ATTACHMENT D

PROS and CONS OF LAURA'S LAW:

ARGUMENTS IN FAVOR OF AOT (PRO)	ARGUMENTS AGAINST AOT (CON)
This is really the only therapeutic option for a small subset of seriously mentally ill populations who deny their illness, repeatedly stop taking medication or refuse services.	Providing more hospital beds coordinated with higher quality integrated services and increased funding is an equally effective therapeutic option for seriously mentally ill individuals.
Without this option to intervene and create a treatment regimen that stabilizes individuals with serious mental illness they careen in and out of institutions constantly, exhibiting "revolving door syndrome."AOT does NOT give anyone the right for random individuals to be forced into a	So long as individuals are not a danger to themselves or others, they have the right as part of their inherent civil liberties to decide their own treatment or not and take the responsibility for the consequences, even when the consequences are to their detriment and work against recovery.
 mental treatment program. The individuals that fall under the law are seriously ill and the law provides protection of their civil rights though detailed court: and medical treatment procedures. Conservatorship is costly, unnecessary and takes away more of the individuals rights than the Laura's Law. The seriously mentally ill are dangerous to the public at large and to themselves. 	For individuals with severe mental illness, a process already exists for involuntary hospitalization and conservatorship. This existing system may be imperfect, but it's one that has the support of individuals within the consumer rights movement. The seriously mentally ill are much more likely to be victims of crime and physical danger than the mainstream population.
AOT can bring significant cost saving. As illustrated in the Nevada County, Assertive Community Treatment (ACT) typically costs \$19,000 per user whereas AOT typically costs, \$11,000 per user. This is not including the cost of repeated hospitalizations or court appearances, etc. In addition AOT consolidates the services of multiple agencies, so that the patient is not bouncing around multiple mental health agencies trying to find appropriate care. Funding for AOT may come from the Mental Health Services Act because existing healthcare services (not court or police costs) will be used and voluntarily chosen resources because	With the funding of Laura's Law, we are spending limited resources on providing care for a small population when it could be spent improving mental health services in general. The significant savings of Laura's Law to the taxpayer is irrelevant as its theoretical savings do not guarantee that the funds will be reallocated to the broader mental health services that are needed (e.g. 24-7 mobile crisis services). The Mental Health Services Act funds may not be used to support Laura's Law because money must go to existing voluntary services, meaning all services existing or not be, and be part of a voluntary program which AOT is not.

AOT leads to increased patient compliance, lower rates of hospitalization and incarceration, reduced symptoms and increased societal functioning.	AOT court orders do not lead to increased patient compliance -with treatment and can drive people from the mental health system; do not lead to lower rates of hospitalizations or arrest or violent acts committed. At best the results are equal for voluntary and
AOT has not proven to be applied indiscriminately to individuals of color. Assessments have shown that men are disfavored over women, the latter less likely to end up in the criminal justice system	involuntary treatment. AOT disfavors people of color based on their greater numbers living in poverty and caught up in the criminal justice system.