



POSITION STATEMENT – S.B. 182

Services, not coercion, decrease risk of relapse or violence. Availability of appropriate and comprehensive services, rather than availability of court orders, have resulted in reduced incidence of violent encounters and repeat hospitalizations in states that have tried such laws.

Spend tax dollars for treatment not burdensome enforcement procedures. S.B 182 will likely divert scarce resources from actual treatment. The proposed system for obtaining orders for Involuntary Outpatient Commitment (“IOC”), monitoring compliance with such orders, and imposing consequences if they are not followed is time-intensive for judges, lawyers, and mental health treatment professionals. The funds required for critical procedural protections are better spent on improved community mental health services and treatment. Trusted treatment professionals will become compliance monitors, destroying the therapist-patient relationship necessary for effective treatment.

Louisiana law already provides for IOC which was available to the man accused in Officer Cotton’s death. Under LRS 28:56G, “conditional discharge” is used to monitor an individual’s compliance with treatment orders after release from court-ordered hospitalization. Patients who do not comply can be returned to the hospital through existing procedures for involuntary treatment, including emergency certificates. Louisiana is already counted among the 42 states with IOC. Since the accused reportedly had recently been released from an involuntary inpatient commitment, conditional discharge could have provided the same protection S.B. 182 offers.

Standards for involuntary *inpatient* commitment following non-compliance with IOC are of questionable constitutionality. S.B, 182 goes far beyond our existing law, and that of many other states which have IOC, in infringing upon the rights of persons with psychiatric disabilities *without* providing additional safety to the public.

S.B 182 compares negatively to controversial “Kendra’s Law.” Unlike New York’s law, it does not mandate case management or assertive community treatment, two proven best practices recognized by the federal government for IOC. It also permits inpatient hospitalization of medication non-compliance without a finding of current incapacity.

S.B. 182 fails to provide even the most basic due process protections. It does not require personal notice to the patient before the hearing, nor does it require that the patient be present. Medication can be ordered against a person’s will based on a psychologist’s testimony during a hearing just five days after filing a petition. The patient and counsel are not afforded advance notice of the proposed involuntary treatment plan to adequately prepare for the hearing.