



March 17, 2022

Senator Susan Eggman
1021 O Street
Suite 8530
Sacramento, CA 95814

RE: SB 1035 Mental health services: assisted outpatient treatment. - OPPOSE

Dear Senator Eggman,

Although we are in agreement with the need for increased mental health supports, the California Association of Mental Health Peer Run Organizations (CAMHPRO) opposes SB 1035 and its efforts in expanding forced treatment by enabling the court to order forced medication in an individual's treatment plan. This bill further removes autonomy over an individual's mental health recovery and is a violation of human rights. The solution to supporting individuals living with mental illness is not in forced treatment or forced medication. Rather, the antidote is expanding access and increasing the capacity of quality, community-based, peer-run services that people want, and thus will participate in voluntarily.

CAMHPRO is a nonprofit, statewide organization consisting of mental health consumer-run organizations, programs, and individual consumer members. CAMHPRO's mission is "to transform communities and the mental health system throughout California to empower, support, and ensure the rights of consumers, eliminate stigma, and advance self-determination for all those affected by mental health issues, by championing the work of consumer-run organizations."

CAMHPRO is against the expansion of forced treatment for the following reasons:

First, this bill enables the court to order forced medication on individuals: "*The order shall state the categories of assisted outpatient treatment, including medication when included in the treatment plan.*" (Section 5346. 5B) Medication should only be administered as part of a treatment plan if the individual consents to it.

Further, this bill predicts that a person will relapse or deteriorate: "*The person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others...*" (Section 5346. A) This is not based on evidence of actual relapse nor deterioration. Recovery is unique to each individual, and their treatment outcomes cannot be predicted.



Additionally, this bill wrongfully states that individuals will benefit from forced treatment: *“It is likely that the person will benefit from assisted outpatient treatment.”* (Section 5346. 7) In fact, forced treatment contributes to noncompliance. The same services ordered through assisted outpatient treatment should be available on a voluntary basis.

Voluntary, intensive services are the answer to mental suffering, not the expansion of forced treatment.

The problem with the system in place is that there are not enough person-centered, recovery based services. Outpatient commitment proponents advocate for forced treatment as an answer to the lack of accessible, comprehensive services, and the suffering that results.

CAMHPRO argues that mental health systems should provide more accessible, voluntary services in response to mental health needs. Mental Health: A Report of the Surgeon General states, “One point is clear: the *need* for coercion should be reduced significantly when adequate services are readily accessible to individuals with severe mental disorders who pose a threat of danger to themselves or others.” The Surgeon General’s Report further states, “Almost all agree that coercion should not be a substitute for effective care that is sought voluntarily”.¹

Coercive treatment is ultimately ineffective.

The expansion of forced treatment will not stop “treatment noncompliance.” Researchers have found that forced treatment contributes to noncompliance. The Well Being Project, a research project supported by the California Department of Mental Health, found that 55% of clients interviewed who had experienced forced treatment caused them to fear and therefore avoid all treatment for psychological and emotional problems.²

Major research indicates that enhanced community services produce positive results, while there is no evidence that court-ordered care does so.

Major comparative research studies looking at outpatient commitment have suggested that it is the services, not the court order, that produces positive results.

In 2000, a study was commissioned by the California Senate Committee on Rules in the middle of the outpatient commitment battle in California. The Report found that, “There is no evidence that a court order is necessary to achieve compliance and good outcomes, or that a court order, in and of itself, has

¹ U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

² Campbell, Jean, Schraiber, Ron. The Well-Being Project: Mental Health Clients Speak for Themselves. California Network of Mental Health Clients, California Department of Mental Health, 1989.



any independent effect on outcomes.” The Rand Corporation additionally reported that the literature provides clear evidence that “alternative community based mental health treatments can produce good outcomes for people with severe mental illness.”³

If you have questions or would like to discuss further, we would be pleased to set up a meeting with you at your office or a Zoom call.

It is enhanced community services that make the difference and produce positive results.

CAMHPRO encourages you to consider alternative solutions in providing care for California’s most vulnerable communities. Instead, we ask you to divert your legislative efforts away from the expansion of forced treatment and instead invest in expanding peer-run services. Peer respites are voluntary, short-term, overnight programs that provide community-based, trauma-informed, and person-centered crisis support and prevention in a homelike setting.

Last December, we met with your office and learned you are open to pursuing alternative solutions in addressing mental health needs. The Wellness Center of San Joaquin County is a partner agency of CAMHPRO and are currently advocating for a peer respite to be built in your district.

If you have questions or would like to discuss further, we would be pleased to set up a meeting with you at your office or a Zoom call.

Sincerely,

Andrea Wagner, *Interim Executive Director*
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³ Ridgely, M., Borum, R., and Petrila, J. 2001. *The Effectiveness of Involuntary Outpatient Treatment: Empirical Evidence and the Experience of Eight States*. RAND Institute for Civil Justice.