



FACTS ABOUT COMMON LAURA'S LAW MISCONCEPTIONS

Topic: MEDICATION

Common misconception: “Because Laura’s Law does not forcibly medicate people, it is not useful.

Fact: Laura’s Law is not about the physical act of forcibly medicating. Forced medication can---and should – only happen in a licensed hospital. It is about prioritizing highest-need patients and the monitoring and case management that accompanies those patients under the law so that they have the support to stay on their treatment plan, which may include medication.

- ❑ One of the goals of Laura’s Law is to eliminate the need for forced medication.
- ❑ Laura’s Law offers “coordination and access to medications,” as a component of the treatment plan. CALIF. WELF.& INST. CODE § 5348(2)(B).
 - The treatment plan is included in the assisted outpatient treatment (AOT) order issued by the judge. However, **AOT orders cannot authorize forced medication**. There are other laws and procedures (Riese hearings) already on the books that dictate how and when there can be medication over objection. If someone does not follow their AOT treatment plan, those procedures could be invoked.
- ❑ Forcible medication is not needed for Laura’s Law to succeed.
 - Under Kendra’s Law, New York’s law for assisted outpatient treatment, medication adherence among participants increased by 103%.
 - Laura’s Law mirrors New York’s Kendra’s Law with respect to medication. Medication can be included in the treatment plan, but there is a separate law and hearing for forced medication if it is needed.
 - Although Laura’s Law does not allow for medication over objection, it has not proved to be a hindrance to the effectiveness of New York’s law or other similar laws.

Topic: TREATMENT PLAN PARTICIPATION

Common misconception: “Treatment recipients under Laura’s Law have no opportunity to participate in their treatment planning.”

Fact: Statutory requirements specifically include treatment plan participation.

- ❑ First and foremost, *Laura’s Law only applies to those individuals who a court has determined are unable to access community treatment voluntarily*. CALIF. WELF. & INST. CODE § 5345 (A) (8).



- One of the requirements under the law is that the individual has been offered an opportunity to voluntarily “participate in a treatment plan ... and the person continues to fail to engage in treatment.” CALIF. WELF.& INST. CODE § 5346(a)(5)
- Where someone does meet the criteria under the law, Laura’s Law provides that individuals “participate in the development” of the treatment plan. CALIF. WELF.& INST. CODE § 5348(3)

Topic: VOLUNTARY SERVICES ARE INSUFFICIENT

Misconception: “Using existing voluntary community treatment better eliminates the need for Laura’s Law.”

Fact: The availability and completeness of community services are irrelevant for people who are unable to recognize they are ill and/or to seek services voluntarily.

- Laura’s Law is not an alternative to community treatment; *it is a way to see that community treatment is available to help those who lack insight into their illness* (anosognosia) and have been unable to utilize other community services.
 - It is often claimed that “if you make the psychiatric services attractive enough and culturally relevant, then individuals with serious mental illnesses will utilize them.” This ignores individuals suffering from lack of awareness of their illness, which is roughly the case in about 40-50% of people with bipolar disorder or schizophrenia.
 - Recent studies have shown that lack of insight is the single most significant reason why individuals with schizophrenia and bipolar disorder fail to take their medication.
 - Individuals lacking insight will not voluntarily utilize psychiatric services, no matter how attractive those services are, because they do not believe that they have an illness.
 - Laura’s Law allows individuals who would otherwise be unable to utilize community services another avenue to get help before a crisis (i.e., re-hospitalized or jail).

Topic: RESOURCE LIMITATIONS

Misconceptions:

“Laura’s Law can only be used in a county with fully funded voluntary services.”

“If any *cuts* are made to the mental health system, Laura’s Law cannot be implemented.”

“Laura’s Law will **take voluntary services away** from clients.”

Facts: No statutory language exists to support this misconception.

- In no place does Laura’s Law require a system have “fully funded voluntary services.” What the law requires is that:



- “Any county that provides assisted outpatient treatment services pursuant to [Laura’s Law] also shall offer the same services on a voluntary basis.” CALIF. WELF.& INST. CODE § 5348(5)(b)
- Laura’s Law is “operative in those counties in which the county board of supervisors, by resolution, authorizes its application and makes a finding that no voluntary mental health program serving adults, and no children’s mental health program, may be reduced as a result of the implementation of [Laura’s Law].” CALIF. WELF.& INST. CODE § 5349.
- While a county implementing Laura’s Law cannot specifically close a voluntary program to implement Laura’s Law, it can make use of existing services for Laura’s Law recipients.
 - Laura’s Law will make more effective use of existing resources.
 - One such source is California’s Mental Health Services Act (MHSA, or Prop. 63).
 - Laura’s Law requires the same types of services that MHSA was designed to fund. In fact, Nevada County uses MHSA funds for Laura’s Law implementation.
 - Additionally, most people who qualify for Laura’s Law will also qualify for medical and federal support such as SSI as well as realignment mental health services. Laura’s Law recipients are to receive services that would help them make appropriate use of those benefits, including applying for them. CALIF. WELF.& INST. CODE §5348 (3)
- Prop. 63, MHSA, approved by California voters after passage of Laura’s Law, requires that its funds be used in a nondiscriminatory manner. MHSA programs must not discriminate against AOT recipients. MHSA funds can pay for mental health services provided by Laura’s Law.
- In no place does AB 1421, Laura’s Law, state that the law cannot be implemented if cuts are made to the mental health system. CALIF. WELF.& INST. CODE § 5349
- Laura’s Law will not reduce voluntary services available for those able to access them.
 - Provisions of the authorizing legislation, AB 1421, require that any county providing assisted outpatient treatment must make a finding that no voluntary mental health program will be reduced as a result of implementing Laura’s Law. CALIF. WELF.& INST. CODE § 5349.
 - Laura’s Law is a less restrictive alternative to hospitalization and provides individuals opportunity to participate in his or her own treatment planning. CALIF. WELF.& INST. CODE § 5346(a)(5)

**Topic: COST OF LAURA'S LAW**

Misconception: "Laura's Law is too expensive to implement."

Fact: Counties using Laura's Law universally have found they save money after implementation.

- ❑ In fact, we cannot afford not to implement Laura's Law. We are inefficiently using our mental health system resources right now. We are paying for individuals to be repeatedly hospitalized and/or sent to emergency rooms. These are the most costly types of services and do not provide long term community stabilization or allow the individual to receive the support and services they need to be in the least restrictive environment as is required by Laura's Law. CALIF. WELF.& INST. CODE §5346 (B).
- ❑ AOT is designed to reduce incidents of hospitalization and crises, while providing long-term engagement and stabilization in the community. It costs approximately \$1200 per day to treat an individual in a California psychiatric hospital. By contrast, a comprehensive package of the most intensive community services for the same individual costs on average \$43.84 per day.

Topic: CONSERVATORSHIP

Misconception: "Laura's Law is unnecessary because the county already uses conservatorships."

Fact: Laura's Law and conservatorships are different tools with different requirements.

- ❑ Laura's Law and conservatorships are two very different tools that can each be used to help those with severe mental illnesses. A mental health (LPS) conservatorship makes one adult (called the conservator) responsible for a seriously mentally ill adult (called the conservatee). Laura's Law is a court order directing a severely mentally ill person who meets strict criteria to adhere to a treatment plan as a condition of remaining in the community.
- ❑ AOT is a less restrictive option than conservatorship. Assisted outpatient treatment is designed to create a partnership and collaboration between the mental health professionals and the client in determining the treatment plan and service engagement. However, conservatorships appoint a substitute decision-maker, the conservator, who is legally entitled and responsible to make decisions about all treatment and any aspects of daily living as authorized by the court order.
- ❑ Additionally, there is a difference in who qualifies for a conservatorship versus AOT because the legal standards are different.
 - For conservatorship: the Court will not let you establish an LPS conservatorship unless it finds beyond a reasonable doubt, that the mentally ill person is gravely disabled. Gravely disabled means that, because of a mental disorder, the person cannot take care of his/her basic, personal needs for food, clothing, or shelter. If the system or another adult can pay or provide for the person's basic needs, the Court cannot find the person to be gravely disabled. A person who has been dangerous to self or others does not



qualify for a conservatorship under California Law. CALIF. WELF.& INST. CODE §5350.

- For assisted outpatient treatment: A person may be placed in assisted outpatient treatment only if, after a hearing, a court finds that their condition is likely to substantially deteriorate, unlikely to survive safely in community without supervision, history of noncompliance which includes two hospitalizations in past 36 months or act/threat/attempt of violence to self/others in 48 months immediately preceding petition filing, likely needs to prevent meeting inpatient standard, and likely to benefit from assisted outpatient treatment. CALIF. WELF.& INST. CODE § 5346(a)

Topic: FORENSIC BEHAVIORAL HEALTH COURTS (“Mental health courts”)

Misconception: “Laura’s Law is not needed because counties already have mental health courts.”

Fact: Only people who have been arrested for a crime are eligible for mental health court treatment. Individuals who are acutely ill but have not committed criminal acts are not eligible for these court-ordered services