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Chapter 1017: Providing a New System for Treating the Mentally Ill

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Code Sections Affected

Welfare and Institutions Code §§ 5345, 5346, 5347, 5348, 5349, 5349.1, 5349.5 (new).

AB 1421 (Thomson); 2002 STAT. Ch. 1017.

I. INTRODUCTION

On January 10, 2001, Scott Harlan Thorpe entered a county mental health office in Nevada City and opened fire, killing two people and injuring two others.[1] He then went to a Lyon's restaurant near Grass Valley to continue his shooting spree, killing one more person and injuring another.[2] Thorpe had previously been a patient of the mental health clinic and suffered from delusional paranoia.[3] According to his family, they tried to persuade him to accept treatment and medication, but they were unable to do anything when he refused.[4]

One of the people killed at the mental health clinic was Laura Wilcox, a nineteen-year-old girl working there part-time while on a college break.[5] In response to her death and the tragic events of that day, the Legislature introduced Chapter 1017, naming it "Laura's Law" in her honor.[6] Chapter 1017 allows courts to issue orders for outpatient treatment services for people like Scott Thorpe, who suffer from a serious mental illness but have refused medication and treatment.[7]

1. Kevin Fagan & Jim Herron Zamora, *Nevada City Mourns, Gunman's Motive Unclear After Fatal Rampage*, S.F. CHRON., Jan. 12, 2001, at A3.

2. *See id.* (reporting that one man, a cook at the restaurant, survived after being shot seven times, and another, the restaurant manager, was killed).

3. *See Why It's Called "Laura's Law,"* S.F. CHRON., May 1, 2002, at A20 [hereinafter *Why It's Called "Laura's Law"*] (stating that Thorpe's shooting spree was prompted by his belief "that the FBI had ordered [the people at Lyon's] to poison his food and had forced him to see an incompetent psychiatrist.").

4. *See Pass "Laura's Law,"* S.F. CHRON., July 31, 2002, at A18 (reporting that Thorpe's family had tried to get him treatment before the events of January 10, 2001).

5. *See* Fagan & Zamora, *supra* note 1 (reporting that Wilcox was filling shifts during a break from a college in Pennsylvania).

6. *Why It's Called "Laura's Law," supra* note 3.

7. *See* SENATE JUDICIARY COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 1 (Aug. 13, 2002) (describing the provisions of Chapter 1017).

II. EXISTING LAW

The Lanterman-Petris-Short Act (LPS),[8] enacted in 1967, provides guidelines for the involuntary commitment of individuals with mental disorders "for inpatient and, in some cases, outpatient mental health treatment."[9] Under LPS, a person who, as a result of a mental disorder, is gravely disabled[10] or is a danger to himself or to others may be involuntarily committed for treatment.[11] Designated personnel may take the person into custody at a mental health facility for an initial seventy-two-hour period for evaluation and treatment.[12] The person may be held involuntarily for an additional fourteen days if he has been advised of the need for treatment, if he has been unwilling or unable to accept it, and the staff of the mental health facility finds that he continues to be gravely disabled or a danger to himself or others.[13] After the initial seventy-two-hour hold and the fourteen-day hold, a person who has been detained on the basis of being a danger to himself may be held for up to an additional fourteen days if the person remains suicidal.[14] If the person has attempted or made a threat of serious physical harm to others during the initial seventy-two-hour or fourteen day hold, he may be held for an additional period of up to 180 days.[15] A person committed under these provisions of LPS may be placed on outpatient status if he will no longer be a danger to others while on outpatient status and if in the opinion of the county mental health director, he will benefit from outpatient treatment.[16]

8. CAL. WELF. & INST. CODE §§ 5000-5569 (West 1998 & Supp. 2003).

9. *See* SENATE HEALTH AND HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 1 (June 19, 2002) (describing the provisions of LPS).

10. *See* CAL. WELF. & INST. CODE § 5008(h)(1)(A) (West 1998) (defining "gravely disabled" as "[a] condition in which a person . . . is unable to provide for his or her basic personal needs for food, clothing, or shelter.").

11. *See* SENATE HEALTH AND HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 9 (June 19, 2002) (comparing LPS with previous law which only required that a person be "in need of treatment" in order to detain and treat that person involuntarily).

12. *See* CAL. WELF. & INST. CODE § 5150 (West 1998) (stating that, with probable cause, a peace officer, staff member of a county mental health facility, member of a mobile crisis team, or other professional person may take someone into the custody of a mental health treatment facility after providing the facility with a statement of the circumstances that led them to believe the person was gravely disabled or a danger to himself or others).

13. *See id.* §5250 (West 1998) (providing that, after the seventy-two-hour evaluation period, a person "may be certified for not more than [fourteen] days" of involuntary intensive treatment if necessary).

14. *See id.* § 5260 (West 1998) (stating that any person who has threatened or attempted suicide during the initial holding periods may be held "for an additional period not to exceed [fourteen] days.").

15. *See id.* § 5300 (West 1998) (providing that a person may also be held for an additional period of up to 180 days if he attempted to inflict or inflicted serious harm upon another, which resulted in involuntary commitment. Also, if the person made a serious threat of harm while in custody, the holding period may be extended.); *see also id.* § 5300.5(b) (West 1998) (stating that "[c]onviction of a crime is not necessary for commitment.").

16. *See id.* § 5305(d) (West 1998) (requiring the outpatient treatment supervisor to provide the court with status reports every ninety days and a final report after 180 days).

If an individual completes an initial seventy-two-hour or fourteen-day involuntary commitment and remains gravely disabled, but is not a threat to himself or to others, that person may be placed under a thirty-day temporary conservatorship[17] if he is unwilling to accept treatment on a voluntary basis.[18] As an alternative to conservatorship, some counties are authorized to impose an additional thirty-day certification for treatment if the person remains gravely disabled.[19]

Any person who has been involuntarily committed under the provisions of LPS has "the right to refuse treatment with anti-psychotic medications."[20] Medications may be administered if the person has not refused or if the person has refused and treatment facility staff have determined that no suitable alternatives to involuntary medication exist.[21] Anti-psychotic medications may also be administered involuntarily if required by an emergency.[22]

III. CHAPTER 1017

Chapter 1017 provides a new system of involuntary court-ordered outpatient treatment commitment orders.[23] A court may order an individual to participate in assisted outpatient treatment[24] if he meets several criteria. The person must be over the age of eighteen[25] and have a mental illness.[26] Further, there must be "a

17. *See id.* § 5350.1 (West 1998) (stating that "[t]he purpose of conservatorship is . . . to provide individualized treatment, supervision, and placement" to a person who is gravely disabled); *see also id.* § 5355 (West 1998) (stating that a court may appoint an appropriate "person, corporation, state or local agency or county officer, or employee designated by the county to serve as a conservator.").

18. *See id.* §§ 5350-5371 (West 1998) (establishing the procedure for the appointment, administration, and termination of a conservatorship under LPS).

19. *See id.* § 5270.10-.15 (West 1998) (providing that persons who are gravely disabled may be certified for additional treatment in order to reduce the number of conservatorship petitions which are filed for persons who do not need a conservator but have petitions filed on their behalf in order to obtain an additional period of treatment).

20. *See id.* § 5325.2 (West 1998) (stating that persons committed to involuntary treatment under section 5150, 5250, 5260, or 5270.15 of the California Welfare and Institutions Code have this right).

21. *See id.* § 5332 (West 1998 & Supp. 2003) (requiring treatment facility staff to acquire the person's medication history, if possible)

22. *See id.* § 5332(e) (referring to section 5008(m) of the California Welfare and Institutions Code which defines "emergency" as "a situation in which action to impose treatment over the person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient or others.").

23. *See* SENATE HEALTH AND HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 3 (June 19, 2002) (stating that Chapter 1017 has "different commitment criteria and legal provisions than specified under LPS.").

24. *See* CAL. WELF. & INST. CODE § 5345(b) (enacted by Chapter 1017) (defining "assisted outpatient treatment" as categories of outpatient services that have been ordered by a court.").

25. *Id.* § 5346(a)(1) (enacted by Chapter 1017).

26. *See id.* § 5346(a)(2) (enacted by Chapter 1017) (referring to section 5600.3 of the California Welfare and Institutions Code defining mental disorder as one which is severe and persistent and interferes substantially with a person's ability to perform the primary activities of daily living).

clinical determination that [he] is unlikely to survive safely in the community without supervision."[27] Also, the person must have a history of failure to comply with treatment,[28] and the mental health department must have offered voluntary services which were refused.[29] The person's condition must be "substantially deteriorating,"[30] and participation in the assisted outpatient treatment plan must provide the least restrictive placement necessary for treatment.[31] Finally, a court must find that assisted outpatient treatment is necessary "to prevent a relapse or deterioration" in the person's condition[32] and that "[i]t is likely that the person will benefit from assisted outpatient treatment."[33]

Chapter 1017 changes previous law regarding who may request that a petition be filed with a court to have someone evaluated for outpatient commitment.[34] In addition to mental health providers and law enforcement personnel, anyone who lives with the subject of the petition and is eighteen or older, such as a parent, spouse, sibling, or adult child of the person, may request that a petition be filed with a court.[35] The petition must be accompanied by an affidavit from a licensed mental health provider stating either that the provider has personally examined the person and recommends assisted outpatient treatment, or that the provider has been unable to perform an examination due to the person's refusal to submit to one and believes that the person meets the criteria for assisted outpatient treatment.[36]

Upon receiving a petition, a court must hold a hearing within five business days.[37] The court is required to hear testimony at any hearing and is permitted to examine the subject of the petition.[38] A court may conduct the hearing in the absence of the subject of the petition only if attempts to obtain his presence have failed.[39] During the hearing proceedings, the subject of the petition has the right

27. *Id.* § 5346(a)(3)(enacted by Chapter 1017).

28. *See id.* § 5346(a)(4)(A)-(b) (enacted by Chapter 1017) (providing that a lack of compliance may be shown if the person has been hospitalized at least twice within thirty-six months as a result of mental illness, or if the person has exhibited violent behavior within forty-eight months).

29. *Id.* § 5346(a)(5) (enacted by Chapter 1017).

30. CAL. WELF. & INST. CODE § 5346(a)(6) (enacted by Chapter 1017).

31. *Id.* § 5346(a)(7) (enacted by Chapter 1017).

32. *See id.* § 5346(a)(8) (enacted by Chapter 1017) (providing that the court must find that assisted outpatient treatment would prevent the person from reaching a point where he would become gravely disabled or a threat to the safety of himself or others).

33. *Id.* § 5346(a)(9) (enacted by Chapter 1017).

34. *See id.* § 5346(b)(2) (enacted by Chapter 1017) (providing that specified people may make a request to the county mental health director, who is authorized to file a petition in the superior court).

35. *See id.* § 5346(b)(4)(B) (enacted by Chapter 1017) (requiring that the person petitioning the court submit a statement of the facts "support[ing] the petitioner's belief that the person who is the subject of the petition meets each [of the required] criterion.").

36. *See* CAL. WELF. & INST. CODE § 5346(b)(5)(A)-(B) (enacted by Chapter 1017) (providing that the examination or attempts to examine occur no more than ten days prior to the filing of the petition).

37. *Id.* § 5346(d) (enacted by Chapter 1017).

38. *See id.* (stating that a court may examine the subject of the petition in or out of the courtroom).

39. *Id.*

to be represented by counsel, to receive adequate notice of the proceedings, to receive a copy of court ordered examinations, to be informed of the right to judicial review by habeas corpus, to present evidence, to call and cross-examine witnesses, and to appeal decisions.[40] If a court requests an examination by a mental health provider and the person refuses, a court may order the person taken into custody for up to seventy-two hours for an examination at a hospital if a court finds reasonable cause to believe that the allegations in the petition are true.[41]

If, after the hearing, a court finds that the person meets the criteria for assisted outpatient treatment, it may order treatment for up to six months.[42] If the person fails to comply, the court may order the person to meet with a designated assisted outpatient treatment team who will attempt to get the person to comply with the treatment ordered by the court.[43] The person may be subjected to a seventy-two-hour hold if the team is unable to get the person to comply with the court-ordered treatment.[44]

Once a person begins an assisted outpatient treatment program, the period of treatment may be extended for up to 180 days upon the recommendation of the director of the program.[45] The director must file a statement affirming that the person continues to meet the criteria for involuntary treatment.[46] A person participating in an assisted outpatient treatment program retains the right to refuse involuntary medication.[47]

Chapter 1017 does not contain provisions for state funding[48] and allows counties to implement its provisions on a voluntary basis.[49] Counties providing services must include specified services in their treatment plans at their own expense.[50] Further, counties that provide assisted outpatient treatment programs

40. *Id.*

41. *Id.* § 5346(d) (enacted by Chapter 1017).

42. CAL. WELF. & INST. CODE § 5346(d).

43. *Id.*

44. *Id.*

45. *See id.* § 5346(g) (enacted by Chapter 1017) (requiring the director to petition a court prior to the expiration of the initial treatment period).

46. *See id.* § 5346(h) (enacted by Chapter 1017) (stating that the director must file a statement every sixty days and that the person receiving treatment has the right to a hearing to determine whether he still meets the criteria for commitment)

47. *See id.* § 5348(c) (enacted by Chapter 1017) (providing that involuntary medication shall only be allowed under the circumstances provided in sections 5332 through 5336 of the California Welfare and Institutions Code).

48. *See* SENATE HEALTH AND HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 8 (June 19, 2002) (stating that the bill contains no appropriation).

49. *See* CAL. WELF. & INST. CODE § 5348(a) (enacted by Chapter 1017) (stating that any county may chose to offer assisted outpatient treatment services).

50. *See id.* (requiring counties to provide, among other things, multidisciplinary teams with a staff-to-client ration of one to ten, service plans which include provisions for family outreach, design of mental health services, access to medications, and access to psychiatric, psychological, and other services); *see also id.* § 5349 (enacted by Chapter 1017) (stating that counties implementing assisted outpatient treatment programs must

must submit data to the Department of Mental Health Services, which will report to the Legislature in order to assess the success of the programs.[51] The statute will remain in effect until January 1, 2008, when the Legislature will decide whether the programs have had enough success to keep them in place.[52]

IV. ANALYSIS

Assemblymember Helen Thomson introduced Chapter 1017 to improve California's mental health policy by providing a more effective method of involuntary treatment to those who have a mental illness "so severe that it prevents them from seeking help," but who do not meet the strict standards of being gravely disabled or a danger to themselves or others.[53] "Approximately [forty] percent of all individuals with severe mental illness . . . are not receiving treatment at any given time."[54] Mental health organizations, law enforcement, and families of mentally ill individuals who support Chapter 1017 contend that these people do not seek treatment because the illness affects them in such a way that they do not know they need help.[55] They "refuse to take medication because they do not believe they are sick," and, "[i]n most cases, they will take medication only [if they are participating in] assisted treatment."[56]

Those who oppose Chapter 1017, including mental health patient advocacy groups and civil rights organizations, contend that implementing new involuntary treatment programs is unnecessary and ineffective.[57] Existing law already provides involuntary treatment for people who are gravely disabled or a danger to themselves or others,[58] and opponents state that "involuntary treatment is only an

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provide new funding sufficient to cover the costs incurred or must redirect funds from the costs saved through implementing the program so that previously existing programs do not lose any funding).

51. *See id.* § 5348(d)(1)-(14) (enacted by Chapter 1017) (providing that counties must submit information regarding the number of people enrolled in the treatment program, the number of people who have been incarcerated since enrolling in the program, the number of people participating in employment programs, the number of hospitalizations that have been reduced or avoided, adherence to treatment, victimization of people in the program, violent behavior, substance abuse, specifics about the treatment received by people in the program, the socialization skills and independent living skills of people in the program, and the participant's satisfaction with services).

52. *Id.* § 5349.5 (enacted by Chapter 1017).

53. *See* SENATE HEALTH AND HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 9-10 (June 19, 2002) (quoting the author's stated purpose to "create the legal authority for the courts to issue court orders for a 180-day intensive outpatient mental health treatment program for those who meet the criteria," to "establish a minimum level of intensive community mental health services program" and to "maintain [the] legal and civil rights as currently afforded under any other court order.").

54. Treatment Advocacy Center, *Briefing Paper: Assisted Outpatient Treatment*, *at* http://www.psychlaws.org/BriefingPapers/BP4.htm (copy on file with the *McGeorge Law Review*).

55. *See id.* (stating that "approximately half of all patients with schizophrenia and mania have markedly impaired awareness of their illness.").

56. *Id.*

57. SENATE JUDICIARY COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 14 (Aug. 13, 2002).

58. *See* California Network of Mental Health Clients, *News Alert*, June 30, 2002, *at* httpp://www.cnmhc.org/main.current%20news/news_alert_june2002.htm [hereinafter *News Alert*] (copy on file with the *McGeorge*

option when no other form of treatment is effective."[59] They argue that involuntary treatment undermines the relationship between care providers and patients, and, as a result of having treatment forced upon them previously, patients often refuse treatment.[60]

The opposing sides disagree about several provisions of Chapter 1017, including the expansion of the list of people who may request the filing of a petition with a court.[61] Concerns have also been expressed regarding the impact of Chapter 1017 on constitutional rights and the provisions regarding funding.[62] In addition, there is disagreement about whether more involuntary treatment programs are necessary, as the Legislature previously provided voluntary programs.[63]

A. Expanding the List of People Who Can Request Petitions

Supporters believe that the provisions expanding the list of people who may request petitions be filed with a court for involuntary treatment of another person will improve the court's ability to order assistance for those who need it.[64] They argue that one of the greatest problems with LPS was its "arm's-length" approach to family members, roommates, and friends of people with mental illness.[65]

Originally, Chapter 1017 would have allowed family members, roommates, and friends to petition the court directly for an order for assisted outpatient treatment.[66] Opponents contended that allowing lay people to initiate proceedings increases the potential for abuse of power and stated that existing laws only allowed professionals to file petitions in order to eliminate the potential for abuse.[67] By allowing friends and family to petition a court, they become "police persons," which damages the trust in close relationships.[68]

Law Review) (stating that current commitment law, section 5150 of the California Welfare and Institutions Code, already grants the power to give involuntary treatment).

59. *See* SENATE HEALTH AND HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 11-12 (June 19, 2002) (quoting a statement from the California Network of Mental Health Clients).

60. *News Alert*, *supra* note 58.

61. SENATE JUDICIARY COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 11-12 (Aug. 13, 2002).

62. *Id.* at 19-20.

63. *Id.* at 8.

64. *See* SENATE HEALTH AND HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 16-17 (June 19, 2002) (stating that under previous law, which only allowed designated mental health and law enforcement personnel to petition the court, family members, and those closest to people with serious mental illness were unable to attempt to get needed assistance).

65. *See id.* (noting that family members have often been frustrated in their attempts to get treatment for their loved ones by mental health and law enforcement personnel who declined to petition the court).

66. *Id.* at 12.

67. *See News Alert*, *supra* note 58 (stating that the power to initiate commitment proceedings could be abused during the course of custody or divorce proceedings).

68. *See* SENATE HEALTH AND HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 17 (June 19, 2002) (quoting the California Network of Mental Health Clients).

In response to these concerns, Chapter 1017 was amended to state that only a county mental health director may bring a petition.[69] Family members, roommates, and friends can request that the director file a petition, and, after investigating the circumstances, the director may file a petition if the criteria are met.[70]

B. Constitutional Issues

Chapter 1017 is modeled after New York State's "Kendra's Law,"[71] enacted in 1999 and named after a woman who was killed when a schizophrenic man, who had a history of violence and was not taking his medication, pushed her in front of an oncoming subway train.[72] Since that law was enacted, New York's lower courts have held that it is constitutional[73] and does not violate the Equal Protection Clause.[74]

Opponents contend that Chapter 1017 raises constitutional issues of equal protection, as different counties will have different commitment laws.[75] However, forty-one other states have enacted laws providing for assisted outpatient treatment programs,[76] and although the United States Supreme Court has not yet addressed the constitutionality issue, "no state laws have been [found] unconstitutional."[77]

Due process requires that state interests must be balanced against the interests of the individual, and this seems to weigh in favor of a less stringent standard for involuntary outpatient treatment, as the restriction on individual liberty is less severe than involuntary commitment under LPS.[78]

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69. *See* CAL. WELF. & INST. CODE § 5346(b)(1) (enacted by Chapter 1017) (stating that a county mental health director or his designee may file a petition with the court).

70. *Id.* § 5346(b)(2) (enacted by Chapter 1017).

71. *See* N.Y. MENTAL HYG. LAW § 9.60 (2002) (providing the guidelines for court-ordered assisted outpatient treatment programs in New York).

72. *See* Nisha C. Wagle, *Outpatient Civil Commitment Laws: An Overview*, 26 MENTAL AND PHYSICAL DISABILITY L. REP., 179-180 (2002) (discussing New York's assisted outpatient treatment program).

73. *See In re* Urcuyo, 714 N.Y.S.2d 862, 869-70 (N.Y. App. Div. 2000) (holding that there need not be a finding of clear and convincing evidence that an individual lacks the capacity to make a reasoned treatment decision when ordering a seventy-two-hour evaluation).

74. *See id.* at 872-73 (finding that the equal protection challenge fails as individuals subjected to assisted outpatient treatment are not deprived of their right to refuse medical treatment and no punitive remedy is applied).

75. *See News Alert*, *supra* note 58 (stating that a person who lives in a county that has implemented the provisions of Chapter 1017 will not have the same rights as someone who lives in a county which has not implemented an assisted outpatient treatment program).

76. *See* Treatment Advocacy Center, *Fact Sheet: Myths About Assisted Treatment*, *at* http://www.psychlaws.org/GeneralResources/fact13.htm (n.d.) (copy on file with the *McGeorge Law Review*) (listing North Carolina, Massachusetts, Minnesota, Hawaii, and Arizona among the states that have assisted outpatient treatment programs).

77. *Id.*

78. SENATE JUDICIARY COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 19 (Aug.13, 2002).

C. Funding

Opponents state that the lack of state funding for assisted outpatient treatment will result in a loss of funding for voluntary programs.[79] Although Chapter 1017 provides that funds cannot be taken away from presently existing programs,[80] opponents contend that the voluntary programs that already exist do not have enough funding to begin with[81] and that implementing Chapter 1017 will preclude the availability of increased funding for the growth of voluntary services.[82] Further, the California Judicial Council has expressed concerns about the impact Chapter 1017 will have on the courts, as it increases the number of court hearings that will be required.[83]

Supporters maintain that implementing assisted outpatient treatment programs will reduce costs to counties by reducing the number of hospitalizations and incarcerations of people with mental illness.[84] These savings would offset the cost of implementing the programs and the Department of Mental Health has estimated that its costs would be minor and absorbable.[85]

D. Voluntary Programs Already in Existence

In California, the Department of Mental Health is required to provide voluntary services to people with mental illness.[86] These programs are funded through grants from the State,[87] and the Department of Mental Health has found that these programs have been successful in reducing the rates of homelessness and incarceration among people with mental illness.[88]

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79. *See* SENATE HEALTH AND HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 19 (June 19, 2002) (stating that concerns have been expressed regarding funding for currently existing programs as the Department of Mental Health is already facing a financial shortfall).

80. *See* CAL. WELF. & INST. CODE § 5349 (enacted by Chapter 1017) (stating that the county board of supervisors must find that no voluntary services will be reduced as a result of implementing the statute).

81. *See* SENATE JUDICIARY COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 13 (Aug. 13, 2002) (stating that most counties are facing fiscal cutbacks in their existing mental health programs).

82. *News Alert*, *supra* note 58.

83. *See* SENATE HEALTH AND HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 19-20 (June 19, 2002) (quoting the California Judicial Council which estimates that court costs will range between $1.8 million and $5.3 million annually if Los Angeles, Sacramento, and Stanislaus Counties implement Chapter 1017).

84. SENATE JUDICIARY COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 10 (Aug. 13, 2002).

85. SENATE RULES COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 9 (Aug. 22, 2002).

86. *See* CAL. WELF. & INST. CODE § 5806 (West 1998 & Supp. 2003) (stating that the Department of Mental Health shall provide services that will assist people with mental illness "to live independently, work, and reach their potential as productive citizens.").

87. *Id.*

88. *See* SENATE HEALTH AND HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 25 (June 19, 2002) (stating that the Department of Mental Health has found that these programs have helped people with mental illness "to reduce symptoms that impaired their ability to live independently, work, maintain community supports, care for their children, remain healthy, and avoid crime.").

Opponents of Chapter 1017 state that more time should be given to assess the benefits of voluntary services before implementing new involuntary service programs.[89] However, the author of Chapter 1017 has stated that despite the existence of voluntary programs there are some people who are too ill to voluntarily accept the services.[90] Chapter 1017 attempts to get services for these people by using a court order, which mental health scholars believe works because "the mentally ill, like most other people, are law abiding, and will comply with a court order without the need for additional enforcement efforts."[91]

V. CONCLUSION

A year after the events in Nevada City, Laura Wilcox's family organized a memorial march to honor the people killed by Scott Thorpe.[92] The event was also designed to raise awareness about mental illness, with Laura's father stating that Thorpe was the victim of a system that had not met his needs and "[t]he fact that he came unhinged really was the result of lack of supervision and decisions made about his care and needs in the prior eight months."[93]

Supporters of Chapter 1017 hope that its provisions will improve the mental health care system and prevent further tragedies, like the one in Nevada City, from occurring.[94] Chapter 1017 provides an alternative to previous commitment standards, which allowed the court to step in only when a person had reached the point of being dangerous or gravely disabled.[95] Now, counties can provide court-ordered outpatient treatment services upon a finding that a person's recent history of hospitalizations or violent behavior, coupled with noncompliance with voluntary treatment, indicate the person is likely to become dangerous or gravely disabled without treatment.[96] Despite the concerns of opponents regarding constitutional issues, funding, and the availability of voluntary treatment services, supporters maintain that Chapter 1017 balances "an individual's right to complete freedom and society's responsibility to protect its [citizens] from violence."[97]

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89. *See* SENATE RULES COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 13 (Aug. 22, 2002) (citing opposition from the Coalition Advocating for Rights Empowerment and Services).

90. *See* SENATE JUDICIARY COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 8 (Aug. 13, 2002) (quoting Assemblymember Helen Thomson, the author of Chapter 1017)

91. *See* SENATE JUDICIARY COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 9 (Aug. 13, 2002) (citing Ken Kress, *An Argument for Assisted Outpatient Treatment*, 85 IOWA L. REV. 1, 81-82 (2002)).

92. Diana Griego Erwin, *Daughter's Killing Reaffirms Couple's Values, Inspires March*, SACRAMENTO BEE, Jan. 10, 2002.

93. *See id.* (quoting Laura Wilcox's father, Nick Wilcox).

94. *See* SENATE JUDICIARY COMMITTEE, COMMITTEE ANALYSIS OF AB 1421, at 2 (Aug. 13, 2002) (stating that this legislation is intended to address the failings of the mental health system under previously existing law).

95. *Supra* Part II.

96. *Supra* Part III.

97. *See Why It's Called "Laura's Law," supra* note 3 (reporting that Chapter 1017 was "[c]arefully crafted" to strike this balance).