MENTAL ILLNESS Laura’s Law

Law a matter of life and death

By Carla Jacobs and Kristina M. Ragosta

Hardly a day seems to pass lately without a killing in which untreated mental illness was a factor making headlines, the most recent being the beating death last month of a popular businessman by a young man with untreated mental illness.

The death of 67-year-old Peter Cukor of Berkeley is a timely but tragic illustration of why a bill before the Legislature needs to be enacted and why the mental illness treatment option it supports needs to be implemented in the Bay Area right now.

Santa Rosa Assemblyman Mike Allen’s AB1569 would extend California’s court-ordered outpatient treatment law for six more years. Known as Laura’s Law, it is scheduled to expire at the end of this year. It should — and could — be saving lives if only counties would implement it.

Chances are that accused killer Daniel Jordan DeWitt, 23, would have qualified for court-ordered treatment in the community under Laura’s Law. Al DeWitt says his son was diagnosed with paranoid schizophrenia at 18 and has been hospitalized at least nine times for treatment in the four years since then. Each time, Daniel DeWitt was released from hospitalization, was re-hospitalized, and was released again. His family calls Cukor’s death “a failure of the mental health system.” In mental health circles, the cycle that led to it is known as the “revolving door.”

Laura’s Law was passed by the Legislature in 2002 to stop the revolving door. Named for Laura Wilcox, one of three victims of a Grass Valley rampage shooting by a man with untreated schizophrenia, the law provides community-based, assisted outpatient treatment to a small population of individuals who meet strict legal criteria, such as the repeated hospitalizations and arrests that DeWitt underwent. Participants also need to be unable, as a result of their mental illness, to seek community mental health care voluntarily.

Every one of California’s 58 counties is eligible to implement Laura’s Law, but the law requires each county board of supervisors to pass a resolution opting in to the law. Only two have done so to date. Nevada County won state and national awards for its program, which the county has successfully integrated into its existing mental health delivery system. Los Angeles County operates a small pilot program that has produced impressive outcomes, including a 78 percent reduction in incarceration and a 77 percent reduction in hospitalization among participants.

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In the wake of a series of high-profile tragedies, advocates in additional counties throughout the state have been pleading with their county officials to implement Laura’s Law. Among them are Mendocino County, where two killings by a man with untreated schizophrenia led to a monthlong manhunt last summer, and Orange County, where the police beating death of a homeless man with untreated schizophrenia resulted in two officers being charged with murder.

The San Francisco Board of Supervisors considered a resolution Aug. 3, 2010, to implement Laura’s Law, but the measure was ultimately withdrawn after opponents started an effective misinformation campaign against it.

Assisted outpatient treatment is being used from coast to coast to save lives and families and to reduce the costly consequences — arrest, incarceration, hospitalization and homelessness among them — that occur when severe mental illnesses are not treated. California has a good law that California counties are refusing to implement. Until they do, individuals like Daniel DeWitt will remain trapped in the revolving door, and people like Peter Cukor and all those whose lives he touched will continue to pay the price.

Carla Jacobs is the coordinator of the California Treatment Advocacy Coalition. Kristina M. Ragosta is the legislative and policy counsel for the Treatment Advocacy Center. Sign up for news and alerts about developments in Laura’s Law by e-mailing CTAC@treatmentadvocacycenter.org. Contact your state legislators (bit.ly/CA-legislators) and tell them you support AB1569 (sfg.ly/xO7CTV) to extend Laura’s Law. Contact members of your board of supervisors and tell them you support the implementation of Laura’s Law in your county. sfg.ly/A2dn8

Join the “Advocates for Laura’s Law” Facebook community. sfg.ly/AuPv3d

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MENTAL ILLNESS  Laura’s Law

A major reform of state treatment

When signed into law by Gov. Gray Davis in 2002, Assembly Bill 1421 — better known as Laura’s Law — represented the most significant reform of California treatment law for mental illness in more than four decades.

Laura’s Law reformed the Lanterman-Petris-Short (LPS) Act, a 1967 law that established the conditions under which individuals with severe mental illness could receive treatment and services in California on an involuntary basis. Part of a nationwide “deinstitutionalization” movement, one of the stated goals of the LPS Act was to end indefinite long-term commitment to state hospitals by severely limiting the criteria under which people with mental illness could be hospitalized.

The drafters of the act expected that the vast majority of mentally ill individuals would embrace voluntary services provided in the community. In fact, research since that time has shown that about half of individuals with schizophrenia and bipolar disorder suffer from a neurological condition called anosognosia and don’t seek treatment because they are not even aware of their need for it. Within a decade of the law’s passage, law enforcement and local officials recognized that the movement had failed many of the people it was intended to help and had triggered an array of new social and public safety issues, including a growing population of mentally ill homeless individuals and jail and prison inmates. Reports of violence in which untreated mental illness was a factor became increasingly common.

One of those violent acts occurred Jan. 10, 2001, in Grass Valley (Nevada County), where a man with untreated schizophrenia walked into a mental health clinic, gunned down a 19-year-old college student volunteering on her winter break and later shot and killed two others. Within weeks, Assemblywoman Helen Thomson introduced AB1421, which came to be known as Laura’s Law, a reference to Laura Wilcox, the slain teenager.

Thomson’s bill was fashioned after a New York statute known as “Kendra’s Law” — named for another young woman who died at the hands of a man with untreated mental illness — which already was chalking up impressive results. Strongly opposed by some patient rights’ groups, Laura’s Law took three years, nine committee votes and four floor votes to become law. Unlike similar laws in 43 other states and the District of Columbia, the state’s version made assisted outpatient treatment a county option that required a resolution from each county’s board of supervisors before implementation. To date, only two California counties have exercised the option.

“Laura’s Law hearings in Nevada County — where the Grass Valley shootings occurred — is the only one to fully implement the law. Since implementation in 2008, the county reports that hospital days among participants, who had previously been unable to access voluntary community services because of their illness, were reduced 61 percent and incarceration days were reduced 97 percent. The county estimates it has saved $1.81 for every $1 it has spent on its program, which has won state and national awards.

“There is no good reason to not implement Laura’s Law,” says Judge Tom Anderson, who runs the Laura’s Law hearings in Nevada County.

In Los Angeles County, a small pilot program has reintegrated participants into the community. Supervisor Michael D. Antonovich says the reductions cut county costs for participants by almost 40 percent. The county has gone on record urging passage of AB1569 to extend the law to 2019.

In 2008, it was extended through Dec. 31, 2012. In February, Assemblyman Michael Allen, D-Santa Rosa, and co-authors state Sens. Lois Wolk, D-Davis, and Leland Yee, D-San Francisco, introduced AB1569 to extend it to Jan. 1, 2019.

Scientific research has demonstrated that sustained outpatient commitment can be highly successful for individuals with serious mental illnesses if they have at least 180 days of service and they receive an intensive array of services needed to address their very serious problems,” Allen said upon introducing the bill.

“It is critical that we extend ‘Laura’s Law,’” which has given hope to the mentally ill through a system which offers them a continuity of care, support and an understanding of the multiple needs of those with serious and persistent mental illnesses.”

Sunset clause requires statute’s renewal

The Assembly bill that became Laura’s Law and authorized assisted outpatient treatment in the community for qualifying individuals with untreated severe mental illness contained a “sunset clause” that required periodic renewal by the Legislature.

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WHAT THEY SAID

This lone wolf tough to track

Young male wolf OR7, also known as Journey, becomes the first wolf in California in a century, creating a stir.

"Round and round he goes, where he ends up no one knows."

Fish and Game Department spokeswoman Kirsten MacIntyre, describing a rare gray wolf who wandered back to California from Oregon

"It's not really OK to live here. But we live here."

Yoshiko Ota, a schoolteacher who lives 40 miles from a leaky nuclear power plant wrecked by a tsunami a year ago

"There's a certain tension between those who have a future and those who are trying to prolong their past."

Gov. Jerry Brown, 72, describing his chilly relations with the young and restless Lt. Gov. Gavin Newsom

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EDITORIAL  On Treating Mental Illness

Extend Laura’s Law — then put it to work

The results of Laura's Law in Los Angeles and Nevada counties leaves no doubt that California legislators should extend the authorization for counties to compel outpatient treatment for severely mentally ill people who pose a danger to themselves or others. The law has been shown to save lives and save money, reducing hospitalization and incarceration, just as the similar Kendra’s Law has done statewide in New York.

It would be a crime for state lawmakers to fail to act before Laura's Law expires on Dec. 31. Nevada County has found that it is saving $1.83 for every $1 it spends on the program. Los Angeles County reported last year that incarceration days and hospital stays dropped dramatically among participants in its pilot program.

"I'd love to see it more the norm than something that's permissive" for counties to pursue, said Assemblyman Michael Allen, D-Santa Rosa, author of AB569, that would extend Laura's Law through 2012. "But, first, you need to build consensus."

Allen was being diplomatic. The real missing element is political will. Time and again, we've heard politicians give lip service to Laura's Law — we're talking about you, Gavin Newsom — then fail to follow through. As mayor, Newsom was well aware of the reality that untreated mental illness is a factor in the city's frustration with homelessness. Yet the Newsom administration fell captive to the excuses: too complicated, too costly, too controversial.

So far, Mayor Ed Lee has shown a similar "yeah, but" ambivalence about implementing Laura's Law.

Allen, who once worked as a psychiatric nurse at a crisis clinic before he went to law school, is well aware of the concerns about compulsory treatment. But he also noted that Laura's Law went through a rigorous vetting process, and the version that ultimately passed the Legislature included strict criteria for court-ordered treatment of people with illnesses such as schizophrenia and bipolar disorder. In effect, the court must find that the individual has demonstrated violent tendencies toward himself or others and is unlikely to survive safely in the community without supervision.

"I'm a lifelong member of the ACLU, I care about people's rights," Allen said. "But, for me, I ask, 'What about the right to treatment?'"

As Los Angeles and Nevada counties have found, the up-front cost of going through the legal and medical processes associated with supervised treatment are more than offset by the savings in hospitalization and incarceration.

It is neither humane nor fiscally prudent to allow Californians with serious mental illness to languish without treatment when they have demonstrated their danger to themselves and others. Legislators should pass AB569 — and all counties should have the courage and good sense to put it to work.

History of Laura’s Law

Laura Wilcox, a 19-year-old college student from Nevada County, was among three people shot to death by a 41-year-old man with delusional paranoia who had resisted his family’s efforts to get him into treatment.

Gov. Gray Davis signs Laura’s Law, which gives counties the option to compel outpatient treatment for seriously mentally ill people who pose a danger to themselves or others.

California voters pass Proposition 63, a 1-percent surtax on incomes of $1 million or more, with the revenue going to mental-health programs.

Gov. Arnold Schwarzenegger signs extension of Laura’s Law through 2012.

Assemblyman Michael Allen, D-Santa Rosa, introduces legislation to extend Laura’s Law through 2018. Only two counties have implemented the law, Los Angeles and Nevada.
Revolving-door tragedies

Only an estimated 7 percent of individuals with severe mental illness commit violent acts, but that 1 percent commits a number of them that is disproportionate to their representation in the general population, particularly in violence to themselves and family members. Several factors are associated with their violent acts, including prior violence and failure to adhere to treatment. These are the conditions addressed by Laura’s Law. The following episodes in the last 12 months are among those associated with untreated mental illness in individuals with histories of arrest, hospitalization, violence or threat of violence or other qualifying criteria:

**BAKERSFIELD**
- June 1: Adam Horttor, 32, fatally shot by police after allegedly attacking a deputy with the officer’s baton; diagnosed with paranoid schizophrenia, had a history of arrest; family said he refused to seek or accept help.

**BERKELEY**
- Feb. 18: Daniel Jordan Dewitt, 23, arrested for allegedly killing businessman Peter Cukor, 67; diagnosed with paranoid schizophrenia, had a history of multiple arrests and hospitalizations; family had repeatedly sought treatment without success.

**DUBLIN**
- April 28: Daryl Podborny, 53, a homeless man shot and killed by a police officer who allegedly punched and knocked to the ground; described by his family as paranoid and mentally ill, had a history of repeated arrest; family said he refused to seek or accept help.

**FULLERTON**
- July 10: Kelly Thomas, 37, a homeless man with schizophrenia and a history of arrest and psychiatric hospitalization, died of injuries inflicted by six Fullerton police officers, one of whom subsequently was charged with murder, a second with manslaughter; family had repeatedly sought treatment without success.

**MENDOCINO**
- Oct. 1: Aaron Bassler, 35, shot by law officers after a monthlong manhunt that followed Basler’s alleged fatal shooting of two local officials; believed to suffer schizophrenia, had a history of multiple arrests; family had repeatedly sought treatment without success.

**SACRAMENTO**
- Sept. 6: Sean Ogle, 32, fatally shot by Sacramento police; reportedly suffered from schizophrenia and bipolar disorder, had a history of not taking his prescribed medications.

**SANTA CRUZ**
- July 11: Eric Rsel Weers, 28, allegedly intentionally drove a car into oncoming traffic, striking another vehicle and killing its 48-year-old driver; diagnosed with an unnamed “major mental illness,” had a history of psychiatric hospitalization; told police he had not taken prescribed medications.

**SANTA ROSA**
- April 30: Micah Leroy Hughes-Davis, 20, allegedly stabbed and severely injured the husband of his former foster mother; diagnosed with a mental illness at age 3, had a history of hospitalization, violence, danger to self and others and not taking prescribed medications; foster family and others had repeatedly sought treatment without success.

Source: Treatment Advocacy Center Preventable Tragedies Database, a catalog of selected tragic incidents reported in the news and involving either a victim or a perpetrator of a violent episode who suffered from severe mental illness (usually untreated)

**SAN DIEGO**
- Dec. 14: Tiffany Burney, 23, arrested for allegedly killing her great aunt, 74; had a history of severe mental illness, prior arrests and involuntary hospitalization; family said she did not believe she had a mental illness.
- Oct. 17: Lorenza Delgasillo Penc-uell, 51, allegedly stabbed her mother, 86, repeatedly in the face; diagnosed with schizophrenia, had multiple hospitalizations and a history of not taking her prescribed medications; in 1986, had killed her 5-month-old daughter by throwing the infant into San Diego Bay; family had repeatedly sought treatment without success.
- July 25: Brian Williams, 24, arrested for allegedly fatally stabbing his mother, 52, and sister, 18; diagnosed with schizophrenia, family reported he was not taking prescribed medications.

**SAN LUIS OBISPO**
- Sept. 17: Christopher John Shumey, 34, arrested for allegedly fatally shooting his mother, 65, and firing at responding officers; diagnosed with bipolar disorder, had a history of psychiatric hospitalization; told police he had not taken prescribed medications the day of the shooting.

**SALINAS**
- July 25: Tiffany Burney was shot and killed in a stadium parking lot.

**SAN FRANCISCO**
- March 16: A man was shot and killed in a parking lot.

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