

AB 1421 Fact Sheet

ASSISTED OUTPATIENT TREATMENT (AOT)

Summary: AB 1421, also known as “Laura’s Law” allows court-ordered, intensive outpatient treatment for people with severe mental illnesses who refuse medication because their illness impairs their ability to make rational decisions. The focus of AB 1421 is on a small, specific population of people who revolve in and out of jails and hospitals because they remain too ill to accept treatment voluntarily. AB 1421 is not a mandate but a permissive statute for counties, and provides a tool to ensure continuity of care for some of the most difficult to treat people.

Sunset: AB 1421 sunsets (expires) January 1, 2013.

Science: A Duke University study (2000) demonstrates that people with psychotic disorders who received court ordered intensive services for 180 days had significantly better outcomes than those who were given either intensive services alone, or a court order alone. AB 1421 incorporates these findings by providing for 180 day periods of intensive outpatient treatment under the supervision of a court.

Demonstrated Success in New York: AB 1421 was modeled after New York’s “Kendra’s Law.” New York’s five year report showed that AOT reduced the severest consequences for people formerly rejecting treatment:

- 74 percent fewer experienced homelessness;
- 77 percent fewer experienced psychiatric hospitalization;
- 83 percent fewer experienced arrest;
- 87 percent fewer experienced incarceration;
- 55 percent fewer recipients engaged in suicide attempts or physical harm to self;
- 49 percent fewer abused alcohol;
- 48 percent fewer abused drugs;
- 47 percent fewer physically harmed others;
- 46 percent fewer damaged or destroyed property; and
- 43 percent fewer threatened physical harm to others.

Who Benefits? The 5 year report on Kendra’s Law states: “AOT has been instrumental in increasing accountability at all system levels regarding delivery of services to high need individuals.” In California the law would also directly benefit individuals who:

- Have a demonstrated history of non-compliance with treatment.
- Reject an opportunity to voluntarily participate in a treatment plan.
- Are substantially deteriorating.
- Have a history which makes AOT necessary to prevent a relapse or deterioration that would likely result a serious risk of harm to themselves or others; or to become gravely disabled.
- AOT is the least restrictive placement necessary to ensure the person's recovery and stability.

Where does AB 1421 fit in? AB 1421 is part of a complete continuum of care necessary for people with severe and persistent mental illness to recover and live fulfilling, engaged and productive lives. AOT allows intervention before an individual commits a crime that triggers an involuntary hospitalization or arrest. AOT offers an alternative to hospitalization or incarceration for individuals who do not engage in treatment, even after multiple attempts by aggressive voluntary outreach services to enroll these individuals. State reports indicate that 22.7% of the people approached by homeless outreach teams (AB 2034) fail to engage.

Why AB 1421? AB 1421 deserves a chance in California to demonstrate a lifesaving benefit for people who are too paranoid, too disabled, too sick or too insight-impaired to realize they are ill.