

LAURA'S LAW MYTHS

Prepared by Mental Illness Policy Org (<http://lauras-law.org>)

MYTH: Laura's Law increases the use of force.

REALITY: AOT reduces the use of force by reducing the use of inpatient commitment and incarceration. Laura's Law is not a new way to force people to do something, it is a new way to see that maximum force does not have to be used.

MYTH: Laura's Law forces people to take medications with dangerous side-effects.

REALITY: There are no provisions for medication over objection in Laura's Law.

MYTH: AOT will lead to a roundup of mentally ill individuals who will be forced into treatment.

REALITY: Laura's Law's narrowly-focused eligibility criteria, stringent multi-layer administrative requirements, independent judicial review and strong due process protections protect against misuse. Nevada County and Orange County estimate less than .003% of the population would be allowed into the program. This is consistent with the other states that have AOT.

MYTH: Laura's Law infringes on civil liberties.

REALITY: By cutting the need for incarceration, restraints, and involuntary inpatient commitment, it allows individuals to retain more liberties. AOT has survived all constitutional challenges. Multiple courts have ruled AOT is an appropriate use of the state's police powers (to protect the public) and *parens patriae* power (to protect those who can't protect themselves). A 2009 NYS study found: "(I)t is now well settled that Kendra's Law is in all respects a constitutional exercise".

MYTH: If there were more voluntary services, Laura's Law would not be needed.

REALITY: By definition, voluntary programs and Laura's Law serve two mutually exclusive populations. Voluntary programs serve those who 'voluntarily' accept services. Laura's Law is for those who won't. Laura's Law is only used after voluntary treatment failed.

MYTH: Existing community programs serve the same people who would be served by Laura's Law

REALITY: Laura's Law is the *only* community program that serves people who refuse treatment.

MYTH: Laura's Law doesn't work.

REALITY: In Nevada County, Laura's Law reduced hospitalization, 46.7%; Incarceration, 65.1%; Homelessness, 61.9%; and Emergency Contacts 33.1%. In Los Angeles, Laura's Law reduced incarceration 78 %; reduced hospitalization 86%; and reduced hospitalization 77%. These results are consistent with all the other states that have been using AOT.

MYTH: Laura's Law does not confer any benefits beyond those of LPS (5150)

REALITY: LPS only allows for inpatient commitment. Laura's Law allows court ordered outpatient treatment, a less restrictive, less expensive, more humane alternative.

MYTH: Laura's Law is expensive

REALITY: Laura's Law saved Nevada County \$213,300 in incarceration costs and \$75,000 in hospital costs. Studies show it cuts costs in half by reducing incarceration and hospitalizations.

MYTH: Laura's Law will frighten consumers away from seeking voluntary services

REALITY: This is an unsubstantiated claim made by those who never experienced AOT and will likely never have to. Research among those who actually have been enrolled in AOT found the opposite. A study in *Psychiatric News* of involuntarily treated discharged psychiatric patients found that 60 percent retrospectively favored having been treated against their will. A 2005 NYS study of consumers in New York's version of Laura's Law found:

- 75% reported that AOT helped them gain control over their lives;
- 81% said that AOT helped them to get and stay well;
- 90% said AOT made them more likely to keep appointments and take medication.

"On the whole, AOT recipients and non-AOT recipients report remarkably similar attitudes and treatment experiences. That is, despite being under a court order to participate in treatment, current AOT recipients feel neither more positive nor more negative about their mental health treatment experiences than comparable individuals who are not under AOT."

MYTH: Assisted Outpatient Treatment is not racially neutral.

REALITY: A 2009 NYS study researched this issue and found: "(N)o evidence that the AOT Program is disproportionately selecting African Americans for court orders, nor is there evidence of a disproportionate effect on other minority populations. Our interviews with key stakeholders across the state corroborate these findings."

MYTH: There is wide opposition to Laura's Law

REALITY: Laura's Law has wide support from constituencies as diverse as the National Alliance on Mental Illness, National Sheriff's Association, California Psychiatric Association, National Crime Prevention Council and consumers in AOT. The only opposition is from high functioning consumers who purport to speak for those who would be eligible for AOT and some community providers who do not want to be required to serve the most seriously ill.

MYTH: Mental Health Commissioners support Laura's Law

REALITY: Some mental health commissioners oppose Laura's Law because serving the most seriously ill is more difficult than serving all others.

MYTH: Prop 63/Mental Health Services Act money can not be used to fund Laura's Law

REALITY: Both Los Angeles and Nevada County use MHPA money (plus Medicare, Medicaid, private insurance, and patient fees) to fund Laura's Law.