

**Summary Analysis of Presentation by San Mateo Health Care Officials to the  
Housing, Health and Human Services Committee of the San Mateo Board of Supervisors on  
Implementation of Laura's Law at hearings 10/18/11.**

Prepared by  
**Mental Illness Policy Org**  
<http://mentalillnesspolicy.org>  
12/6/11

**Background:** Mental Illness Policy Org. is a think-tank dedicated to providing unbiased information to policymakers and media. We were recently able to obtain a transcript of the presentations by San Mateo Health Care officials at the above referenced meeting.

**Summary of Findings:** We found the Behavioral Health and Recovery Services department did a good job of communicating how various other programs are helping people with severe mental illness in San Mateo.

We found the Behavioral Health and Recovery Services Department and Chief of San Mateo Health System failed to inform the supervisors that those programs are (a) available only to voluntary patients; or (b) require patients to be arrested before they can access them. The presenters failed to inform the supervisors about the proven advantages of Laura's Law, the multiple funding streams available to fund it; the research on its efficacy; expected savings from implementation; the wide support in the mental health and law enforcement communities; or the effect of failing to implement Laura's Law in light of Brown v. Plata, criminal justice realignment, San Mateo's loss of a forensic psychiatric bed leased from Santa Clara County, and loss of 15 inpatient psychiatric beds at Sequoia and San Mateo Medical Center.

**Missing Testimony:** The testimony of Dr. Bob Cabaj, Mr. Steve Kaplan and Ms. Jean Fraser failed to inform the supervisors that Laura's Law

- reduces incarceration, 97%; hospitalization, 61%; and homelessness, 74%.
- Can be fully funded and is being funded in other counties with multiple funding streams that include Mental Health Services Act funds, Medicaid, Medical, private insurance and patient fees.
- Saved \$1.81 - \$2.51 for every dollar spent went implemented in Nevada County.
- Does not require the closing of voluntary or involuntary programs.
- Is supported by organizations as diverse as the California Sheriff's Association (it keeps public and law enforcement safer); California Psychiatric Association (it allows cost-effective delivery of high quality individualized care); and California NAMI (it prevents deterioration, hospitalization, homelessness, premature death and criminalization of their children).
- Would force the Behavioral Health and Recovery Services to accept responsibility for and prioritize the most severely ill for services rather than transferring their care to the criminal justice system.

**Conclusion:** Our review of Laura's Law, implementation in Nevada County, and similar laws and usage throughout the country, shows it Improves care, keeps patients, public and law enforcement safer and saves money. As a result of their failure to disclose the above, we believe the San Mateo Supervisors did not get the information they need to make a decision on Laura's Law, and further, if they had such information they would elect to implement.

**Recommendation:** We recommend the San Mateo Board of Supervisors hold a full hearing on Laura's Law where families of individuals with mental illness, psychiatrists, and law enforcement officials are invited to testify.

Attached is a detailed analysis of the testimony of Dr. Bob Cabaj, Mr. Steve Kaplan, and Ms. Jean Fraser.

More information on Laura's Law is available at <http://lauras-law.org>. Research quoted is available at <http://mentalillnesspolicy.org>. A transcript of their entire testimony can be found at <http://lauras-law.org/states/california/sanmateoboslauraslaw.html>.

**Detailed Analysis of Presentation by San Mateo Health Care Officials to the  
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Testimony	Facts	Source
<b>Dr. Bob Cabaj</b> <b>Medical Director, Behavioral Health and Recovery Services</b> <b>San Mateo County</b>		
Behavior Health and Recovery Services...has over 9,700 clients regularly in services... over ninety-seven percent (97%) are never hospitalized, and are never in need of the types of services we are looking at.	Mr. Cabaj is correct. Few need Laura's Law. Nevada County and Orange County estimate less than .003% of the population would be allowed into the program. (This is consistent with NYS findings). But the individuals who do qualify are often the most symptomatic and by definition most likely to be 'danger to self or others'.	David Riley, Dir of OC Health Care Agency report to OC Board of Supervisors 10/13/11 (1 in 25,000 individuals (.004)) NYS estimate from NYS Kendra's Law. Nevada County rate calculated on number of people in program compared to number of residents.
Over the years there has been an evolution of treatment, including programs called Full Service Partnerships.	True. But Full Service Partnerships are only available to those willing to engage in voluntary treatment. Laura's Law is only for those who do not. They serve mutually exclusive populations. Laura's Law extends the availability of FSP to those who refuse treatment and arguably, need it more.	WIC 5346 (a)(5)
We've learned also that people who do best, do get services, and get their services on a voluntary basis	True. This is likely because as a group, individuals who voluntarily accept services have a wide variety of diagnosis from barely ill to more ill and therefore as a group are less severely ill than those who refuse treatment. Up to 40% of the most severely ill have anosognosia, lack of awareness of illness. Because these individuals don't know they are ill, they often refuse treatment and are likely to become part of the criminal justice system.	Archives of General Psychiatry 1994 (51): 826-836 <i>Awareness of Illness in Schizophrenia and Schizoaffective and Mood Disorders</i> Amador XF, Flaum M, Andreasen NC, Strauss DH, Yale SA, Clark CC, & Gorman JM. The American Journal of Psychiatry 1993 (150):873-879 <i>The Assessment of Insight in Psychosis</i> . Amador XF; Strauss DH; Yale SA; Gorman JM and Endicott J. American Journal of Psychiatry 1996 (153):9, 1185-1188 <i>Suicidal Behavior in Schizophrenia and Its Relationship to Awareness of Illness</i> Amador XF; Friedman JH; Kasapis C; Yale SA; Flaum M & Gorman JM.
We know that from history and from clinical experience that people do best when they are engaged as part of the service rather than have it forced upon them.	This is true. Laura's Law is not an alternative to voluntary treatment. It is only used after voluntary treatment has failed.	WIC Article 9 5346 (a)(5)
And we are really excited about a new program we are developing for early identification of younger adults.	Programs for early intervention are for those under 18 while Laura's Law is for those over 18. Laura's Law is not for those 'at risk' of eventually one day becoming mentally ill. It is for those who already have a serious mental illness and "a history of non-compliance with treatment that has been a significant factor in being hospitalized or incarcerated at least twice within the last 36 months or resulted in one or more acts, attempts or threats of serious violent behavior within the last 48 months.	WIC Article 9 5346 (a)(4)(A) and (B)
Our hope is that we could intervene early enough with these people and they would	If early intervention works, then the county could have Laura's Law on the books, but never have to use it. However, while it is	Minutes of Mental Health Services Oversight and Accountability

<p>be prevented from having to ever enter a system of intensive treatment that Laura's Law would have addressed.</p>	<p>a 'hope', there is no scientific evidence that we can identify children who later in life will meet the stringent criteria of Laura's Law. As Vice-Chair of the CA MHSA Oversight Committee, Mr. Van Horn commented "there are not a lot of evidence-based practices yet in the PEI arena"</p>	<p>Commission Meeting September 22, 2011 available at <a href="http://mhsoac.ca.gov/Meetings/docs/PriorMeetingMinutes/2011/MinutesApproved_Sept2011.pdf">http://mhsoac.ca.gov/Meetings/docs/PriorMeetingMinutes/2011/MinutesApproved_Sept2011.pdf</a></p>
<p>With the current services that we provide in our Full Service Partnerships we've seen tremendously exciting results, 96% reduction in incarceration, an 88% reduction in homelessness</p>	<p>Full Services Partnerships is only for those who accept treatment. The object of Laura's Law is to extend these results to those who refuse treatment.</p>	
<p>San Mateo we are much more comfortable in using the laws, such as conservatorship</p>	<p>True. Conservatorships are used in San Mateo more frequently per-capita than any other county. But conservatorships require parents to give up parental rights; patients to give up significant rights; and are more paternalistic and restrictive than accomplishing the same results through Laura's Law. (2) They are more expensive than accomplishing the same result through Laura's Law because they often displace parental care in favor of sustained treatment in a sub-acute facility. These facilities are more costly and entirely funded by local taxpayers out of the county general fund (as they do not qualify for Medical/Medicare reimbursement).</p>	<p>2009 Probate Code and AB1421</p>
<p>Laura's Law was created with the intent to make it easier to force treatment on those people who did not want to enter the system.</p>	<p>This is a profound and possibly intentional misrepresentation. The bill language states the intent of Laura's Law is to reduce incarceration, homelessness, hospitalization and to enable individuals to survive safely in the community. Currently 3.8 times (est) more San Mateans are receiving care and treatment for mental illness in prisons and jails than hospitals.</p>	<p>AB1421. Also see, "Mentally Ill in Jails and Hospitals: A survey of states" available at <a href="http://mentalillnesspolicy.org">http://mentalillnesspolicy.org</a></p>
<p>Pathways works with our clients who are eligible, as alternatives to jail, in our system right now.</p>	<p>Pathways is only for individuals who have entered the criminal justice system. Laura's Law prevents them from entering the criminal justice system. The need for CIT, Pathways and other criminal justice programs is evidence of failure, not success.</p>	
<p>The ability to force medicines was taken out of the law and, in fact, the ability to even force treatment was taken out of the law.</p>	<p>True. Yet it works anyway. When New York implemented it's version of Laura's Law (Kendra's Law) research showed</p> <ul style="list-style-type: none"> <li>• 74% fewer participants experienced homelessness</li> <li>• 77% fewer experienced psychiatric hospitalization</li> <li>• 83% fewer experienced arrest</li> <li>• 87% fewer experienced incarceration.</li> <li>• Individuals in Kendra's Law were also more likely to regularly participate in services and take prescribed medication.</li> <li>• On average, AOT recipients' length of hospitalization was reduced 56% from pre-AOT levels.</li> <li>• 55% fewer recipients engaged in suicide attempts or physical harm to self • 49% fewer abused alcohol</li> <li>• 48% fewer abused drugs</li> <li>• The number of individuals exhibiting good adherence to medication increased by 51%.</li> <li>• The number of individuals exhibiting good service engagement increased by 103%.</li> </ul>	<p>March 2005 "Kendra's Law: Final Report on the Status of Assisted Outpatient Treatment." N.Y. State Office of Mental Health and others. See <a href="http://kendras-law.org">http://kendras-law.org</a></p>
	<p>Nevada County CA found Laura's Law reduced use of incarceration 97%; and hospitalization 61%</p>	<p>Michael Heggarty, Nevada County Behavioral Healthcare Director available at <a href="http://lauras-law.org">http://lauras-law.org</a></p>
<p>So if a person doesn't want to go, they just don't go. The judge can order them, and they talk about the Black Robe Effect, but, in fact, the judge has no moral power to say to somebody go back to talk to your therapist and if they don't want to, that's it.</p>	<p>This is misleading. Perhaps intentionally so. "Laura's Law has provided life-saving services to individuals suffering from mental illness and kept many from the trauma and brain damage associated with involuntary commitments to mental health facilities under W &amp; I Code, Section 5150, and the jail commits and tragedies associated with untreated mental health crisis. Most notable, is that the process of initiating a Laura's Law Petition, by itself, most often results in negating the need for Court Action. In over 75% of our cases, the intervention of the designated mental health professional by their personal</p>	<p>9/28/11 Letter from Thomas M. Anderson, Presiding Judge of the Superior Court California, County of Nevada to Orange County Board of Supervisors.: Nevada County began utilizing Laura's Law in 2008. Available at <a href="http://lauras-law.org">http://lauras-law.org</a></p>

	<p>outreach to the individual in crisis resulted in that person accepting some level of treatment, thus, avoiding continued decompensation that could potentially result in injury to themselves or others. This outreach provided that person with the stability to allow them to remain free of forced commitment (hospital and/or jail) and provided relief to their families and security to our community. This process has reduced the need for action by law enforcement, medical emergency personnel, and the Courts, and lessens the trauma and anguish of family and friends.</p>	
<p>A famous study called the Rand Study of 2001, showed that there was no proof that involuntary services were effective</p>	<p>The presenter selectively quoted this study which was one of the studies the legislature found supported use of AOT.</p> <p>The presenter failed to tell the supervisors about the over 25 studies in the last 10 years published in peer-reviewed scientific publications that have shown benefits of Assisted Outpatient Treatment that include reduced crime, reduced arrest, reduced hospital admissions, reduced length of hospitalization, increased medication compliance, improvements to mental health system, increasing mental health system capacity, increased consumer satisfaction, reduced costs, greater public safety, better patient safety and other benefits.</p>	<p>AB1421 (Section 1) (a)</p> <p><b>Small sample of more recent studies:</b> <i>Reductions in Arrest under Assisted Outpatient Treatment in NY</i>, Gilbert, A., Psychiatric Services, October, 2010; <i>Assesing Outcomes for Consumers in NY's Assisted Outpatient Treatment Program</i>, Swatz, M., Psychiatric Services, 2010; <i>Changes in Guideline-Recommended Medication Possession after Implementing Kendra's Law</i>, Psychiatric Services, 2010; <i>Robbing Peter to Pay Paul: Did NYS Outpatient Commitment Program Crowd out Voluntary Service Recipients</i>; Swanson, J. Psychiatric Services, October 2010, <i>Continuing Medication and Hospitalization Outcomes after Assisted Outpatient Treatment</i>, Van Dorn, Richard. Psychiatric Services, October 2010; <i>Regional Differences in New York's Assisted Outpatient Treatment Program</i>, Robbins, P. Psychiatric Services October 2010. Columbia University. Phelan, Sinkewicz, Castille and Link. <i>Effectiveness and Outcomes of Assisted Outpatient Treatment in NYS</i> Psychiatric Services, February 2010 Vol 61. No 2 <i>NYS Assisted Outpatient Treatment Program Evaluation</i>. Duke University School of Medicine, June, 2009 <i>"Kendra's Law: Final Report on the Status of Assisted Outpatient Treatment</i>. NYS Office of Mental Health 3/2005</p>
<p><b>Steve Kaplan</b>  <b>Director Behavioral Health and Recovery Services</b>  <b>San Mateo County</b></p>		
<p>(T)he only way to actually fund this, absent state funding, would be to provide more county dollars to this program or take money out of programs that are for people who are in there involuntarily</p>	<p>Misleading. San Mateo is not 'absent state funding'. They have received over \$10,000,000 annually in MHSA Funds. Nevada and Los Angeles County both use these MHSA funds to fund Laura's Law and supplement them with Medicaid, Medi-Cal, private insurance and patient fees. Use of MHSA funds to provide services for patients in court ordered treatment was approved by the California Department of Mental Health.</p>	<p>San Mateo annual receipts per California Dept. of Mental Health <a href="http://dmh.ca.gov/Prop_63/MHSA/docs/FiscalReferences/MHSAFY1011Updated.pdf">dmh.ca.gov/Prop_63/MHSA/docs/FiscalReferences/MHSAFY1011Updated.pdf</a> . Approval to use MHSA money in letter from Steve Mayberg to Nevada County (on file).</p>
	<p>The Nevada County Experience has been that Laura's Law</p>	<p>9/28/11 Letter from Thomas M.</p>

	saves money. "During our experiences with Laura's Law, it has provided a return of \$1.80 for every \$1.00 spent. In this era of ongoing budget cuts and close scrutiny of all public spending, having a program that is successful, efficient, lifesaving and cost effective is priceless."	Anderson, Presiding Judge of the Superior Court California, County of Nevada to Orange County Board of Supervisors. Nevada County began utilizing Laura's Law in 2008. Available at <a href="http://lauras-law.org">http://lauras-law.org</a>
You cannot take funding away from a program for persons who are in the program voluntarily to pay for Laura's Law.	Misleading. There is no need to take money away from voluntary programs. The County only needs to let court-ordered patients get access to those programs by implementing AB1421. "The (California) Department (of Mental Health) would like to assure you that those individuals eligible for Mental Health Services Act (MHSA) programs, such as the approved Assertive Community Treatment Team may have voluntary or involuntary status"	5/27/07 letter from Steve Mayburg, Director of California Department of Mental Health to Michael Heggarty, Director Nevada County Behavioral Health Services (on file).
The other issue is that if Laura's Law is implemented you basically have to offer that same level of service to all clients.	False. Nevada County and LA County make Laura's Law services available to some, not all. WIC 5348(b) does state "A county that provides assisted outpatient treatment services pursuant to this article also shall offer the same services on a voluntary basis." But under no interpretation does that mean anyone can demand AOT and automatically receive it. Behavioral Health Departments may continue to (as they have always done) regularly and appropriately allocate ACT, FSP, and other services based on criteria that have to be met such as medical necessity, 'as resources are available', etc.	Presentation by Michael Heggarty, Director, Nevada County Behavioral Health Department. Available at <a href="http://lauras-law.org">http://lauras-law.org</a>
So we are not perfect. We still have gaps in our system.	Laura's Law can fill one of them: the lack of a program that serves people who refuse treatment and have historically been 'danger to self or others' and are well-known to law enforcement.	
The other thing just as a note as well. We have ongoing conversations with ...the Sheriff's Office, the police departments, the District Attorney and others, where we are currently in a pretty engaged process to look at all of our front end alternatives that can help direct people to care, instead of hospital and to incarceration.	Probably True. While we have no direct knowledge, Mr. Kaplan is probably engaged in dialogue with law enforcement officials since there are more individuals with mental illness in jails and prisons than psychiatric hospitals. What Mr. Kaplan did not inform the supervisors of, is that Assisted Outpatient Treatment (Laura's Law in CA) has been endorsed by the National Sheriffs Association, National Crime Prevention Council, California Peace Officers' Association; California State Sheriffs' Association; and approximately 20 other law enforcement agencies in California. Laura's Law prevents the mental health system from cherry-picking the easiest to treat and offloading the others to shelters, prisons, and jails.	List of Laura's Law Supporters available at <a href="http://lauras-law.org">http://lauras-law.org</a>
You are familiar with most of those, SMART and Pathways and First Chance, those kinds of responses in the community, CIT, those things.	These programs are only available to individuals after they become criminal. Laura's Law prevents that from happening	
<b>Jean Fraser Health System Chief San Mateo Health System</b>		
San Mateo County really leads the state in the way that we use conservatorships, which is the existing mechanism where a court determines that a person is not competent and does need to have continued mental health treatment.	True. But conservatorships can only be used for those courts deem "gravely disabled", i.e., have mental disorder so severe they are unable, by themselves, to provide for their own food, clothing, or shelter. Alternatively, Laura's Law was specifically designed to address those who, due to a serious mental illness, represent a danger to self or others. Many are never deemed "gravely disabled" and eligible for treatment on a conservatorship.	
Way too many people get to us, to the mental health system, after bad things have happened, bad things have happened to their families, bad things have happened to the individuals, bad things have happened to other people and they are involved in the criminal	That is because there is no community-based program in San Mateo that does what Laura's Law does: serve those who refuse treatment and represent a danger to self or others. These are the types of persons who come into contact with law enforcement repeatedly and may, eventually, receive treatment in the criminal justice system via incompetent to stand trial or not guilty by reason of insanity determinations, or Behavioral	See Research Section of <a href="http://lauras-law.org">http://lauras-law.org</a>

justice system.	Health Courts (Pathways). It often requires numerous police contacts, hospitalizations, arrests, and jailings before they finally receive treatment in the criminal justice system.	
(Laura's Law) distracts us from what is the most important work, which is to continue to refine our systems, continue to engage with our criminal justice partners, continue to engage with families to find better ways to get people engaged in treatment.	Laura's Law forces the Behavioral Health Department to prioritize the most severely ill, rather than sending them to shelters, jails, prisons and morgues. There is no more important work.	

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