how the outcomes differ depending on whether the individual enrolled voluntarily or participated with a court order. Although the results suggest that individuals who enrolled in the program voluntarily had better outcomes than those who were under court supervision, these results have limitations due to the small sample size and skewing of results. Individuals who need a court order to engage in treatment are a different population than those who will voluntarily agree, with different severity of symptoms, treatment needs and social factors that affect their ability to succeed in a program.

EL DORADO COUNTY

Resolution passed: August 2015 for three-year pilot program, funded with \$500,000 of Mental Health Services Act (MHSA) funds

Program start date: January 2017

Service provider: El Dorado County Behavioral Health Department

Funding source: County MHSA funds

Enrollment: 1, 0 through AOT court process

El Dorado County population: 184,452

Enrollment per 100,000 population: 0.5, 0 through court process

Although the resolution for Laura's Law was passed by the El Dorado County Board of Supervisors in August 2015, the County Behavioral Health Department has been slow to implement the program. According to county officials, it took more than 16 months for the county to arrange the paperwork for the program to start, despite \$500,000 in funding from the board of supervisors over three years. The program started receiving referrals and enrolling individuals in June 2017. In early 2018, the County Behavioral Health Department reduced the MHSA funding from \$200,000 per year to \$40,000 per year due to lack of referrals.

The referral process and eligibility requirements present a major obstacle in the implementation of Laura's Law in El Dorado County. The County Behavioral Health Department, in conjunction with the El Dorado sheriff and county jail, argued that because the El Dorado County Jail does not contain a classified forensic medical unit, jail stays with inpatient psychiatric treatment do not count as hospitalizations for Laura's Law eligibility requirements. The California Laura's Law statute says the jail must have a forensic or mental health unit in order to be eligible but does not define what those terms mean in practice.

Despite continued pressure from NAMI (National Alliance on Mental Illness) El Dorado and the Behavioral Health Commission, arguing that El Dorado County Jail does, in fact, have a forensic medical unit (since it administered psychotropic medications to 80 individuals in 2017 and has a part-time psychiatrist on staff), the Behavioral Health Department and jail continued to push back. The county counsel voted in agreement with the County Behavioral Health Department that inpatient psychiatric treatment in El Dorado County Jail is not an eligible hospitalization.

Another barrier to the implementation is lack of knowledge and awareness about Laura's Law. According to our survey, county agencies, providers, law enforcement personnel and others have a significant lack of understanding of the Laura's Law program and how it can improve treatment access for people with severe mental illness.

Total referrals received since program inception: 8

Outreach and Engagement

Of the eight referrals since the program's inception, three (38%) were closed due to inability to locate the client and one (13%) was closed due to the individual's not meeting eligibility criteria.

Court petition

As of June 27, 2018, one individual was receiving services from the Behavioral Health Department as the result of a Laura's Law petition. As of the same date, there were 58 active Lanterman-Petris-Short (LPS) conservatorships in El Dorado County.

OUTCOMES

Despite persistent pressure from the Behavioral Health Commission and NAMI El Dorado County, there is no data collection on outcomes of individuals enrolled in the Laura's Law program. Engagement and follow-up of individuals by the Behavioral Health Department is unknown.

ENFORCEMENT MECHANISMS

No enforcement mechanisms, including status hearings or judge contacts, are used in El Dorado County.

RECOMMENDATIONS

El Dorado County Behavioral Health Department:

- Increase funding for the Laura's Law program to the amount originally approved by the board of supervisors.
- Increase Laura's Law enrollment to the recommended 5 per 100,000 population, including utilizing Laura's Law as a step-down from LPS conservatorship or as an alternative to incarceration.
- Increase training and education of all relevant stakeholders regarding the Laura's Law process, including judges, public defenders, district attorney, law enforcement and mental health providers.

El Dorado County Behavioral Health Department and county counsel:

- Change policy to include El Dorado County Jail stays as eligible criteria for Laura's Law referral.

El Dorado Board of Supervisors:

- Hold the Behavioral Health Department accountable for its reluctance to implement the Laura's Law program as instructed.

REFERRAL INFORMATION

To make a Laura's Law referral, you can complete a referral form from the website below and submit the referral to the Health and Human Services Agency Behavioral Health Division.

Call (530) 621-6290 for questions about services.

Referral form:

<https://www.edcgov.us/Government/MentalHealth/forms/Documents/AOT%20Referral%20Form.pdf>

Data obtained from the Behavioral Health Commission of El Dorado County and El Dorado County Mental Health Services Act Annual Update, Fiscal Year 2018–19.

KERN COUNTY

Resolution passed: July 2015

Program start date: October 2015

Service provider: Kern County Behavioral Health and Recovery Services

Enrollment: 5, all voluntary

Kern County population: 882,176

Enrollment per 100,000 population: 0.6 voluntary, 0 through court process

Kern County Behavioral Health and Recovery Services refers to individuals in their Laura's Law program as *candidates*, acknowledging that the organization does not utilize the court process to engage individuals into treatment as it could using the statute.

Total referrals received since program inception as of December 31, 2017: 115

New referrals in last quarter of 2017: 7

Referrals came from the Family Advocate's office, outpatient teams, inpatient hospitals, the county website, a Kern County police department, a NAMI presentation and a county meeting about length of stay in inpatient units.

Outreach and engagement

Outreach and engagement for Laura's Law in Kern County lasts a minimum of 30 days and continues for an undetermined length of time.

Laura's Law program referrals currently in the engagement phase: 7

Referral outcomes October–December 2017

REFERRAL OUTCOMES	N = 115
Voluntarily accepted services	16 (14%)
Still in outreach and engagement	7 (6%)
Referred elsewhere	21 (18%)
Cases closed	71 (62%)
• Linked to provider	45 (63%)
• Moved out of state	19 (27%)
• Deceased	2 (3%)
• Family discontinued services	5 (7%)

ENFORCEMENT MECHANISMS

No Laura's Law enforcement mechanisms used.

RECOMMENDATIONS

Kern County Behavioral Health and Recovery Services:

- Investigate the referral process with outreach and engagement to ensure that the program is recruiting the population of individuals for whom Laura's Law is designed. Current data indicate that Kern County is not enrolling the hard-to-reach or difficult-to-engage individuals with severe mental illness that the Laura's Law program is intended to serve.
- Increase Laura's Law enrollment to the recommended five per 100,000 population, or 45 active participants at any given time.
- Continue work group meetings and set a goal to increase enrollment and improve implementation of Laura's Law program.
- Increase transparency regarding records for referrals and data points on outcomes of Laura's Law, including information on individuals who have fallen through the cracks due to lack of engagement.
- Utilize the court process to engage into treatment individuals who do not accept voluntarily.

Kern County Board of Supervisors:

- Mandate training for all stakeholders involved in the Laura's Law program to learn necessary information regarding severe mental illness and treatment. Without understanding the illness properly, program decisions and implementation of the law by Behavioral Health and Recovery Services will not be successful.

REFERRAL INFORMATION

To make a referral to Laura's Law or to get more information about the program please call 661-635-2997.

Data obtained from the Kern County Behavioral Health Board 2017 Annual Report to Kern County Board of Supervisors.

LOS ANGELES COUNTY

Resolution passed: July 2014

Program start date: May 15, 2015

Service provider: Emergency Outreach Bureau, Los Angeles County Department of Mental Health

Funding source: MHSA

Enrollment per year: 135, 61 through court process

Los Angeles County population: 10.17 million

Enrollment per 100,000 population: 1.3, 0.6 through court process

A large part of Laura's Law program efficacy is interagency collaboration. In Los Angeles County, the courts, county counsel, public defender, patients' rights organizations and local law enforcement all work together to coordinate client care.

In Los Angeles County, a Laura's Law individual may be referred to one of two different treatment service programs, either FSP or Enriched Residential Services (ERS), also known as an institution of mental disease step-down program. Los Angeles Full Service Partnership (FSP) services include recovery-oriented, intensive community treatment such as targeted case management and, if a client elects, medication support services. ERS programs are available to Laura's Law's Los Angeles clients who may require more frequent mental health support than FSP is able to provide. ERS links individuals to licensed adult residential housing at one of three facilities in Los Angeles County, where each client has a bed and 24-hour supervision in an unlocked setting.

Total referrals from May 2015 to October 2017: 1,242

REFERRAL SOURCE	PERCENTAGE OF TOTAL (N = 1,242)
Licensed treatment provider	62%
Family member (parent, spouse, adult sibling or adult child)	27%
Probation, parole or peace officer	9%
Other	1%

DEMOGRAPHIC CHARACTERISTIC	PERCENTAGE OF TOTAL (N = 1,242)
Gender	
Male	63%
Female	36%
Race/ethnicity	
White	34%
Black/African American	26.3%
Hispanic or Latino	27.9%
Unknown/other	11.6%
Age	
18–32	41%
23–47	34%
48+	25%
Homeless^a	41%

Outreach and engagement

In Los Angeles County, once a referral has been made and the individual is deemed eligible for Laura’s Law, an outreach team contacts the individual in an effort to voluntarily engage him or her into services. An eligible person receives extensive outreach and engagement for a minimum of 30 days and a maximum of 90 days. In Los Angeles County, many referred individuals agree to sign voluntary agreements, and thus the involuntary piece of Laura’s Law rarely is utilized. If an individual refuses services, the program may then petition the court to order the individual into intensive outpatient mental health treatment.

Los Angeles’ program emphasizes outreach to people living in the community instead of to individuals transitioning from inpatient hospitalization or criminal justice involvement. In Los Angeles, homeless individuals are the largest referral group, but people living with family members are much more likely to enroll in treatment because homeless individuals are often difficult to locate and contact.

Enrollment

Of the 1,242 individuals referred to Laura’s Law, 62%, or 775 individuals, met the eligibility requirements for Laura’s Law.

INVESTIGATION OUTCOME	PERCENTAGE OF TOTAL (N = 775)
Referred to services voluntarily	56.5%
Petition pending or filed	8.0%
Settlement agreement ^b	4.3%
Currently in outreach and engagement	15.7%
Case closed	34%
• Closed due to lack of eligibility	9.8%
• Could not locate participant	13.3%
• Individual under conservatorship	6.5%
• Individual incarcerated	3.0%
• Other	1.7%

^a Of referrals for homeless individuals, 26% came from a concerned family member and 66% met Laura’s Law criteria.

^b Petition is filed but participant agrees to treatment before judge orders it.

Average time from referral to petition: 6 months

STATUS	FSP (N)	ERS (N)
Enrolled	279	59
Approved 6-month extension	95	2
LPS conservatorship	10	2
Discharged before completion ^c	82	10
Graduated from program	80 (29%)	40 (68%)

Average time in FSP: 6 months

Average time in ERS: 3 months

OUTCOMES

The University of California at Los Angeles (UCLA) is contracted to conduct the evaluation of the Laura's Law program in Los Angeles County. The available data provided to the Oversight Committee is below. The analysis includes the service history of individuals who were referred to Laura's Law for the 12 months prior to referral compared with their history of services utilized during the 12 months after the referral was made.

Note: This analysis covers all individuals who are referred to the Laura's Law program and includes clients who do and do not enroll.

Laura's Law referral reduced utilization of emergency services by 30% and mobile crisis services by 12%. In addition, Laura's Law referral reduced hospitalization by 17% and law enforcement service utilization by 13%. Laura's Law referral increased outpatient service use by 138%.

NUMBER OF PEOPLE WITH SERVICE USE		
	Prior to Laura's Law referral	Post Laura's Law referral
Crisis Services		
Emergency services	156	109
Mobile crisis services	172	152
Psychiatric hospitalization		
Hospitalization	6	5
Criminal justice		
Law enforcement service	98	85
Outpatient services		
Outpatient Contacts	163	225

ENFORCEMENT MECHANISMS

There are no data on the utilization of Laura's Law enforcement mechanisms in Los Angeles County. However, the county Department of Mental Health will extend the order if the individual still meets criteria.

^c Unable to locate, incarcerated, and so on.

RECOMMENDATIONS

Los Angeles Department of Mental Health:

- Consider developing a protocol to determine whether a person will ultimately need a court petition, in order to start the court process earlier and provide timely treatment.
- Provide education to Laura's Law providers about the process of extending Laura's Law enrollment when needed.

Emergency Outreach Bureau:

- Improve the community engagement portion of the program to better access homeless clients who are hard to reach or cannot be located.
- Increase staffing to reduce the provider caseload to 1:10, as in the law.

REFERRAL INFORMATION

To refer someone for AOT-LA Services you can contact AOT-LA Outreach and Engagement staff at AOTLAOE@dmh.lacounty.gov or 213-738-2440.

You can also complete and submit a referral form on the following website:

http://file.lacounty.gov/SDSInter/dmh/1017016_UPDATED_AOT_REFERRAL_FORM.PDF.

Completed referral form can be faxed to (213) 380-3680 or e-mailed to AOTLAOE@dmh.lacounty.gov.

Data obtained from minutes of the December 14, 2017, quarterly meeting of the Los Angeles County Department of Mental Health Assisted Outpatient Treatment Oversight Committee.

MARIN COUNTY

Resolution passed: In March 2017 the county board of supervisors voted for adoption of a two-year pilot program.

Program start date: September 2018—two-year pilot program.

Service provider: Marin County

Enrollment: Program began enrolling participants on September 18, 2018

Marin County population: 261,221

Enrollment per 100,000 population: 0

Enrollment needed for 5 per 100,000 population: 14

Marin County has been resistant to the adoption of Laura's Law. In February 2016, the board of supervisors considered adopting Laura's Law but ultimately decided against it on the advice of County Department of Health and Human Services Director Grant Colfax. In March 2017, after changes in Marin County Board of Supervisors members, including the addition of Dennis Rodoni, who campaigned on his support for Laura's Law, the board voted in favor of a two-year pilot program. Marin County is regularly listed among the five richest counties in the United States, suggesting that failure to adopt and implement Laura's Law is not an issue of lack of resources, as in some other counties.

Potential outcomes

If Marin County were to adopt and fully implement a Laura's Law program with 14 participants, below are some expected outcomes and cost savings based on other programs in similar counties in California.

Crisis response

In 2014, Marin County saw 3,165 emergency department (ED) visits with mental illness as the primary reason.^a

- 1,377 ED visits at Marin General Hospital with an average charge of \$121,694 per visit
- 675 ED visits at Novato Community Hospital with an average charge of \$62,244 per visit
- 1,113 ED visits at Kaiser San Rafael hospital (charges unknown)

If 14 individuals were enrolled in the AOT program, based on the expected 25% reduction in emergency room visits, there would be a projected \$2,575,132 in cost savings.

Psychiatric hospitalization

In 2014, individuals in Marin County experienced 190 hospitalizations in community hospitals for schizophrenia and bipolar disorders.^b The average length of stay in community hospitals in California for individuals with severe mental illness is 7.5 days, costing an average of \$30,322 per stay.^c

^a California Office of Statewide Health Planning and Development. (2014). *Healthcare atlas: California emergency department patient data*. Sacramento, CA. Retrieved from <https://oshpd.ca.gov/data-and-reports/healthcare-utilization/emergency-department/>

^b Health Care Costs and Utilization Project. (2014). *State inpatient statistics: Outcomes by 659. schizophrenia and other psychotic disorders, and 657. mood disorders*. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved April 15, 2018, from <https://hcupnet.ahrq.gov/>

^c Ibid.

If Marin County were to implement Laura's Law for five individuals per 100,000 population, the county could expect a 40% decrease in psychiatric hospitalizations among those individuals, resulting in a minimum reduction of 44 hospital days and \$254,704 in cost savings.

Criminal justice involvement

According to a 2017 Marin County Grand Jury report, an estimated 63 individuals with severe mental illness occupied the Marin County Jail in 2016, approximately 20% of the total jail population.^d In addition, the county jail has a minimum of 12 individuals per year in psychiatric crisis who refuse treatment. The current policy for treating these individuals in the jail is not clear after the end of a contract with the neighboring county jail. The grand jury found that rather than being provided involuntary psychiatric treatment in Marin County Jail, inmates who refuse medication are put into solitary confinement. Individuals in Marin County Jail with severe mental illness spend three times longer in solitary confinement than non-mentally ill inmates.

Although Marin County has contracted with California Psychiatric Transitions for \$1.5 million per year to treat individuals in jail who are in psychiatric crisis, the current jail policy manual does not include transfer to the facility in its procedures.^e In addition, the facility is not able to care for convicted individuals and is located more than 125 miles away from the jail.

If Marin County were to adopt Laura's Law, there would be, at minimum, an expected 40% reduction in incarceration days for program participants. This would result in a significant reduction in the number of individuals in need of crisis care while in jail and the prevention of more than 1,000 hours of solitary confinement for individuals with severe mental illness.

Homelessness

On any given day, Marin County has an estimated 256 individuals with severe mental illness who are homeless.^f For individuals enrolled in the program, Laura's Law has been shown to reduce homelessness by 60%. If Marin County were to adopt Laura's Law and implement the program to the recommended level of five per 100,000 population, or 14 people per year, an expected nine of these individuals would be in stable housing due to the program. In 2010, Marin County attributed an estimated cost of \$12.5 million to homelessness, including public services and emergency shelters.^g Even small reductions in the homeless population can generate significant cost savings to the county.

^d 2016–2017 Marin Civil Grand Jury. (2017, June 15). *Care of mentally ill inmates in Marin County Jail*. San Rafael, CA: County of Marin. Retrieved from <https://www.marincounty.org/~media/files/departments/gj/reports-responses/2017/care-of-mentally-ill-inmates.pdf?la=en>

^e Ibid.

^f Based on 25% of non-chronically homeless single adults and 33% of those chronically homeless. U.S. Department of Housing and Urban Development. (2017). *Annual homelessness assessment report to Congress: Community of Care populations*. Washington, DC. Retrieved from <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

^g Spinola-Schwartz, I. (2010). *Valuing housing and social services in Marin County*. Mill Valley, CA: Sustainable Plans International. Retrieved from http://www.bioecon-network.org/pages/12th_2010/Spinola-Schwartz.pdf

RECOMMENDATIONS

Marin County Board of Supervisors:

- Fund a Laura's Law program to the recommended 14 individuals per year, or five per 100,000 population. This funding would result in an estimated \$2,829,836 in medical care cost savings to the county. In addition, a fully operational Laura's Law program in Marin County would prevent more than 1,000 hours of solitary confinement for individuals in psychiatric crisis in jail and connect nine individuals per year with stable housing.

Marin County Department of Health and Human Services:

- Follow the public's wishes and start enrolling eligible participants into the program.
- Address issues related to the treatment of individuals with mental illness in jail, as outlined by the 2017 and 2018 grand jury reports,^h by promoting cross-sector collaboration and utilizing Laura's Law as a jail diversion option.

Information retrieved from various Marin County Civil Grand Jury reports.

^h 2016–2017 Marin Civil Grand Jury, *Care of mentally ill inmates*; 2018–2019 Marin County Civil Grand Jury. (2018). *Mental health care in Marin County Jail: Follow up report*. San Rafael, CA: County of Marin. Retrieved from <https://www.marincounty.org/-/media/files/departments/gj/reports-responses/2017-18/mental-health-care-in-mcj--follow-up-report.pdf?la=en>

MENDOCINO COUNTY

Resolution passed: November 2014

Program start date: April 2018

Service provider: Redwood Quality Management Company

Enrollment: Only two individuals are currently enrolled, though the program has four total slots **available**.

Mendocino County population: 87,649

Enrollment per 100,000 population: 2.2, 0 through court process

Mendocino County has struggled to fill its four program slots due to reluctance to refer individuals into the program, according to our survey. However, the source and nature of the reluctance is unclear.

Potential outcomes

If Mendocino County were to fully implement its Laura's Law program with five participants, or the recommended five per 100,000 population, below are some expected outcomes and cost savings based on other programs in similar counties in California.

Crisis response

In 2014, Mendocino County saw 1,637 ED visits with mental illness as the primary reason:^a

- 357 ED visits at Mendocino Coast District Hospital with an average charge of \$27,925 per visit
- 1,006 ED visits at Ukiah Valley Medical Center with an average charge of \$39,526 per visit
- 274 ED visits at Frank R. Howard Memorial Hospital (charges unknown)

If five individuals were enrolled in the Laura's Law program, based on the expected minimum 25% reduction in emergency room visits,^b there would be a projected \$337,255 in cost savings.

Psychiatric hospitalization

Mendocino County does not have a stand-alone psychiatric hospital. However, in 2014 there were 25 hospitalizations in community hospitals in the county for individuals with schizophrenia and bipolar disorders.^c The average length of stay in community hospitals in California for individuals with severe mental illness is 7.5 days, costing an average of \$30,322 per stay.^d

^a California Office of Statewide Health Planning and Development. *Healthcare atlas*.

^b Assuming a reduction of visits per year, per person

^c Health Care Costs and Utilization Project. *State inpatient statistics*.

^d Ibid.

If Mendocino County were to implement Laura's Law to five individuals per 100,000 population, the county could expect a 40% decrease in psychiatric hospitalizations among those individuals, resulting in a minimum reduction of 30 hospital days^e and \$121,288 in cost savings.^f

In November 2017, Measure B, a significant mental health bill, was passed in Mendocino County. Championed by Mendocino Sheriff Tom Allman, Measure B implements a half-cent sales tax, the proceeds of which will fund the construction of a crisis stabilization hospital and increase other mental health services in the county.

Criminal justice involvement

The lack of a psychiatric hospital in Mendocino County has caused the county jail to become the last-resort option for individuals in mental health crisis. According to a 2015 report, an estimated 22% of inmates in Mendocino County Jail have a severe mental illness.^g A jail population of 300 individuals^h means that at any given time, 66 individuals with severe mental illness are sitting in Mendocino County Jail. When individuals with mental illness are brought to the jail, they are automatically segregated from the general population in a cell without even a bench to sit on, with "nothing but the voices in their head to keep them company," according to a nurse at the facility, quoted in a local news report.ⁱ As a result of the scathing coverage of the treatment of individuals with mental illness in the jail, in 2017 the county applied for and received \$25 million in funding to create a new jail wing for mentally ill inmates.^j

If Mendocino County were to fully implement Laura's Law, there would be, at minimum, an expected 40% reduction in days spent incarcerated for individuals in the program. This would result in a significant reduction in time spent behind bars for individuals with severe mental illness, bringing these individuals mental health treatment in the community—without question a more therapeutic environment than a jail cell.

Homelessness

On any given day, an estimated 302 individuals with severe mental illness are homeless in Mendocino County.^k For individuals enrolled in a Laura's Law program, the program has been shown to reduce homelessness by 60%. If Mendocino County were to adopt Laura's Law and implement the program to the recommended level of five per 100,000 population, or five people per year, an expected three of these individuals would be in stable housing as a result of the program. Even small reductions in the homeless population can generate significant cost savings for the county.

^e Assuming two hospitalizations per individual and a reduction of four hospitalizations per year.

^f This cost calculation does not take into account a reduction in hospitalizations in state hospitals or private psychiatric hospitals.

^g Potomac-Hudson Engineering. (2014). *Expansion of the Mendocino County Jail, California Department of Corrections: Draft initial study/proposed negative declaration*. Ukiah, CA: Mendocino County Sheriff's Office, p. 8.

^h California Sentencing Institute. (2018). Mendocino County. Retrieved May 17 from <http://casi.cjcj.org/Adult/Mendocino>

ⁱ Frederiksen, J. (2016, April 6). Mendocino County Jail staff say locking up the mentally ill is "insane." *Ukiah Daily Journal*. Retrieved from <http://www.ukiahdailyjournal.com/article/NP/20160806/NEWS/160809919>

^j *Ukiah Daily Journal* staff. (2017, October 26). New jail wing in Ukiah not for Measure B patients. *Ukiah Daily Journal*. Retrieved from <http://www.ukiahdailyjournal.com/article/NP/20171026/NEWS/171029884>

^k Based on 25% of non-chronically homeless single adults and 33% of those chronically homeless. U.S. Department of Housing and Urban Development. *Annual homelessness assessment report to Congress*.

RECOMMENDATIONS

Mendocino County Board of Supervisors:

- Continue to fully fund the Laura's Law program in Mendocino County and investigate the reasons for the failure to properly implement the program thus far.

Mendocino County Health and Human Services Agency:

- Increase program capacity to a minimum of five persons.
- Utilize the court monitoring process to promote maximum effectiveness of the program.

REFERRAL INFORMATION

To make a referral to AOT complete the referral form at
<https://www.mendocinocounty.org/home/showdocument?id=1986>

You can fax the completed form or drop it off in person to:

ATTN: Assisted Outpatient Treatment Coordinator, 1120 S. Dora St., Ukiah, CA 95482

Phone: 707-472-2322

Fax: 707-472-2331

Data on the current program received from William Reilly of Mendocino County Health and Human Services Agency.

NEVADA COUNTY

Resolution passed: May 2007

Program start date: May 2008

Service provider: Turning Point Community Programs

Funding source: California's Medicaid program, Medi-Cal, with matching MHSa funds. These funds cannot be used for court and/or attorney (public defender) costs.

Nevada County was the first county in the state of California to adopt and implement a Laura's Law program. Laura Wilcox, the young woman who died at the hands of an untreated individual with severe mental illness, and for whom Laura's Law is named, lived and worked in Nevada County. Nevada County's Laura's Law program is the most robust in the state and often serves as a training site for other counties interested in starting or improving their own Laura's Law programs. In addition, Nevada County is one of the few counties in California that effectively use the court process to engage into treatment individuals who do not accept it voluntarily, and that regularly use the enforcement mechanisms of the law to ensure that individuals stay engaged in treatment.

A data analysis from Nevada County in 2011 found that the Laura's Law program had resulted in a cost savings to the county of \$503,621 due to decreases in hospitalization and jail days, with \$1.81 saved for every \$1.00 invested into the program.

Enrollment: 11, 7 through court process

Nevada County population: 98,095

Enrollment per 100,000 population: 11, 7.1 through court process

Total Laura's Law petitions filed since program inception: 55

Laura's Law enrollment

DEMOGRAPHIC CHARACTERISTIC	PERCENTAGE OF TOTAL (N = 11)
Gender	
Male	73%
Female	27%
Race/ethnicity	
White	91%
Asian/Pacific Islander	9%
Age	
18–25	9%
26–59	82%
60+	9%
Primary diagnosis	
Schizophrenia	46%
Schizoaffective disorder	27%
Bipolar disorder	27%
Co-occurring substance use	78%

Average length of Laura's Law enrollment: 7 months

Services: Individuals on Laura's Law in Nevada County receive assertive community treatment (ACT) services, including medication outreach and case management. In addition, a full array of multidisciplinary services and support are provided, including employment and educational assistance, peer support, individual and family therapy, and psychiatric medication services.

OUTCOMES

- Among Laura's Law enrollees, a 12% reduction in emergency interventions (defined as any inpatient visit that was 23 hours or less, be it medical or psychiatric).
- A 60% increase in psychiatric hospitalization days among Laura's Law enrollees, in part due to a lengthy hospitalization of one individual.
- An 82% reduction in jail days among Laura's Law enrollees.
- An increase in the number of individuals who experienced homelessness during Laura's Law enrollment, but a 78% decrease in the total number of homeless days experienced by Laura's Law enrollees.

SERVICE	12 MONTHS PRIOR TO LAURA'S LAW ENROLLMENT	DURING LAURA'S LAW ENROLLMENT
Crisis services		
Number of consumers	8	6
Number of emergency interventions	34	30
Psychiatric hospitalization		
Number of consumers	3	4
Number of hospitalization days	65	169
Criminal justice involvement		
Number of consumers	3	2
Number of jail days	229	42
Housing		
Number of consumers	4	5
Number of homeless days	847	185

ENFORCEMENT MECHANISMS

During the reporting period, two individuals who had been court ordered into Laura's Law received a hospital evaluation to determine if they met criteria for grave disability or were at risk of harming self or others.

Status hearings are used as an enforcement mechanism in Nevada County, their frequency depending on the level of individual engagement in treatment.

Medication outreach provided by the Laura's Law team is also used as an enforcement mechanism to help individuals in treatment adhere to medications.

RECOMMENDATIONS

Nevada remains the only county to correctly interpret and implement Laura's Law to its full capability as a treatment tool. The court explicitly includes medication in orders and should be considered a model for other counties with questions as to what is procedurally allowed within the law.

Nevada County Behavioral Health:

- Continue to serve as a best practice and training site for other counties interested in implementing a Laura's Law program.
- Develop training for new judges, public defenders, county officials and others to ensure the program is not affected by staff turnover.

Nevada County Laura's Law stakeholders:

- Continue to collaborate across systems and disciplines, a necessary factor in ensuring an effective Laura's Law program.

REFERRAL INFORMATION

To make a referral to Nevada County's Laura's Law program, contact Nevada County Health and Human Services Behavioral Health at 530-265-1437.

Data obtained from Turning Point Community Programs 2018 Providence AOT Outcomes Report.

ORANGE COUNTY

Resolution passed: May 13, 2014

Program start date: February 2015

Service provider: County of Orange Health Care Agency, with AOT-specific FSP provided by Telecare Corporation

Enrollment: 54 via court process

Orange County population: 3,183,011

Enrollment per 100,000 population: 1.7 via court process

Orange County's Laura's Law program is one of the few programs in California that accurately define enrollment in terms of individuals who have gone through the court process. It also represents the gold standard regarding data collection and reporting of program referrals and outcomes.

Total referrals received in 2017: 602

Referral data

Orange County received a total of 692 referrals for individuals into the Laura's Law program in 2017: 602 new referrals and 90 that were carried over from the previous year.

INVESTIGATION OUTCOME	PERCENTAGE OF TOTAL (N = 692)
Still in outreach and engagement	11%
Referrals completed	89% (n = 615)
Accepted voluntary services	26%
Laura's Law enrolled	12% (n = 72)
• Enrolled via settlement agreement	78%
• Enrolled via court order	22%
Closed	47% (n = 291)
• Unable to locate	85%
• Incarcerated	15%
Did not meet criteria	15%

Outreach and engagement

Once a referral is received and the individual is deemed to be eligible, the Laura's Law assessment and linkage team locates the referred individual. If the candidate appears to meet criteria but voluntarily accepts services, the team will refer the individual to the appropriate level of care. If the candidate refuses voluntary services, a clinical psychologist meets with the referred individual to ensure that he or she meets Laura's Law criteria. If the individual meets criteria and continues to refuse services, the psychologist submits a declaration to the county counsel, who then files a Laura's Law petition.

Enrollment

After the petition is filed, the Laura's Law candidate is subpoenaed to appear in court and assigned a public defender, who confers with the candidate about his or her wishes to accept the services voluntarily or to contest the petition. If at this point the individual agrees to services, a settlement agreement, which includes a treatment plan, is signed. If the individual contests the petition, the court proceeds with a hearing. Based on the evidence, the court may issue a court order to compel the candidate to participate in the program for a period of six months, which can be renewed for an additional six months if the individual continues to meet eligibility criteria.

Of the 54 unique individuals who received AOT-FSP services in 2017, 78% signed a settlement agreement and 22% were court ordered into treatment.

The following is information regarding the 54 unique individuals who received AOT-FSP services in 2017.

DEMOGRAPHIC CHARACTERISTIC	PERCENTAGE OF TOTAL (N = 54)
Gender	
Male	69%
Female	31%
Race/ethnicity	
White	50%
Hispanic or Latino	22%
Asian	13%
Unknown/other	15%
Age	
18–25	15%
26–54	72%
55+	13%
Diagnosis	
Psychotic disorder	83%
Mood disorder	17%
Co-occurring substance use disorder	69%

Average AOT-FSP enrollment period: 6.7 months. Those who graduated were enrolled for an average of 8 months (range: 5 to 16 months), and discharged individuals were enrolled for an average of 6.5 months (range: 5 to 11.5 months).

Treatment adherence

Treatment adherence in Orange County is evaluated by months of adherence, in which an adherent month is defined as directly engaging in services provided by the AOT-FSP team at least once per week for at least two weeks out of the month.

ADHERENCE TO TREATMENT PLAN	PERCENTAGE OF TOTAL (N = 54)
Always adherent—all months	28%
Mostly adherent—more than half of months	32%
Sometimes adherent—fewer than half of months	28%
Not adherent—no months	11%

OUTCOMES

The following are outcomes from the 54 unique individuals who were court ordered into Laura's Law and received FSP services in 2017:

- A 33% decrease in the number of enrollees who were hospitalized after Laura's Law enrollment and a 48% decrease in hospitalization episodes. There was an increase in the average number of hospitalization days for enrollees during enrollment, likely a result of a decrease in unnecessary hospitalizations combined with an increase in long stays for individuals in need of a high level of care.
- There was no change in the number of enrollees who had an incarceration after Laura's Law enrollment. However, there was a 34% reduction in the total number of incarcerations of enrollees and a 50% reduction in the number of days spent incarcerated. The county report indicates that some of these reductions were due in part to the team's effort to advocate for enrollees in court to reduce sentencing and help them return to community treatment earlier.
- There was a slight increase in the number of enrollees who experienced a period of homelessness after enrollment. However, there was a 13% reduction in the total number of homeless episodes by enrollees and a 75% reduction in the number of days spent homeless. According to the county report, these data demonstrate the challenge the Laura's Law population faces in maintaining housing, including "the competitive housing market and shortage of board and care facilities in Orange County, poor living conditions in some available housing options, and some consumers' limited independent living skills and/or preference to live on the street." The dramatic reduction in days spent homeless suggests that while individuals may still be experiencing intermittent homelessness, the AOT-FSP program is effective at reconnecting individuals with housing.

OUTCOME	12 MONTHS PRIOR TO ENROLLMENT	DURING ENROLLMENT
Psychiatric hospitalization		
% of individuals experiencing inpatient hospitalization	78%	52%
Average number of hospitalization episodes	3.2	2.5
Average hospitalization days	31	38
Criminal justice involvement		
% of individuals with a jail or prison stay	52%	52%
Average number of incarceration episodes	2.5	1.7
Average number of incarceration days	100	50
Homelessness		
% of individuals experiencing homelessness	48%	56%
Average number of homelessness episodes	3.4	2.6
Average number of days homeless	202	53

ENFORCEMENT MECHANISMS

The Orange County report recognizes two enforcement mechanisms for its Laura's Law program: The court may order the enrollee to meet with his or her treatment team, or it may order the individual to be evaluated for involuntary hospitalization. No enforcement mechanisms have been used in Orange County to compel treatment participation.

Of the 54 individuals enrolled during 2017, 30% were renewed for a continuation of enrollment.

RECOMMENDATIONS

Orange County Health Care Agency:

- Recognize that medication can be included in the Laura's Law order and provide training to judges and public defenders on this aspect of the program. Omitting medication from the treatment plan and telling clients that medications are voluntary makes the order ineffective for the target population.
- Increase enrollment to the recommended five per 100,000 population at any given time.
- Consider utilizing court status hearings as a way to increase treatment adherence among enrollees.

REFERRAL INFORMATION

To make a Laura's Law referral and for criteria verification contact: (855) HCA-1421 (855-422-1421)

Data obtained from Orange County Assisted Outpatient Treatment Evaluation, 2018 annual report for the California Department of Health Care Services.

PLACER COUNTY

Resolution passed: August 2014

Program start date: January 2015

Service provider: Turning Point Community Programs

Funding source: MHSA with Medi-Cal

Enrollment: 5, 1 through court process

Placer County population: 375,391

Enrollment per 100,000 population: 1.3, 0.3 through court process

Total referrals received as of April 2018: 31

New referrals in April 2018: 2

REFERRAL SOURCE	PERCENTAGE OF TOTAL (N = 31)
Family member (parent, spouse, adult sibling or adult child)	39%
Mental health provider	61%

Outreach and engagement

INVESTIGATION OUTCOME	PERCENTAGE OF TOTAL (N = 31)
Enrolled voluntarily	48%
Closed due to lack of eligibility	35%
Closed due to incarceration	6.5%
Engagement attempts continue	3.2%
Court ordered into treatment	6.5%

Enrollment

DEMOGRAPHIC CHARACTERISTIC	PERCENTAGE OF TOTAL (N = 6)
Co-occurring substance use	50%

OUTCOMES

- An 83% reduction in the number of individuals hospitalized during Laura's Law enrollment and a 96% reduction in hospitalization days
- A 70% reduction in jail days among Laura's Law enrollees
- No change in housing status after Laura's Law enrollment

OUTCOME	12 MONTHS PRIOR TO LAURA'S LAW ENROLLMENT	DURING LAURA'S LAW ENROLLMENT
Psychiatric hospitalization		
Number of consumers	6	1
Number of hospitalization days	184	7
Criminal justice involvement		
Number of consumers	5	1
Number of jail days	125	38
Housing		
Number of consumers homeless	2	2

ENFORCEMENT MECHANISMS

No enforcement mechanisms were used during the reporting period because 100% of those enrolled were choosing to receive services voluntarily and all individuals were adhering to their treatment plans.

RECOMMENDATIONS

Placer County Mental Health Services:

- Continue to utilize the Laura's Law court process to engage individuals who do not accept treatment voluntarily.
- Follow the recommendations as written in the FY2016–2017 Placer County Mental Health, Alcohol and Drug Advisory Board 2017 Annual Report to increase public awareness about the availability of Laura's Law as a treatment option.

Placer County Mental Health Services and Turning Point Community Programs:

- Follow the recommendations as written in the FY2016–2017 Placer County Mental Health, Alcohol and Drug Advisory Board Annual Report to ensure treatment compliance and success among individuals in Laura's Law who are difficult to engage.

REFERRAL INFORMATION

For additional information or to make a referral, contact:

Turning Point Coloma Center Roseville and Auburn, California (916) 786-3750 or
Placer County Adult System of Care (888) 886-5401

Data obtained from Placer County Health and Human Services department as of April 2018.

SAN DIEGO COUNTY

Resolution passed: April 2015

Program start date: April 2016

Service provider: Telecare and MHS Inc.

Funding source: MHS and Medi-Cal

Enrollment: 24, 0 through court process

San Diego County population: 3,288,612

Enrollment per 100,000 population: 0.7, 0 through court process

Similar to that of Alameda County, the Laura's Law program in San Diego County is composed of two separate FSP services. The In-Home Outreach Team (IHOT) operates as the county's outreach and engagement program with the goal of connecting individuals with severe mental illness to appropriate services and referring them to the Laura's Law program if eligible.

Total referrals received: 869

Referral data

Referrals to IHOT come from family members, hospital staff, homeless outreach teams, psychiatric emergency response teams, law enforcement, crisis residential centers and jails.

Outreach and engagement

San Diego County utilizes its IHOT program as a starting point to connect individuals with severe mental illness to services. The outreach team meets a referred individual "where they are" in the community. The teams utilize a coordinated approach to link individuals to treatment and connect them to other needed services.

If multiple engagement efforts are unsuccessful, the individual is referred to the Laura's Law program and an evaluation is conducted to determine eligibility.

INVESTIGATION OUTCOME	PERCENTAGE OF TOTAL (N = 616)
Potential candidate, appears to meet criteria	23% (n = 143)
• Laura's Law evaluation	36%
• Referred to program	19%
• Linked to services	21%
• Require higher level of care	3%
• Case closed due to inability to contact	50%

After the evaluation and referral to the Laura's Law program, the individual is connected to an FSP-ACT program, operated by Telecare. San Diego County documents state that if an individual continues to resist treatment and does not voluntarily agree to FSP-ACT services, he or she may need to be referred through a court order. However, the county has yet to court order an individual into treatment. All Laura's Law clients have accepted services voluntarily.

OUTCOMES

Outcomes in San Diego County are tracked only for individuals who receive IHOT services and therefore are not included in this analysis.

RECOMMENDATIONS

San Diego County Health and Human Services:

- Increase Laura's Law enrollment to five per 100,000 population, or 164 individuals.
- Utilize the court process to engage into treatment individuals who do not accept services voluntarily. Closing 50% of referral cases because the individual cannot be located is unacceptable and a result of inadequate willingness to engage the individuals who need treatment the most. It also suggests that the lengthy outreach period leads to lost opportunities for intervention even when a person's whereabouts are known.
- Utilize Laura's Law services as a way to reduce the chronically homeless population. On any given day in 2017, an estimated 2,060 individuals with severe mental illness were homeless in San Diego County. Laura's Law enrollment has been shown to reduce homelessness in California by 30%–60%. More attention is needed for these hard-to-reach individuals who, when successfully in treatment, can lead productive, functioning lives.

San Diego County and Telecare:

- Collect outcome data on Laura's Law enrollees, not just IHOT clients.

REFERRAL INFORMATION

To make a referral for Laura's Law in San Diego County, you can contact one of the following In-Home Outreach Team Programs:

MHS Inc. (North Inland, North Coastal, and North Central regions): 858-573-2600, 760-591-0100

Telecare (Central, East, and South regions): 619-961-2120

Data obtained from County of San Diego semi-annual status report on services for individuals with severe mental illness who are resistant to treatment, May 2018.

SAN FRANCISCO COUNTY

Resolution passed: July 2014

Program start date: November 2015

Service provider: Behavioral Health Services Division, San Francisco Department of Public Health

Funding source: MHSA

Enrollment: 27, 10 via court process

San Francisco County population: 866,320

Enrollment per 100,000 population: 3.1, 1.1 through court process

San Francisco's Laura's Law "care teams" consist of a forensic psychologist, a peer specialist and a family liaison. The care team works with Zuckerberg San Francisco General Hospital's Division of Citywide Case Management and the citywide Laura's Law team to coordinate treatment for individuals who are court ordered into treatment and support individuals who have voluntarily agreed to services by linking them to long-term care.

Total referrals received in 2017: 82

Referral data

Referral source Percentage of total (N = 82)

Health providers 61%

Family members 33%

Not a qualified requester (care team works to find qualified requester for the individual referred) 5%

Outreach and engagement

The San Francisco program promotes voluntary engagement in services by using client-centered and strengths-based approaches. The San Francisco Laura's Law program also makes efforts to engage the individual's family and friends as additional supports. If, after 30 or more days of outreach and engagement, the staff are unable to successfully engage the individual in treatment, a petition may be pursued to order the individual into outpatient treatment. However, according to our survey, outreach and engagement is reported to be on average much longer than the 30-day window. The court order relies on the "black robe effect," or the symbolic authority of the court, as leverage to encourage the individual into care.

Enrollment

Of the 82 referrals, 33 individuals were considered eligible for Laura's Law participation and successfully contacted. In total, the Laura's Law care teams served 56 active cases during the evaluation period that were carried over from the previous year. Of the 56 individuals served, 10 were court ordered (18%) and 46 (82%) accepted services voluntarily.

DEMOGRAPHIC CHARACTERISTIC	PERCENTAGE OF TOTAL (N = 56)
Gender	
Male	50%
Female	48%
Nonbinary	2%
Race/ethnicity	
White	41%
Black/African American	18%
Hispanic or Latino	16%
Asian	14%
Unknown/other	11%
Age	
18–25	25%
26–35	29%
36–45	21%
46–55	16%
56+	9%
Experienced homelessness in the last year	50%

As of December 31, 2017, 12 individuals were enrolled in Laura’s Law.

OUTCOMES

Outcomes for all Laura’s Law participants since the beginning of the program’s implementation (a total of 86 unduplicated individuals, or 94 with duplication):

- A 36% reduction in the number of Laura’s Law enrollees utilizing psychiatric emergency services and a 52% reduction in average psychiatric emergency service visits per month due to Laura’s Law enrollment. Psychiatric emergency service use among individuals court ordered into Laura’s Law was reduced by 77%.
- A 41% decrease in the number of Laura’s Law enrollees who were hospitalized after Laura’s Law enrollment. There was a significant increase in the average number of hospitalization days for Laura’s Law enrollees during Laura’s Law enrollment, to 2.03 days per month, likely the result of a decrease in unnecessary hospitalizations accompanied by an increase in long stays for individuals in need of a high level of care. Inpatient hospitalization among individuals court ordered into Laura’s Law decreased by 20%.
- A 35% reduction in the number of individuals experiencing incarceration episodes after Laura’s Law enrollment and a 65% decrease in the average number of incarceration days per month among Laura’s Law enrollees. Incarceration rates among individuals court ordered into Laura’s Law were reduced by 60%.

OUTCOME	36 MONTHS PRIOR TO LAURA'S LAW ENROLLMENT	AFTER LAURA'S LAW ENROLLMENT
Crisis stabilization		
% of individuals who utilized psychiatric emergency services	81%	52%
Average psychiatric emergency service visit per month	0.19	0.09
Psychiatric hospitalization		
% of individuals experiencing inpatient hospitalization	81%	48%
Average number of hospitalization days per month	0.91	0.96
Criminal justice involvement		
% of individuals with a jail or prison stay	57%	37%
Average number of incarceration days per month	1.89	0.67

ENFORCEMENT MECHANISMS

The Laura's Law report of the Behavioral Health Services Division, San Francisco Department of Public Health, indicates that enforcement mechanisms for noncompliance with a Laura's Law enrollee's treatment plan may include an involuntary hospitalization, or "5150 hold," if the individual meets criteria. The report also indicates the role of the court and the "black robe effect" in improving compliance. No information on the use of these enforcement mechanisms was provided.

In the 26 months since implementation, the Laura's Law Care Team has submitted a total of five court order renewals. At renewal, four out of the five participants volunteered to continue with the program, and only one individual had to be court ordered into treatment upon renewal.

RECOMMENDATIONS

Behavioral Health Services, San Francisco Department of Public Health:

- Recognize the improved results for individuals court ordered into Laura's Law, compared with results for those who voluntarily agree to services, and utilize the court process after a 30-day outreach and engagement period if still unsuccessful.
- Utilize the Laura's Law program to engage individuals with severe mental illness who are chronically homeless. Laura's Law has been shown to decrease homelessness by up to 67% by engaging individuals into needed treatment. In 2016, San Francisco spent \$241 million on homeless services. In 2017, the city reported increasing its cleaning budget by \$13 million to deal with human feces littering the streets. With more than 1,700 homeless individuals with severe mental illness in the city, the potential impact and cost savings of increasing implementation of the county's Laura's Law program is significant.

San Francisco Board of Supervisors:

- Increase funding for the Laura's Law program to increase enrollment to five per 100,000 population.

REFERRAL INFORMATION

If you would like to refer an individual to the Laura's Law program, you can:

1. Complete the referral form on the website and fax it to (415) 255-3798 or email it to AOT-SF@sfdph.org

OR

2. Call (415) 255-3936, the toll-free number (844) 255-4097, or the TDD at (888) 484-7200 and leave a clear message and number where you can be reached.

Data obtained from San Francisco Department of Public Health Behavioral Health Service's AOT Program 2018 Annual Report.

SAN LUIS OBISPO COUNTY

Resolution passed: November 2015

Program start date: November 2016

Service provider: San Luis Obispo Behavioral Health Department and Transitions-Mental Health Association

Funding source: MHSA, \$144,617 the first year of implementation, \$230,610 budgeted for fiscal year 2018–2019

Enrollment: No information available

San Luis Obispo County population: 277,977

Enrollment per 100,000 population: No information available; 0 through court process

In the first year of program implementation, San Luis Obispo County received 70 referrals, and 23 individuals received outreach and engagement services. Individuals served through the AOT-FSP program had 34,284 billable service minutes and 305 contacts.

San Luis Obispo County also offers an intensive residential housing program with five beds, providing supported housing with intensive residential case management services that operates in conjunction with the Laura's Law program.

Outreach and Engagement

Outreach and engagement services are provided by Transitions-Mental Health Association.

OUTCOMES

Only estimated outcomes are reported. The following percentages are the listed goals of the San Luis Obispo Laura's Law program, all of which were reached according to San Luis Obispo County Behavioral Health estimates:

- 30% increase in demonstrating community participation through learned activities, life skills training and medication education
- 30% increase in demonstrating the use of learned coping skills
- 30% increase in involvement in educational or vocational opportunities
- 70% decrease in homelessness
- 70% decrease in incarceration days
- 70% decrease in psychiatric hospitalization
- 70% decrease in emergency room visits
- 70% graduation rate from Laura's Law services and entry into voluntary programs

RECOMMENDATIONS

San Luis Obispo County Behavioral Health Department:

- Improve data collection and reporting to provide clear insights into the utilization and effectiveness of the Laura's Law program.
- Utilize the court process to engage into treatment individuals who do not accept services voluntarily in a timely manner.
- Utilize Laura's Law as an alternative to competency restoration, avoiding costly lawsuits due to the more than four-month wait for an inpatient bed and the resulting decompensation in San Luis Obispo jails.

REFERRAL INFORMATION

To make a referral for Laura's Law, call San Luis Obispo Behavioral Health's Central Access Line at: 1 (800) 838-1381

Data obtained from San Luis Obispo Board of Supervisors program results tables and San Luis Obispo 2017–2018 MHSA annual update.

In January 2017, Andrew Holland died of a pulmonary embolism caused by a blood clot after spending 10 days in solitary confinement and 46 hours in a full-body restraint chair. Holland was waiting for a hospital bed after being deemed incompetent to stand trial due to his severe mental illness. In May 2018, San Luis Obispo County Judge Ginger Garrett set a hearing to consider fining the state due to forensic pretrial bed waits, which, according to officials, have only worsened in recent years.^a

^a Mentally ill inmates are languishing in jail. Now, a SLO judge wants to fine the state. (April 26, 2018). *San Luis Obispo Tribune*.

SAN MATEO COUNTY

Resolution passed: June 2015

Program start date: July 2016

Service provider: County of San Mateo Behavioral Health and Recovery Services, with FSP provided by Caminar San Mateo County

Funding source: MHSa and Medi-Cal

Enrollment: 53

San Mateo County population: 765,135

Enrollment per 100,000 population: 6.9, 0.3 through court process

Total referrals received since program inception as of December 31, 2017: 244

Referral data

REFERRAL SOURCE	PERCENTAGE OF TOTAL (N = 244)
Mental health provider	39%
Family member (parent, spouse, adult sibling or adult child)	30%
Inpatient physician	14%
Probation, parole or peace officer	9%
Other	8%

^a County says new program serving residents with severe mental illness is working. (2018, August 15). *Climate Online Redwood City*. Retrieved from <https://climaterwc.com/2018/08/15/county-says-new-program-serving-residents-with-severe-mental-illness-is-working/>

DEMOGRAPHIC CHARACTERISTIC	PERCENTAGE OF TOTAL (N = 244)
Gender	
Male	66%
Female	32%
Other	2%
Race/ethnicity	
White	57%
Hispanic or Latino	16%
Asian	9%
Black/African American	6%
Unknown/other	13%
Age	
18–25	20%
26–50	54%
51+	26%
Housing status at referral	
Home	34%
Homeless	27%
Hospital	21%
Jail	9%
Other	9%
Homeless in last 12 months?	
Yes	55%

Outreach and engagement

Outreach and engagement is conducted by the San Mateo County Behavioral Health and Recovery Services Laura’s Law team. Once a referral is received, the Laura’s Law team contacts the referring party to gather more information regarding the individual who is being referred, often gaining information needed to determine eligibility. If the person appears to meet criteria, Laura’s Law staff will meet the individual to obtain more information and build rapport. If the individual is eligible, the Laura’s Law staff will continue to engage with and encourage the individual to accept services voluntarily. As soon as the individual consents to enroll, the Laura’s Law staff connects him or her to the FSP program through Caminar.

If the individual refuses to enroll in Laura’s Law, the staff psychologist conducts an assessment and may request the county counsel to file a court petition. San Mateo County counsel has 10 days to file a petition to the court after the psychologist’s assessment. If a petition is filed, the court has five days to hold the Laura’s Law court hearing, at which point the judge reviews the petition and, if eligible, orders the individual into the Laura’s Law Full Service Partnership (FSP) program.

Average length of time from Laura's Law referral to FSP enrollment: 65 days

Of the 244 referred individuals, 107 were deemed eligible for Laura's Law services.

INVESTIGATION OUTCOME	PERCENTAGE OF TOTAL (N = 244)
Eligible for Laura's Law	76 (31%)
• Enrolled in Laura's Law voluntarily	81%
• Court petition filed	3%
Still in outreach and engagement	31 (29%)
Not eligible	73 (30%)
• Engaged with another provider	33%
• Did not meet eligibility requirements	37%
• Unable to locate individual, or individual hospitalized or incarcerated	5%

OUTCOMES

Reported outcomes are based on 44 Laura's Law clients enrolled between July 1, 2016, and June 30, 2017. All observations were made over one year, from six months before the individual's enrollment date to six months after.

- FSP enrollment reduced crisis episodes and resulting psychiatric emergency service use by 40% during six months of enrollment.
- FSP enrollment reduced hospitalization episodes by 50% and the total number of inpatient hospitalization days by 62% during six months of enrollment.
- FSP enrollment reduced jail bookings by 80% during six months of enrollment.
- FSP enrollment reduced homelessness by 27% during six months of enrollment.

OUTCOME	LAST 6 MONTHS PRIOR TO LAURA'S LAW ENROLLMENT	FIRST 6 MONTHS OF LAURA'S LAW ENROLLMENT
Crisis stabilization		
Crisis episodes	35	21
Psychiatric hospitalization		
Number of individuals hospitalized	16	8
Total number of hospital days	252	96
Criminal justice involvement		
Number of jail bookings	44	9
Housing		
Number of individuals housed	26	19

The following cost-benefit analysis of San Mateo County's Laura's Law program was compiled by Laura's Law Program Director Terry Wilcox-Rittgers. "Additional funding from Medi-Cal" represents the Medi-Cal reimbursable amount for Caminar's AOT-FSP program.

	UNIT COST	REDUCED EVENTS	BENEFIT
Jail cost (per day, female)	\$253.29	28	\$7,092.12
Jail Cost (per day, male)	\$201.12	197	\$39,620.64
Psychiatric emergency service (per visit)	\$1,610.11	14	\$22,541.54
Psychiatric acute hospital stay (per day)	\$1,972.65	156	\$307,733.40
Benefit from reduced adverse events			\$376,987.70
Additional funding from Medi-Cal			\$335,506.72
Total benefit for San Mateo County			\$712,494.42

ENFORCEMENT MECHANISMS

The 2017 evaluation report on San Mateo County's Laura's Law program states the following:

Laura's Law supplements existing mental health law by allowing a court, in counties that have chosen to implement the law, to order a person into Assisted Outpatient Treatment (AOT) through a civil process. However, the court has no power to enforce its order if the person refuses to participate in treatment.

This statement is false. It is true that there are no criminal legal mechanisms to enforce a Laura's Law order and that an individual cannot be arrested or put into jail for not complying with his or her treatment plan. But the Laura's Law statute does allow for a licensed mental health treatment provider to request that an individual on an order who is not complying with a treatment plan be hospitalized for up to 72 hours to determine whether the individual meets criteria for inpatient hospitalization. In addition, court monitoring can be used as an enforcement mechanism, whereby individuals who are not complying with their treatment plans are brought in front of the judge, who reviews the treatment plan, modifies it if necessary and reinforces with the individual the legal obligation to adhere to the plan.

These enforcement mechanisms were not used in 2017 in San Mateo County's Laura's Law program.

RECOMMENDATIONS

San Mateo County Behavioral Health and Recovery Services:

- Utilize the court process for Laura's Law enrollment and treatment after the outreach and engagement period ends to reduce unnecessary decompensation and further hospitalization.
- Utilize court monitoring of participants to maximize the "black robe effect."

REFERRAL INFORMATION

To make a Laura's Law referral contact San Mateo's AOT team at: 650-372-6125 or email AOT@smcgov.org

Data obtained from San Mateo County's Assisted Outpatient Treatment Program FY2016–17 Annual Evaluation Report.

A recent article in the San Mateo County publication Climate Online Redwood City highlighted the benefits of Laura's Law, including the reduction in homelessness and the cost savings of the program. San Mateo County Supervisor Don Horsley was interviewed as a supporter of the program and its role in keeping individuals in need of treatment out of jail and out of the homeless population.

"I think if you look a little deeper into it you probably would find far more impact than the numbers that you showed today," Horsley said. "I'm glad we did this program. It may not cover all of our costs necessarily. I still think it's the right thing to do."¹⁸

SANTA BARBARA COUNTY

Resolution passed: May 2016

Program start date: January 2017, 10-person pilot program

Service provider: Santa Barbara County Department of Behavioral Wellness

Enrollment: 15 total, 10 at any given time

Santa Barbara population: 444,769

Enrollment per 100,000 population: 3.4, 0 through court process

As of yet, no court petitions have been filed in Santa Barbara County for lack of voluntary engagement. The Department of Behavioral Wellness administration appears hesitant to utilize the court oversight mechanisms available under Laura's Law despite clear direction from the board of supervisors to do so. While characterized as AOT, the program is merely a more robust version of previous voluntary ACT services with improved outreach. It thus does not reach the portion of intended service recipients who will not voluntarily engage with treatment—that is, those whose treatment constituted a primary motivation for adopting Laura's Law.

Total referrals in first nine months of 2017: 36

REFERRAL SOURCE	PERCENTAGE OF TOTAL (N = 36)
Family member (parent, spouse, adult sibling or adult child)	50%

Outreach and engagement

All referrals are initially screened in person by the county outreach and engagement team, which makes all efforts to give the individual an opportunity to voluntarily engage in Laura's Law services. The pilot program established 10 slots for referrals in this outreach and engagement phase. Outreach and engagement in Santa Barbara County includes a goal of contacting referred clients three times per week to engage them into voluntary treatment. Although the county program states that the outreach and engagement period is a maximum of 90 days, our results indicate that the county continues the outreach and engagement period for much longer. In the nine months of the pilot program, Laura's Law staff reported 783 engagement attempts with a 3.5:10 rate of successful contacts.

INVESTIGATION OUTCOME	PERCENTAGE OF TOTAL (N = 36)
Enrolled in Laura's Law voluntarily	42%
Closed due to lack of eligibility	15%
Could not locate individual	11%
Engagement attempts continue	22%
Settlement agreement	0%
Court petition filed	0%
Court ordered into treatment	0%

In Santa Barbara, 42% of individuals who were referred to the Laura's Law program voluntarily accepted treatment within the first six weeks. At the time of evaluation, eight of the individuals referred were still in the outreach and engagement phase.

DEMOGRAPHIC CHARACTERISTIC	PERCENTAGE OF TOTAL (N = 36)
Gender	
Male	64%
Female	36%
Race/ethnicity	
White	56%
Black/African American	6%
Hispanic or Latino	25%
Unknown/other	14%
Age	
18–24	19%
25–44	47%
45+	33%
Co-occurring substance use disorder	75%
Homeless	50%
On probation	39%

OUTCOMES

- Laura's Law enrollment reduced psychiatric emergency room visits by 66% and crisis calls by 73%.
- Laura's Law enrollment reduced hospitalization by 72%.
- Laura's Law enrollment reduced incarceration episodes by 40%.

OUTCOME	% OF INDIVIDUALS WHO USED SERVICE PRIOR TO LAURA'S LAW ENROLLMENT	% OF INDIVIDUALS WHO USED SERVICE DURING LAURA'S LAW ENROLLMENT
Crisis services		
Psychiatric ED visits	100%	33%
Crisis calls	83%	22%
Psychiatric hospitalization		
Psychiatric ED visits	88%	25%
Criminal justice involvement		
Incarceration	100%	60%

ENFORCEMENT MECHANISMS

The primary enforcement mechanism occurs when Laura's Law consumers (e.g., individuals who have a voluntary settlement agreement or Laura's Law court order) refuse to engage and a judge orders them to meet with the treatment team or issues an order for a mental health evaluation at a designated facility. These enforcement mechanisms were not used in 2017 in Santa Barbara County's Laura's Law program.

RECOMMENDATIONS

Santa Barbara County Board of Supervisors:

- Adopt a resolution and fully fund the Laura's Law program in Santa Barbara County.

Santa Barbara County Department of Behavioral Wellness:

- Utilize the court petition process for difficult-to-engage clients after the 90-day outreach and engagement process.
- Conduct status hearings for Laura's Law clients to utilize the "black robe effect" to hold both the mental health department and the individual accountable to the treatment program.

REFERRAL INFORMATION

If you would like to refer someone to the Santa Barbara Laura's Law program, or have questions, you can call (888) 869-1649.

Data obtained from the 2017 Santa Barbara County Department of Behavioral Wellness Assisted Outpatient Treatment Program Report, January–September 2017.

SHASTA COUNTY

Resolution passed: October 2015

Program start date: April 2018

Service provider: Hill Country Health and Wellness Center, a full-service Federally Qualified Health Center in Round Mountain, California

Funding source: MHSa and Medi-Cal

Enrollment: Program is just getting started, no enrollment data as of yet

Shasta County population: 179,533

Enrollment per 100,000 population: For a program enrollment of five per 100,000 individuals, Shasta County would need to enroll nine individuals.

The staff for Laura's Law are co-located with the Mental Health Services Administration Innovations Project in Shasta County, an "urgent care" walk-in center for individuals needing to speak with a mental health professional right away. It is open evenings until 11 p.m., weekends, and holidays, seven days a week.

RECOMMENDATIONS

Shasta County Board of Supervisors:

- Continue to fully fund the Laura's Law program in Shasta County.

Shasta County Health and Human Services Agency:

- Implement the program with at least nine slots for enrollment.
- Utilize the court monitoring process to promote best results of the program.

REFERRAL INFORMATION

To make a Shasta County AOT referral, contact the Access Team at:

Phone (530) 225-5252 Toll Free (888) 385-5201 California Relay Service 711 Fax (530) 225-3870

Information provided by Shasta County Health and Human Services Agency.

STANISLAUS COUNTY

Resolution passed: September 2017 for a three-year pilot program

Program start date: September 2018

Service provider: Stanislaus County Behavioral Health and Recovery Services

Funding source: \$1,053,415 of MHSA funds for a three-year pilot program

Enrollment: The program has just begun accepting referrals.

Stanislaus County population: 540,214

Enrollment per 100,000 population: For the recommended five per 100,000 population, Stanislaus County Behavioral Health and Recovery Services would need to have 27 individuals enrolled in the Laura's Law program at any given time.

Due to significant public interest in Laura's Law in Stanislaus County, the board of supervisors contracted with a third-party consulting group to conduct an evaluation of Laura's Law and make evidence-based, unbiased recommendations to the county about whether to pass a resolution and begin the program.

A report by independent consulting firm The Results Group was released and presented to the board of supervisors on August 15, 2017. However, its conclusion that Laura's Law is not needed because ACT or other FSP programs provide the same services as Laura's Law exhibits a lack of understanding of the program and the population for which it is designed. Family members, advocates and other organizations, including Treatment Advocacy Center, sent letters to the board of supervisors and the local newspaper, The Modesto Bee, pointing out the flaws in the report.

Ultimately, due to public pressure, the board of supervisors passed a resolution for a three-year pilot program after approval of an implementation plan, which was completed on April 24, 2018. The board of supervisors has authorized \$1,053,415 of MHSA funds for the three-year pilot program.

RECOMMENDATIONS

Stanislaus County Behavioral Health and Recovery Services:

- Utilize the Laura's Law program to engage individuals with severe mental illness who meet eligibility criteria and do not engage in services voluntarily
- Establish collaborative relationships with other key stakeholders, including law enforcement, treatment providers, courts, public defenders and attorneys, around Laura's Law. Collaboration across departments is key to ensure that a program is successful.
- Utilize the court process after the initial outreach and engagement period ends to engage into treatment individuals who will not voluntarily agree.
- Utilize the Laura's Law program to engage individuals with severe mental illness who are homeless. Laura's Law has been shown to decrease homelessness by up to 60% by providing treatment and housing to chronically homeless individuals with severe mental illness.

Stanislaus County Board of Supervisors:

- Hold the Behavioral Health and Recovery Services department accountable for implementing an effective Laura's Law program, and mandate collection of data for the purpose of program evaluation.

REFERRAL INFORMATION

For referrals to Laura's Law in Stanislaus County, contact Behavioral Health and Recovery Services at: 888-376-6246.

Data obtained from board of supervisors April 24, 2018, agenda and AOT Community Work Group Report.

VENTURA COUNTY

Resolution passed: March 2016

Program start date: January 2017

Service provider: Ventura County Behavioral Health and Telecare Corporation

Funding source: Ventura County Board of Supervisors originally allocated \$600,000 of MHSA funds for the Laura's Law program, called Assist. However, the county later applied for and received \$4 million dollars, \$1 million per year for four years, of federal funding for the program from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Enrollment: 37, 7 via court process

Ventura County population: 856,508

Enrollment per 100,000 population: 4, 0.8 via court process

Ventura County's Laura's Law program is called Assist. Ventura County Behavioral Health conducts screening as part of its rapid integrated support and engagement (RISE) team. If the individual meets Laura's Law criteria, RISE will refer the individual to Telecare for outreach and engagement. Ventura County Behavioral Health conducts the investigation and petitions the court when voluntary treatment is refused. Telecare provides the mental health services through its ACT team.

Total referrals received January 2017–May 2018: 236

Referral data

REFERRAL SOURCE	PERCENTAGE OF TOTAL (N = 236)
Mental health provider	62%
Family member (parent, spouse, adult sibling or adult child)	31%
Other	7%

Total cases: 264 (236 plus 28 individuals carried over from previous year)

INVESTIGATION OUTCOME	PERCENTAGE OF TOTAL (N = 264)
Referred to RISE	11%
Determination in process	5%
Other	40%
Referred to Telecare	44% (n = 115)
• Enrolled, signed treatment plan	56% (n = 65)
• Court petition	18%
• Still in outreach and engagement	34%
• Closed due to inability to locate individual, or individual's hospitalization or incarceration	14%

Outreach and engagement: 90 days

OUTCOMES

Ventura County's Laura's Law program is one of 17 sites with a federal AOT grant from SAMHSA. As part of the grant, independent evaluators are conducting comprehensive data collection and analysis of each of the funded programs. Ventura County's Laura's Law outcome data will not be publicly available until the evaluation is complete.

RECOMMENDATIONS

Ventura County Behavioral Health:

- Proactively ensure that its Laura's Law program is sustainable after the SAMHSA grant ends.
- Make available a list of data points tracked under the SAMHSA grant to enable other counties to begin tracking similar data points for comparison after evaluation is complete.

REFERRAL INFORMATION

To make a referral to Ventura County's Laura's Law program, contact Ventura County Behavioral Health's RISE program and ask for an "Assist screening." Call: (805) 981-4233

Data obtained from Ventura County Behavioral Health May 9, 2018, Assist Program presentation.

YOLO COUNTY

Resolution passed: June 2013

Program start date: October 2013

Service provider: Yolo County Health & Human Services Agency and Turning Point Community Programs

Funding source: \$64,543 of the agency's budget to implement the program in 2013. In February 2018, Yolo County reported no fiscal impact on its general fund due to cost savings from the program.

Enrollment: 16 individuals received Laura's Law services between October 2013 and August 2017, with five slots available at any point in time, a number that can be increased to eight as needed.

Yolo County population: 213,016

Enrollment per 100,000 population: 2.3 total, 0.9 through court process

Referral data

DEMOGRAPHIC CHARACTERISTIC	PERCENTAGE OF TOTAL (N = 16)
Gender	
Male	57%
Female	43%
Race/ethnicity	
White	57%
Asian/Pacific Islander	14%
Hispanic or Latino	14%
Unknown/other	14%
Age	
18–25	14%
26–59	71%
60+	14%
Primary diagnosis	
Schizophrenia and other psychotic disorders	71%
Unknown	29%

Outreach and engagement

Outreach and engagement can last for up to 18 months.

Enrollment

Of the six participants enrolled in the last 12 months, four accepted services when offered and do not currently have an active court order to participate. The remaining two initially refused services and went before a judge; one signed a settlement agreement and the other was court ordered into the Laura's Law program for treatment.

OUTCOMES

The following are 12-month outcomes from Laura's Law program participants enrolled in fiscal year 2017:

- Laura's Law enrollment reduced ED visits by 24%, resulting in a \$44,487 cost savings.
- Laura's Law enrollment reduced psychiatric hospital days by 41%, resulting in a \$317,752.28 cost savings.
- Laura's Law enrollment decreased the number of jail days by 19%, resulting in a \$4,554.68 cost savings.
- Laura's Law enrollment reduced homelessness by 61%.

OUTCOME	12 MONTHS PRIOR TO LAURA'S LAW ENROLLMENT	12 MONTHS OF LAURA'S LAW ENROLLMENT
Crisis services		
Number of ED visits	49	37
Cost of ED service use	\$181,655.25	\$137,168.25
Psychiatric hospitalization		
Number of psychiatric hospital days	572	339
Cost of inpatient hospitalization	\$775,151.52	\$459,399.24
Criminal justice involvement		
Number of jail days	203	165
Cost of jail days	\$24,331.58	\$19,776.90
Housing		
Number of days homeless	450	175

ENFORCEMENT MECHANISMS

None used.

RECOMMENDATIONS

Yolo County Health & Human Services Agency:

- Shorten the outreach and engagement period to provide earlier treatment access.
- Utilize the court petition when, after the outreach and engagement period ends, an individual is still not accepting or adequately adhering to voluntary treatment.
- Increase the frequency of progress hearings as needed for more face time with a judge to maximize the "black robe effect."
- Increase program capacity to 10 individuals per year.
- Consider using the new Steps to Success diversion program with a Laura's Law court process to ensure timely access to treatment for individuals involved in the criminal justice system who meet Laura's Law criteria.

Data obtained from the 2018 Yolo County Board of Supervisors meeting, February 20, 2018, and the 2018 Turning Point Community Programs Yolo County Outcome Report.

In May 2018, Yolo County District Attorney Jeff Reisig announced the start of an officer-assisted pre-arrest diversion program called Steps to Success. When an officer encounters an individual with mental illness, he or she is instructed to connect the individual to mental health services. The individual's case will be heard in a neighborhood court restorative justice conference to resolve criminal charges while the individual is linked to intensive community services.^a

^a Yolo County District Attorney. (2018, May 23). "Steps to Success" mental health and addiction diversion program starts (press release). Woodland, CA. Retrieved from <https://yoloda.org/steps-to-success-mental-health-and-addiction-diversion-program-starts/>

APPENDIX B:

CALIFORNIA LAURA'S LAW ELIGIBILITY REQUIREMENTS

In accordance with California Welfare and Institutions Code Section 5346, in order to be eligible for Laura's Law, an individual must meet the following criteria:

- The individual must be at least 18 years old.
- The individual must be suffering from diagnosable mental illness.
- The individual's condition must be likely to substantially deteriorate.
- The individual must be unlikely to survive safely in the community without supervision.
- The individual must have a history of noncompliance with treatment, in which one of the following must be true:
 - The individual has had two hospitalizations in the past 36 months, in which his or her mental illness was a substantial factor
 - The individual has committed one or more acts of severe and violent behavior toward self or others, including threats, acts or attempts, within the last 48 months, as a result of his or her mental illness
- An individual's participation in the program is the least restrictive placement option and prevents the need to meet inpatient commitment standards.
- The individual must have been offered an opportunity to participate in a treatment plan, provided that the treatment plan includes all of the services described in § 5348, and the person must continue to fail to engage in treatment.
- The individual must be likely to benefit from Laura's Law enrollment.



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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.