Sacramento County Behavioral Health Services

Community Input on Laura's Law/ Assisted Outpatient Treatment (AOT)

Purpose

The County of Sacramento engaged community members to hear input on whether to implement or opt out of Laura's Law/AOT.

Behavioral Health Services virtually hosted informational sessions on March 15, March 16, and April 19, 2021 and solicited community input via a brief survey.

Survey questions included the following:

A. Do you think Sacramento County should opt in or opt out of Laura's Law/AOT?
B. Public comment

Background

Assembly Bill 1421 by Assemblywoman Helen Thomson was signed into law in 2002. This law is commonly referred to as Laura's Law, named after Laura Wilcox, a mental health worker who was killed by a man who had refused psychiatric treatment. The law assigned Counties the option of implementing court-ordered Assisted Outpatient Treatment (AOT).

AB 1421 originally required a County to opt in through a resolution by the Board of Supervisors. Last legislative cycle, AB 1976 went into law changing it from an opt in program. Now, Counties are required to implement AOT or opt out by July 1, 2021.

Court Requirements

AOT is a court ordered outpatient service for adults, ages 18 years and older, who have a serious mental illness and a history of (a) psychiatric hospitalizations, (b) jailings, or (c) acts, threats or attempts of serious violent behavior towards themselves or others. Consumers must first be offered voluntary treatment within the past 10 days.

Family members, roommates, treatment providers, and law enforcement may request an investigation to determine whether the consumer meets criteria. Only the County mental health director or his or her designee may file a petition with the court. The person named in the petition has a right to a defender appointed by the court.

If a judge finds that the individual meets the criteria, the AOT order would be for a 180 day treatment period and not to exceed 180 days. After 180 days, the director of the AOT program can apply for an additional 180 days of treatment. If the consumer is not compliant with treatment, the consumer can be transported to a hospital and held up to 72 hours. After 72 hours, the same hospitalization inpatient criteria would still apply (danger to self, others, or gravely disabled).

The court cannot order involuntary administration of medications.

Program
Counties that have implemented this use the Full Service Partnership (FSP) or Assertive Community Treatment (ACT) models.

Participant Demographics

In aggregate, 280 individuals participated in the survey. Some participants did not answer every question; therefore, the number of respondents varies by question.

Race/Ethnicity
For participants who completed the demographic portion of the survey, demographics are roughly proportional to the County population for American Indian/Alaska Native and Native Hawaiian and Pacific Islander, and overrepresented for White/Caucasian. The racial/ethnic groups that appear to be underrepresented among participants are Asian American, Black/African American, Hispanic/Latinx, and multiracial, despite targeted outreach to community centers representing these racial and ethnic groups.

Race/Ethnicity	Percent of Overall Participants (n=264)	County Population[1]
American Indian/Alaska Native	2%	1%
Asian American	8%	17%
Black/African American	7%	10%
Hispanic/Latinx (of any race)	11%	24%
Multiracial	4%	8%
Native Hawaiian and Pacific Islander	2%	1%
White/Caucasian	66%	53%

Gender
Three-quarters of participants (75%) identified as female; 23% identified as male, and 2% identified as transgender, queer, nonbinary, or as multiple genders (n=268).

Affiliation with Sacramento County
Most respondents were current Sacramento County residents (85%), followed by family members of residents (8%), individuals employed in Sacramento County (5%), and individuals who are neither residents or family members of residents and who are not employed in Sacramento County (2%).

Type of Affiliation	Percent (n=280)
Current resident	85%
Has a family member who is a resident, but participant does not live or work in Sacramento County	8%
Employed in Sacramento County, but not a resident	5%
Does not live, work, or have family who live in Sacramento County[1]	2%

[1] These participants were omitted from the tabulation regarding perspectives of Laura's Law/AOT.

Language
The vast majority of participants spoke English as their primary language (95%), followed by Spanish (2%). Less than 1% of participants primarily spoke Tagalog (0.8%), Farsi (0.4%), French (0.4%), Hmong (0.4%), Portuguese (0.4%), Russian (0.4%), and Ukranian (0.4%) (n=269).

Stakeholder Groups
Many participants identified with multiple stakeholder groups. Nearly half of participants were a family member of a mental health consumer (48%), one-quarter of participants were mental health consumers (25%), and 11% were interested community members. Mental health service providers comprised 15% of participants, 7% of participants were social service providers, and 6% of participants were Behavioral Health Services Division staff. Members of Boards and Commissions, other providers, and other professions each accounted for less than 5% of participants.

Stakeholder Type	Percent*
Community	
Family member	48%
Consumer	25%
Interested community member	11%
Boards/Commissions	
Mental Health Services Act (MHSA) Steering Committee	3%
Mental Health Board member	2%
Continuum of Care Board	0.4%
Other advisory board	1%
Providers	
Mental Health Service	15%
Social Service	7%
Homeless Service	4%
Advocate/Peer Provider or Mentor	3%
Alcohol and Other Drug Service	2%
Faith Based Service	2%
Ethnic Services	1%
Physical Health	1%
Other Professions	
Behavioral Health Services Division Staff	6%
Business	5%
Education	5%
Court	1%
Law enforcement	1%

*Categories are not mutually exclusive; participants selected all that applied.

Location
Nearly half of participants were residents of the City of Sacramento (49%), followed by unincorporated Sacramento County (25%, see table below for details), Elk Grove (5%), Rancho Cordova (5%), Citrus Heights (2%), Folsom (2%), and Galt (0.4%).

Location of Residence	Percent (n=280)
Antelope	1%
Arden Arcade	1%
Carmichael	7%
Citrus Heights	2%
Del Paso Heights	0.4%
Elk Grove	5%
Elverta	2%
Fair Oaks	3%
Folsom	2%
Galt	0.4%
Gold River	0.4%
Herald	0.4%
Mather	0.4%
Natomas	1%
North Natomas	0.4%
Oak Park	0.4%
Orangevale	2%
Rancho Cordova	5%
Rio Linda	3%
Rosemont	0.4%
Roseville	1%
Sacramento	49%
Unincorporated Sacramento County (not specified)	1%
Not in Sacramento County	13%

Next Steps

This report will be submitted to the Sacramento County Board of Supervisors. The Board of Supervisors will vote on whether to implement or opt out of Laura's Law/AOT in late May or early June.

Summary

Nearly three-quarters of participants indicated that they think Sacramento County should implement Assisted Outpatient Treatment (AOT) (73%), 15% of participants indicated that they think Sacramento County should opt-out of AOT, and 12% of participants indicated that they were neutral or unsure about the decision.

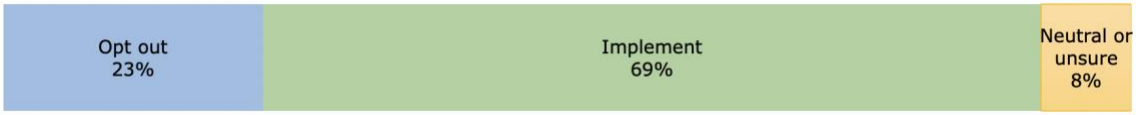
Participant Perspective Regarding AOT (n=274)[2]

As shown below, responses were also analyzed by three groups: 1) individuals who identified as a consumer of mental health services, 2) individuals who identified as both a consumer and a family member of a consumer of mental health services, and 3) individuals who identified as a family member.

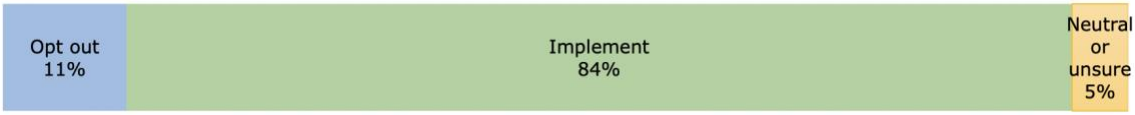
Perspective Regarding AOT by Consumer, Family Member, or Both (n=164)

1) Consumer only (n=30)

2) Consumer and Family Member (n=39)



3) Family Member only (n=95)



[2] This chart omits 5 survey respondents who did not live, work in, or have family members in Sacramento County. Of those respondents, 3 indicated support for opting in to AOT, and 2 expressed that they were neutral or unsure.

Public Comment

All public comments that were submitted to the survey are posted below and are organized according to each individual's survey response regarding AOT/Laura's Law: a) opt-out, b) implement, or c) neutral or unsure.

A) Opt-out

- The program is lacking racial equity, making it not the appropriate program for our county.

- The main issue is why someone with a serious mental condition had access to a gun that led to the fatal shooting. I believe that gun laws and checks should be stricter -- not mental health laws.

- Hello. I would like to comment on the item VII Consideration of Assisted Outpatient Treatment (AOT),
  The last MHSA three-year plan (https://dhs.saccounty.net/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2017-18--2018-19--2019-20-MHSA-Three-Year-Plan.pdf) spoke to Laura's law, which was requested by some community members at the time it was written as follows: "The Division acknowledges the complexities surrounding the requests for consideration of Laura's Law implementation in Sacramento County. Current expansions reflect a significantly expanded outpatient treatment capacity for individuals with intractable serious mental health needs who are not responsive to traditional mental health programming. This expanded outpatient treatment capacity with significant outreach and engagement strategies is necessary as a precondition to any consideration of Laura's Law in Sacramento County. Additionally, expanded inpatient as well as a variety of crisis response programming would be a critical component. This discussion, which includes commitment of non-MHSA resources and implications across multiple systems for implementation of Laura's Law consideration in Sacramento County is broader than this MHSA Three-Year Plan scope or authority and will require separate deliberation regarding the pros and cons for this County. The idea of intensive, criminal justice focused programming will be explored further as new projects are developed by the Division."

  I would ask that consideration and thought be given to the questions, what work has been done to expand outpatient, inpatient, and crisis response programming and has that work been sufficient? Also, it was noted that implementation of Laura's law would take non-MHSA resources and implications across multiple systems. How have these resources and implications been considered?

  I believe the best path forward is to opt out of AOT, at least for now. When a fuller picture of the potential resource needs and implications and benefits can be presented the decision can be revisited. It is difficult to measure the need when people who want voluntary treatment cannot get it because of capacity, which happens now. This is especially true in light of the initiatives currently underway with behavioral health crisis response (alternatives to 911) and the MHSA innovation program for the forensic population are in early development stages."

- The SF project admits that AOT clients jump the line and are put ahead of those who are choosing voluntary services. They also admitted that you need AOT to get peer support as it was not available to those receiving ICM. Therefore, we feel peer support should be accessible to all clients. These are fundamental problems with AOT.

- AOT is a fail-first model that will divert funds from much-needed services at a time when realignment revenues are declining due to the COVID-19 pandemic. Moreover, MHSA funds should not be used for services that are involuntary, like AOT. Finally, unless the County can faithfully comply with each and every pre-requisite set forth in the WIC for the implementation of Laura's Law (see WIC 5348, 5348.1, 5349) - which it can't - the County should not even be considering Laura's Law as a feasible option for services.

- I am opposed to coercive treatments that are not community based, client driven and recovery focused.

- Sacramento County should expand/strengthen community based organizations to allow for individuals to receive supports and services prior to the point of crisis and definitely within their own self-determination.

- Consumer voice and choice has long been at the heart of the behavioral health delivery system in Sacramento County. Choosing to opt into this program would be a slap in the face to that core value. Instead of getting the already overburdened court system involved, the County should in all earnest spend the time and money to support innovative ways that the FSPs could reach out to and engage consumers. I am a consumer of services as well as a family member of a consumer. Coercion does not lead to recovery. Partnership in treatment between the provider and consumer is the only way to promote lasting recovery and change. It was said during the listening session that the Board of Supervisors would need to make the decision to opt in or opt out for now. That decision will be largely based on the recommendation of County Behavioral Health. You have the power to choose the direction Sacramento County will take. Please do not dismiss your power so lightly. I urge you to make the responsible choice and recommend opting out currently.

- Sacramento County has several new options through MHSA that may better support my Peers that have faced barriers to treatment services. They include: 911 Alternatives (which may better support parents/caregivers of the adult-child with SMI; INN Forensics project that may better support my Peers that cycle between jails...; MHSA culturally specific services; and the work of our vendors such as Dignity Health & WellSpace, etc. Sacramento cannot afford AOT which is very expensive for a small group of privileged few. Is this a white v. Consumers of color issue? I say, YES! Sacramento County DBHS should hold accountable and invest in our existing FSP and Adult system of care to better engage & RE-ENGAGE with their clients & offer family services within for family bridge building. Also we have systems already in place such as the 5150 process & conservatorship, this is NOT an endorsement but these systems do offer the ability for medications that may also suit my Peers that are considered AOT eligible (re: stability to gain insight). Do not criminalize Mental Health any further. To compare Sac County to our surrounding sister counties that have adopted AOT is NOT a fair comparison. Sacramento County is a Hub of Mental Health Resources unparalleled to any our sister counties in Northern California. Sacramento County does NOT need to implement AOT! OPT OUT!!!

- I feel that another avenue for taking away a person rights, choices or options regarding treatment is a really bad idea. Those mechanisms are already in place. Implementing

another means to impose a system or family's will to compel one into participating/complying with treatment is an unnecessary and misguided use of resources, a mirroring of service delivery in place (just calling something else), does not align with MHSA principles, and does not support the vision I have observed where county operations have worked diligently with community providers to implement recovery model oriented programs to serve our population.

- The behavioral health system already uses involuntary services to the exclusion of voluntary services in the inpatient setting and there is very little oversight of these services resulting in poor quality services, high recidivism and poor outcomes despite increased use and higher costs.

- We should have Laura's Law/Assisted Outpatient Treatment, for some mental illness who don't like to go see the doctor. Like my son, never got treatment for his PTSD since he was diagnosed for his mental illness while he was in the Iraq war, because of the law has to be volunteered. I cannot make him get treated, because he knows the law he don't have to get treatment unless he wants to.

- I urge Sacramento County to opt out of Laura's Law/AOT because there is no new funding available for it and I believe existing funds would be better used to improve gaps in the current system. I think is is imperative that this decision be made based on a careful review of the gaps in Sacramento County's unique mental health system overall and not based on comparisons to other counties, which are very different in size, demographics, and the structure of their mental health systems. There are many people and their families in Sacramento County who desire care from our public mental health system and feel they are served inadequately or inappropriately. This is particularly true of individuals utilizing inpatient care. I have spoken to countless consumers and their families who communicated that they or their family member did not have a healthy place to stay upon release from inpatient psychiatric stays, and were released to homeless shelters or simply the street. This lack of stable, appropriate short-term housing post-inpatient, is, in my observation, a common cause of the repeat hospitalizations and other negative outcomes that AOT programs are intended to address. There are many augmentations to the current system that could address this issue without investing in a new, controversial, expensive program that will be time-consuming to develop and serve a very limited population of people. I would advocate instead for improved coordination of inpatient care for substance use disorders (as people are often hospitalized in psychiatric hospitals when what they are truly seeking and needing is substance use treatment), more crisis residential beds, use of MHSA funds for emergency housing for consumers post-inpatient even if they are not yet linked with an outpatient provider, and peer navigators assigned to all consumers leaving hospitals.

- That law vastly takes away patients' rights, is very expensive and will not solve anything except start a new type of conservatorship which is NOT needed.

- I believe protecting the civil rights of clients in the public mental health system is paramount. I believe without an accessible front door and housing available lability, AOT will change nothing in Sacramento. I do not think we should prioritize individuals who are involuntarily committed before those who are voluntarily seeking services and supports. I believe it's a fail first model and we should not use MHSA funds for any part of it.

- It is not needed! Use resources to improve current services

- I believe the threat to people's civil rights far outweighs the benefit of this program. I do not feel that services are readily available in Sacramento for those of us who actually want them - it has been hard to access any services for my loved ones and it's exhausting just trying to be honest.

- I am a family member and primary caregiver for my sister who is a client. She is an FSP participant and has no housing or supports other than me. The FSP has delivered half hearted services at best and after years in an acute setting, and now in an FSP - her symptoms have not improved and she spends most days in my home doing nothing - unless I take her to Cal Voices with me and they give her volunteer activities and other things to do. The pandemic has made this more challenging. I do not feel she has ever gotten the services she needs - even on a voluntary basis - so I see no way that AOT can improve this. FSP's can do so much more and yet they don't.

- I believe we need more access to voluntary services as they are already extremely hard to locate, access and meet the various eligibility requirements. All too often folks fall through the cracks and we see it everyday as our agency helps to link them. We see FSP clients come to our office daily because the FSP's do not provide any daily activities in which they can participate in - so I do not see how making space in an FSP for AOT clients would help them on a daily basis the way they need. Please opt out - this is not a good use of our MHSA funds.

- I believe AOT Is unconstitutional and violates the civil rights of marginalized communities such as mine. I think that services should be readily accessible and they are not in Sac County - so that needs to be fixed first.

- Mandated treatment is not client has poor outcomes. Mental health treatment has to be approached differently.

- I feel very strongly about an individual's right to choose. Forcing someone into treatment does not engender trust. I also feel Sacramento County could opt out now and see what challenges/successes other counties of similar size experience. In time, if this program is truly a good idea, then Sacramento County can always revisit the question whether to opt in. I also feel that the Department needs to have an informed estimate of how many individuals would be in the program before committing to implement. Otherwise, voluntary services will be reduced in order to meet the demand. A more informed decision is needed here.

- I strongly support an opt out option for Laura's Law.

- There are already a number of laws to allow for treating individuals who are a danger to self or others. I see no reason to expand these laws since we do not have capacity to serve those who are already voluntarily seeking services. Greater access to care is the answer and providing culturally responsive services that meet communities needs. Sac County has long had a problem with access issues and this program does nothing but divert resources away from those who desperately want services but can't seem to access them in this county.

- We need accessible, long term, effective treatment, especially for unhoused people, not more forced tx options.

- Please opt out - for communities like ours it is a very dangerous thing to allow the County to determine our needs - we should not be forced to do anything. This is why we came to America. I believe more accessible services are the answer.

- Ryan Quist said that most clients selected for this program end up volunteering for services. Then why don't you create a voluntary program targeted to high utilizers of services, effectively engage them in services, and offer them FSP level services.

- conservatorship already exist we don't need another form of it that is much more expensive and will take away peoples rights for 6 months at a time.

- Position on Assisted Outpatient Treatment
  Ann Arneill, Ph.D., Member, Sacramento County Mental Health Board

  I am opposed to Assisted Outpatient Treatment (AOT) for the following reasons:

  Recovery-Oriented Treatment System
  SAMHSA Definition of Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Self-determination and self-direction are the foundations for recovery
  https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf

  AOT is an involuntary treatment program. Despite its efforts to say that it is a client-driven, recovery-oriented program, no program that obtains a court order to mandate that a client receive treatment preserves a client's self-determination and self-direction

  Agnosognosia
  - E. Fuller Torrey and the Treatment Advocacy Center (TAC) argue ubiquitously that 50% of persons with schizophrenia and 40% of persons with bipolar disorder have agnosognosia and brain damage. This is one of the main reasons that the TAC advocates for the implementation of AOT
    https://www.treatmentadvocacycenter.org/aot
    - Those statistics are highly stigmatizing and insulting
    - Applied to the Sacramento County Mental Health Plan, In FY 2018-19 there would have been 2200 persons with schizophrenia and 1300 persons with bipolar disorder with agnosognosia. That is patently untrue since they are all receiving services
  - Supposed "lack of insight" can also be disagreement with the treating professional
  - There is no cure or ability to "magically" increase insight. Medication has not been shown to be effective in increasing awareness. (NAMI Fact Sheet)
    https://azdhs.gov/documents/az-state-hospital/the-difficulty-in-seeing-your-own-illness.pdf
  - Other techniques are available to help people voluntarily accept treatment - LEAP (Listen-Empathize-Agree-Partner Method): LEAP gives family members and health providers the tools to persuade someone in "denial" about serious mental illness to accept treatment and services. Amador, X. (2012) I am Not Sick I Don't Need Help. New York: Vida Press (pg. 62)
    https://www.nami.org/getattachment/Learn-More/Mental-Health-Conditions/Related-Conditions/Anosognosia/I_am_not_sick_excerpt.pdf?lang=en-US
    - Motivational Enhancement Therapy: a science-proven method that helps people in denial accept treatment (pg.63)
      https://www.nami.org/getattachment/Learn-More/Mental-Health-Conditions/Related-Conditions/Anosognosia/I_am_not_sick_excerpt.pdf?lang=en-US

Rusch N, Corrigan PW. Motivational interviewing to improve insight and treatment adherence in schizophrenia. Psychiatric Rehabilitation Journal. 2002; 26:23-32.
MET uses techniques to motivate someone to either alter their self-image to accept that they have a condition or encourage them to agree treatment for their condition.
MET often consists of helping someone look at their symptoms, behaviors, and relationships objectively. This often leads to a realization that facts point to the existence of a condition
https://www.heathline.com/health/agnosognosia#how-to-help

- Peer support programs that provide role models who have recovered or are successfully self-managing their illness are beneficial
  McGorry PD, McConville SB. Insight in psychosis: an elusive target. Comprehensive Psychiatry. 1999; 40:131-142.
- Cognitive-behavioral approaches have been shown to be beneficial. A study from the United Kingdom demonstrated that a short, insight-focused cognitive-behavioral therapy intervention delivered by trained nurses in the community had lasting effects on insight and adherence
  Rathod S, Kingdon D, Smith P, Turkington D. Insight into schizophrenia: The effects of cognitive behavioural therapy on the components of insight and association with sociodemographics -- data on a previously published randomised controlled trial. Schizophrenia Research. 2005; 74:211-219.
- Ask persons about their goals. People with schizophrenia often do not respond well to criticism. Instead of trying to convince them they're sick, ask them about their goals. Use this as a springboard to discussing the next steps. Even if the person doesn't acknowledge being ill, he'll be able to make positive progress. It can help to clearly link the person's goal with taking their medication to prevent a relapse.
  https://www.healthgrades.com/right-care/schizophrenia/how-caregivers-can-cope-with-anosognosia
- Recovery-oriented engagement
  If we want to improve the lives of people with mental illness and their families, we must shift to a culture that embraces engagement as a new standard of care. (pg. 4)
  Social inclusion is an important engagement outcome. This is especially true for individuals experiencing psychosis. An individual may refuse services and may exhibit behaviors that seem bizarre or disturbing, but communities still need to engage and support a person experiencing psychosis. These individuals are more likely to respond when treated with respect and kindness (pg.8)
  Examples of successful engagement programs (Recommendations for improving engagement in the mental health system are provided in the Appendix)
  - Housing First programs to engage unhoused persons with mental illness (pg. 22)
  - Opening Door to Recovery, Southeast Georgia
    Opening Doors includes engagement by recognizing the importance of peer support, the value of family navigators and the positive outcomes that come from giving people a meaningful day as an important motivating factor for remaining engaged in the program and working toward recovery (pg. 23)
  - MHALA Village, Los Angeles
    Effective engagement is used throughout the program in addressing the needs of individuals with serious mental health conditions. Instead of illness services, the program promotes quality of life services. Instead of coercion, the program welcomes, engages and collaborates. Clients are involved in every aspect of their treatment and recovery. (pg. 24)
  - Early Assessment Support Alliance, State of Oregon

The program prioritizes outreach and engagement. When a person refuses to leave his or her home or refuses to participate in mental health services and supports due to symptoms, the program does not give up. Staff will repeatedly visit a person where they are at and slowly build rapport. This approach takes persistence, patience and willingness to listen and hear youth and young adults experiencing psychosis. (pg. 26)

https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/Engagement-A-New-Standard-for-Mental-Health-Care/NAMI_Engagement_Web

- Psychiatric Advanced Directives (PADs) are legal documents, drafted when a person is well enough to consider preferences for future mental health treatment, including taking medication. PADs allow appointment of a health proxy to interpret preferences in a crisis. The PAD is used when a person becomes unable to make decisions during a mental health crisis.

Achieving Outcomes with Voluntary Services

- Services Offered in the AOT Programs
  - Community-based, mobile, multidisciplinary, highly trained mental health teams that use high staff ratios of no more that 10 clients per team members for those subject to court-ordered services pursuant to Section 5346 (WIC Section 5348(a)(1)), including a mental health personal services coordinator (WIC 5348(a)(3))
  - Full Service Partnership (FSP)-level array of services (9CCR Section 3620(a)), including mental health services, medications, supportive housing, substance use services, vocational rehabilitation, and peer support. Services are client-directed and use psychosocial rehabilitation and recovery principles (WIC 5348(a)(2)(B)&(E)&(F))
- Positive outcomes attributed to AOT: reductions in homelessness, hospitalization, arrest, and incarceration

If a consumer that you wanted to commit to AOT was instead patiently engaged with one of the techniques described above and voluntarily offered the described Personal Services Coordinator and multidisciplinary team, and then placed in an FSP, you could achieve the same positive outcomes attributed to AOT without depriving the consumer of his/her rights and self-determination. FSPs achieve those same outcomes

Sacramento County FSPs Outcomes (FY 2016-17)

Days of Homelessness	Decreased 90.8%
Hospitalizations	Decreased 59.6%
Arrests	Decreased 60.1%
Days Incarcerated	Decreased 53%

https://dhs.saccounty.net/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Board/MHB-Reports-and-Workplans/RT-MHB-Performance-Report-2019.pdf (pg. 40-41)

Prioritization of Services

With an AOT program, an AOT client goes to the head of the line in accessing services. You could have a more acute client who is bumped from voluntarily accessing services by a less acute AOT client who has just had two hospitalizations in the last 36 months (WIC Section 5348(4)(A))

Mandating Medication

- AOT legislation does not mandate routine involuntary administration of medication (WIC Section 5348(c)) Medication can only be administered involuntarily in case of emergency or with a determination of lack of capacity (WIC Sections 5332 to 5336)
- Other legal remedies are available if a consumer is really so impaired that they need to be involuntarily medicated on a routine basis. Conservatorship is available for that purpose. Public Guardians/Conservators can authorize the administration of psychotropic medications

Appendix
Recommendations to Promote a Culture of Engagement
From "Engagement: A New Standard for Mental Health Care", NAMI

Adopt 12 principles for advancing a culture of engagement:
1. Make successful engagement a priority at every level of the mental health care system. Train for it. Pay for it. Support it. Measure it.
2. Communicate hope. For those who feel hopeless, hold hope for them until they experience it themselves.
3. Share information and decision-making. Support individuals as active participants in their care.
4. Treat people with respect and dignity. Look beyond the person's condition to see the whole person.
5. Use a strengths-based approach to assessment and services. Recognize the strengths and inner resources of individuals and families.
6. Shape services and supports around life goals and interests. A person's sense of wellness and connection may be more vital than reducing symptoms.
7. Take risks and be adaptable to meet individuals where they are.
8. Provide opportunities for individuals to include family and other close supporters as essential partners in their recovery.
9. Recognize the role of community, culture, faith, sexual orientation and gender identity, age, language and economic status in recovery.
10. Provide robust, meaningful peer and family involvement in system design, clinical care and provider education and training.
11. Add peer support services for individuals and families as an essential element of mental health care.
12. Promote collaboration among a wide range of systems and providers, including primary care, emergency services, law enforcement, housing providers, and others.

Require training for mental health professionals on the lived experience of mental illness, focusing on the following areas of engagement:
1. Motivational interviewing;
2. Shared decision-making;
3. Strengths-based assessment; and
4. Including natural supports (e.g., supportive family and friends).

Training should be culturally sensitive and competent to effectively meet the needs of individuals and families in diverse communities.

Invest in research on effective engagement with a focus in the following areas:
1. Training on engagement for health care and mental health professionals.
2. The experiences of individuals and families receiving mental health services and supports.
3. Retention and dropout rates for individuals receiving mental health care, with a focus on achieving life and recovery goals.

https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/Engagement-A-New-Standard-for-Mental-Health-Care/NAMI_Engagement_Web

B) Implement

- As a parent of an adult son with schizophrenia I have seen how destructive and dangerous the current mental health system can be for the affected individual , family members and possibly others depending on how untreated illness plays out. My son has been greatly endangered by being released from mental health treatment before he was stable several times in recent years. He was not able to understand that he needs medications in order to function and was released at his request in spite of the fact that he was extremely vulnerable and unable to access even basic life needs including safety and shelter.Also this was done in spite of the fact that immediate family members repeatedly expressed extreme concern for his safety and ability to survive when released without a viable way for him to even access meds and treatment had he chosen to (but did not because he did not and could not see the need- a hallmark of his disease) .He ended up a missing person and was eventually rehospitalized and extremely ill with a dangerous infection after having been attacked, robbed and left wandering in a remote area of Southern California. Even if people consider nothing but the financial cost to the health and police systems of his case and many others, let alone the harm he experienced it should be very evident that an avenue that allows an individual to be treated when they are in no shape to choose that for themselves is a desperately needed law. I am so grateful that this is being considered . It could truly mean the difference between life and death for our son and so many others with serious mental illness.

- Outpatient treatment is not effective for many people with serious mental illness and we should have involuntary commitments to locked mental health facilities for many with serious mental illness. Because involuntary commitments are so rare and there are almost not long term mental health care beds for people with serious mental illness, opting in to Laura's Law mandated outpatient treatment will at least be a step in the right direction.
- Unless the person is a danger to them selves or others, they may do better not incarcerated.

- I think this is a step in the right direction towards mending a broken system. This will help support families in dire need like mine.

- This program sounds like a great option for those who desperately need help but either don't realize they need help due to their mental illness or have had bad experiences and are afraid to try again. This is an option to strongly encourage people to get help before the drastic next step of conservatorship.

- The people that this law will help can NOT make these decisions on their own, I don't see this as being forced but reinforced that there is help available. If the people that need Laura's Law were of sound mind they would already be in treatment. The money this can save the county o incarceration and 5150's could be amazing.

- I see what families go through on a weekly basis as a professional. we need changes. the county offers support to those who want it. what about those who don't and the families have no where to go

- There is a misunderstanding by many who oppose that AOT will disrupt or take away the right to make their own decision to seek help. It is clear this law, because of the specific criteria, is meant for only severely mentally disabled adults who are so chronically ill

they cannot ask for help to break the downward spiral. My adult son fits the criteria so I have personal experience.

AOT will save the county a great deal of money over time with proper support.

Prevention and Intervention funds can be used to fund AOT. Please vote to OPT IN.

- Mental health is important and often those with it can't bring themselves for help. Their scared or can't relate to what's going on around them and often live in a none reality as they have no ability to figure out they need help.

- if we don't help our community then who will? As long as there are resources open to people and they are made aware of the options I don't see why not.

- I understand why some people may oppose the implementation of Laura's Law/AOT in Sacramento County. I truly do, and sympathize with the reasoning. The reasons against implementation are not trivial. However, as a family member, I think the reasons to move forward with it outweigh the reasons against. People's lives are in the balance, both those who will live who otherwise would not, and those whose lives will be made better who otherwise would be worse off. As individuals, we all have rights and also responsibilities to others. I believe this law helps us to better fulfill those responsibilities.

- Rich and poor of all races need to be supported around mental health issues. Mutual respect needs to be the culture behind these services. Most first world countries have a social safety net for ALL consumers. NGO peer reviews and discussion groups to support evolving social services need to be planned/funded in local adaptation of AOT.

- Some do not believe in the reality anosognosia which I experienced when I was ill. Please take time to research. Per WebMD Anosognosia is common in people with serious mental illness. At least 40% with bipolar and 50% with schizophrenia have it. When this symptom occurs, a person cannot chose help on their own and needs ‚Äúassisted‚Äù treatment. Please help those who cannot help themselves because their brain won't let them. It is the humane thing to do. Many of my peer advocate friends promote the many excellent treatments available, but just like there are many cancer treatments available, if you don't BELIEVE you have cancer, none of them will work.

- "good idea for family and support people being able to make recommendations"

- This law is needed to help solve the problem of chronic homelessness.

- It is a good law. People don't always know when to get treatment

- We have some good FSP programs in Sacramento County, however they leave out a small percentage of the Seriously Mentally Ill (SMI). They need more help than others to get into Recovery. People are different, conditions are different and the intensity with which people experience their mental health condition is different. We need a wider variety of tools to help everyone in this county get stable and into Recovery.

- The only thing I can say to the county is to keep up with the good service.

- This sounds like a good tool for assisting severely mentally ill people who do not voluntarily access help and could be potential threats to the community.

- My father is homeless because we haven't been able to help him get help. He is skitzo-effective and has paranoia, so it's hard to get him to let us help him. I think Laura's law would be amazing, and so helpful for so many people, but it would also help us help my father get off the streets. I hate not knowing if he's warm or has food, and if we were to get any amount of help from Laura's law, we hopefully could rest a little easier knowing he has a chance to change. Thank you.

- Any and all mental health services are needed. I would rather see my community members getting the help they need rather than having to cope in unhealthy ways.

- There is such a high need for more mental health resources. It would be unethical not to give every opportunity possible if we have the means to do so.

- "As a Power of Attorney to a 63 year brother that was deemed gravely ill and who's parents went though the court in the early 70's for conservatorship, in Orange County, CA this law would be a fantastic option to get immediate treatment without all the red tape of the conservatorship process. Especially, for those families that did not have the means of hiring a lawyer. It would also lessen the load of our current jails and law enforcement that are not trained in mental illness. Passing the law would provide the opportunity for an individual to perhaps get the right combination of medication and get detoxed for further treatment. It would give the family the ""hope"" they need to continue the advocacy of their loved one. Today my brother still suffers from schizoprenhia , but he is no longer on the streets or in a mental institution. He is on a great combination of medications. He is part of the community. The team of healthcare professionals we have established in Sacramento are amazing and want to help. I no longer worry about him harming either himself or another individual. He is truly a living testimony of what can transpire."

- To fill in the gap for those who don't have medical insurance.

- Aot would help my family and help the community be more connected and stable by supporting serious mental illness

- We have mentally ill family members. Until you have dealt with the mentally ill every day for years, you really have no right to give an opinion or pass laws affecting the mentally ill and the people who care for them. Anosognosia is also common and extremely difficult to deal with. The mentally ill person has no insight into their illness. They choose to believe that they are not ill, therefore they see no need for treatment of any kind. Sometimes it takes an authority figure like a judge to order such a person with a mental illness into treatment, (CBT/DBT therapies, a bit of medication and support with an agency like Turning Point Community Programs), before that person with a mental illness gains some insight into their illness and realizes they DO need treatment, so they can re-learn to take care of themselves, accept SSDI, and become a productive member of their community -- productive not necessarily by having a job they go to, but rather their JOB is TAKING CARE OF THEMSELVES so they are not on the streets, not in jail, not in and out of hospitals / ER's, or permanently in a locked facility, (unless it is ABSOLUTLY necessary). Judges should have psychology training to recognize the disordered speech and body language of mentally ill people. Judges should want to hear from family members and friends of the mentally ill to get the full picture. Judges should show compassion and empathy when dealing with ALL people and not be afraid to order alcohol, drug, or mental health treatment. Treatment is not a bad word. Medication is not a bad word. Therapy is not a bad word. In fact, EVERYONE can benefit from therapy

as part of their healthcare preventative and wellness program!

- This program is working in other counties and saving money. For to long this county has done very little to help those with SMI. Please do the right thing!

- Safety is non-negotiable.

- I think that if someone can be helped in to receive a needed treatment, not only that person is benefitted but also the family, the community and the world.

- I suffer from bipolar disorder, so I've been in the circumstances described. I think it's a fantastic idea.

- People with Serious Mental Illness cost the state and the County higher dollar amounts due to the revolving door of hospitalizations and incarceration. A program like AOT would save the county money in the long run even though it would cost more to begin services and set up the program. Clients (consumers) and family members, loved ones and caregivers would all benefit from this program. There are a lot of miss conceptions about AOT but I have seen it work in other counties and the benefits it has brought. AOT is a good program to have.

- A robust training program of referring entities should be part of the AOT program design.

- Something must be done to help these people and to keep them off the streets doing major drugs to fulfill their needs mentally .

- Hello. I am Susan McCrea, who served on the Sacramento County Mental Health Board from 2008-14 and am currently serving on the MHSA. At the time, three of us wrote a 99 page report called the Feasibility Study of Alternative for Individuals with Chronic Untreated Mental Illness in Sacramento County exploring AOT and Laura's Law for Sac County. I encourage you to make this report again available for the public and let them know about it. It was used by the County for years after the report came out. Jason Richards, the County liaison, has the link to this report as he gave it to me again. I can also send it to you. AOT could reach a very small percentage of people in the consumer spectrum (not all consumers as some erroneously fear), those who cannot be reached in any other way in most cases. The engagement of AOT would be for their good, hopefully their recovery, and the good sometimes of our community to protect us from a mentally ill individual, who could be a danger to others in our community, like in the case in Nevada County when Laura Wilcox and several other innocent people died. This tragedy inspired this law so this would not happen- never again! When a dangerous mentally ill individual acts out, this increases stigma much more that having AOT, as some people erroneously claim that AOT in our County increases stigma. I believe it is a very necessary tool to have in every county's tool box. I totally support having AOT in our county as I did in 2012. At the time, we were told that the Conservator's Office Care Plus Program would be equal to Laura's Law. That is not true as Dr. Quist pointed out in today's presentation as only people who qualify for being a conservator, a difficult process to get into, as I know with my daughter Christianne's experience, qualify for the Care Plus Program. Some are now saying the the new 911 alternative program could do the same thing as Laura's Law. Let us not make the same mistake we did in 2012 thinking some other program can substitute for AOT. AOT is unique. There is no substitute program for AOT. That is why we need this tool to help those who could not be helped with any other tool as they experience anosognosia. Let us make the

compassionate and wise choice to embrace AOT/Laura's Law for our county, as so many other large counties in our state have already done. Let us OPT IN!

- This is an important piece of the solution. We need a multi-pronged approach to serving our fellow community members with mental health needs. There should be no one who cannot access services in our community despite whatever their financial or other situation.

- I have an adult son, homeless, living in a tent. He has severe paranoid schizophrenia with drug and serious alcohol addiction. He fits all of the criteria for this Assisted Outpatient Treatment program. He is so addicted and paranoid he does not seek help. His behavior has worsened and is so irratic, I do not feel safe in his presence. The police won't do a 5150. This program could help him.

- I think Sacramento County owes it to the families that are dealing with a family members mental illness to give this program a try. If the families of those mentally ill could hire someone to do this service we would. I see mental illness like a cancer of the mind; if your family member had cancer would you not try to do everything in your power to help them? I don't believe that AOT is a cure all, but it's an option; an option those of us in Sacramento County do not have.

- We need this law so we can help ours live one I live in Santa Clara county and we need it pls have compassion for us and live ones

- I am the mother of an SMI adult and was also counsel to state mental hospitals in another state for a number of years. The majority of their patients were paranoid schizophrenics (the most severe form of mental illness) and "revolving door" treatment refusers.

  It's unfortunate so much misinformation was presented on Laura's Law at last week's Sacramento Mental Health Board meeting. While voluntary treatment is always preferable, Laura's Law targets a small group of dangerous treatment-refusers. To quote Carol Stanchfield, who runs the successful Nevada County program, ""we will freeze over before these people will volunteer for services."" Too sick to know they are sick, they often have fixed delusions that medication is poison, doctors are plotting against them, etc. Such treatment-refusers cycle between repeated involuntary hospitalizations --if they are lucky-- or jail (usually for minor crimes, but sometimes for awful ones), until they die (usually by suicide or physical ailments they also don't treat, though they are the group most frequently shot by the police). Jails call it ""life on the installment plan"" because, even after being stabilized involuntarily, treatment-refusers soon throw away those ""poison"" medications and begin the cycle again. (See See ""Hard Truths about Deinstitutionalization, Then and Now"" guest commentary updated January 21, 2021 by El Dorado County District Attorney Vern Pierson at calmatters.org.) Many and perhaps most can graduate to voluntary treatment, but only after gaining the insight that only sustained treatment can provide.

  This is the group that causes the stigma for everyone, including themselves--so the best way to fight stigma is to get them into treatment. It's also the group that costs taxpayers the most, due to their history of repeated recent involuntary hospitalizations and/or repeated violence and police encounters.

  Here's how and why AOT/Laura's Law works: the Laura's Law order allows intervention before people with a pattern of past dangerousness become completely irrational and

dangerous again, when they don't comply with treatment. If they again refuse voluntary options they can be given a choice: comply with the treatment order, or go to a hospital for a three day evaluation. Most don't like hospitalization, so they choose treatment, which keeps them stable and in the community. (For example, of the 70 Laura's Law patients in Nevada County, only 16 ever chose the inpatient evaluation, according to Stanchfield's recent presentation.) During the (infrequently chosen) evaluations, their concerns can be addressed by medical experts, who can initiate a 5150 and/or LPS involuntary medication procedures only if they become dangerous enough again to meet LPS standards during their stay. It's where they would have ended up anyway, if they were lucky. As with any other serious illness, getting there earlier can mean fewer hospital days.

Studies have shown that Laura's Law/AOT recipients ACTUALLY LIKE THE PROGRAM. https://mentalillnesspolicy.org/aot/consumers-like-aot.html .

Laura's Law and its parallel programs in other states have been shown to SAVE THE PUBLIC MONEY by keeping treatment-refusers away from police and out of hospitals and jails. See htts://mentalillnesspolicy.org/aot/overview.html ; https://mentalillnesspolicy.org/aot/aot-cuts-costs-in-half.html ; https://mentalillnesspolicy.org/kendras-law/research/kendras-law-studies.html ; https://mentalillnesspolicy.org/wp-content/uploads/Aotbygary.pdf (analysis of early Nevada County data).

I had hoped to attach some graphs that say it all but this comment form does not allow for it. I will include them in the letter I will send to Dr. Quist and each member of the county board. The most striking graph shows the huge drop in jail days and hospital days for the same individuals, pre- and post AOT orders, in Nevada County.

- This is a very important law. As a property owner and someone born and raised in Sacramento, this law will help tremendously with the mental illness and the homeless problems.

- We own property and have family with mental problems in the area.

- Definitely more needs to be done to help those with mental illness so they do not fall threw the cracks of they system

- This is a very beneficial law to my family members.

- "My daughter is falling through the treatment cracks in the current SCBH system. If AOT was in place today, she would meet all the criteria and treatment would happen (5 psych hospital stays of 2 weeks each in 2020, 1 DUI in Nov 2019, 1 light rail citation in 2020, continuous non-citation interactions with officers in 2020 at motels and other Sac Co public businesses, offered volunteer services many repeated times in 2019 & 2020, age 31, resident of Sac Co). Instead, she is severely mentally ill and unhoused in Sac County as I write this.

  My daughter and my family have experience in the past year and a half with the ACCESS, the CST, the Mobile Crisis Units, and the FSP services that exist already in Sac Co. Each of these services has their unique niche and have been helpful in varying degrees as long as my daughter was mentally clear/well enough to volunteer to accept these services. However, in Nov 2020 the relapse symptoms became so intense that she became unhoused and unable to take the action steps needed to accept the help offered

by the FSP and by family that were connected to her requests to get back into housing.

In Jan 2021 her FSP licensed clinician met her in an open field where she was staying overnight, and deemed a 5150 hold was needed, but Sac Co Sheriff's deputy did not uphold this assessment. The work of the FSP was undermined by the Sac Co Sheriff deputy. I realize the Sheriff Deputy's job is difficult too, but this disconnect between Sac Co agencies nullifies the potential of the FSP services to do the work of an AOT, thus leading to my main reason to support AOT.

By March 1, 2021, she was dropped by the FSP, and she is still unhoused and unwell in Sacramento County. I respect the Recovery model the FSPs use, however, at a certain level of illness, the Medical Model is also necessary.

This is my end user experience of all the services 'already available' in Sac Co Behavioral Health, and the experience of the infidelity of the Sac County agencies to address seriously intense levels of mental illness.

Three more reasons I support AOT are:
1: Accountability of stay in treatment is given to entities other than family/friends (who get really worn out over the years of being there through thick and thin 24/7 with no breaks and with our hands often tied by how the HIPPA is implemented & being told if we do not 'become the bed' our family/friend will go to a shelter or the streets--feels like emotional blackmail).
2. Long term treatment beyond the release from psych hospitals and suicide prevention homes. Current 'help' is too short.
3. Any Court involvement is NOT Criminal court!!!! As a family member who has been told by Sheriff's deputies to 'get a restraining order so we can take her to jail to get treatment' rather than to take the medical history and seriously consider a 5150.05 (AB 1424) in order to get treatment at a psychiatric hospital, I am tired, REALLY TIRED, of the idea that Criminalizing Mental Illness Treatment is any kind of a viable treatment option.
That was the short version of why AOT has potential to save my daughter from continued suffering and possible death.
The following are added details.
Daughter's first diagnosis was PTSD in 2008 while at college after an assault and bullying on campus. Campus supports and therapy provided through Victim witness protection formed a 'wrap around services' effect and our daughter continued to pass classes until Sr year when stressors triggered her symptoms leading to first of may psychiatric hospital stays. Schizoaffective Disorder was added to the diagnosis, and not long after, epilepsy and non-epileptic psychogenic seizures.

Family engaged in NAMI educational and support services and learned better ways to create healing environment and daughter trusted the care system and family enough to allow us to be part of the treatment team. During the first nine years, sometimes the symptoms would flare and wellness checks would be advised by her psych care team.

When my daughter interacts with First Responders during wellness checks and calls for possible 5150, she is able to 'present well' and has the answers to the questions memorized due to multiple psychiatric hospital and suicide prevention stays in the past twelve years of her illness(s). Even when family have presented AB 1424's medical history for a possible 5150.05, first responders override this history. Officers tired of responding to our calls--we tired of having to call them but we had no other option at that time.

In year ten, daughter, age 29, was frustrated with being on SSI and 'having to live with parents' and tried to launch into living independently and create her own treatment plan. Not surprisingly this included non-prescribed substances. After several months away, she requested moving back with parents and we agreed because she agreed to seek treatment for addiction and her mental illnesses. This was rocky at best. Family learned that opening home made it even more difficult to get services during relapses because daughter could not be considered gravely disabled by first responders because she was under our roof...yet her psych care team told us to call them for help. All agencies expected family to continue to allow relapse symptoms even if these were not healthy and breaking house rules--we were told simply to 'enforce boundaries' which requires a person to understand the boundary and have enough mental capacity to know they are breaking them--not things our daughter could do in the throes of severe relapse. We needed more help yet were rendered helpless to engage that help in any way. Alas, in October 2019 we saw it was not healthy to 'be the bed' any longer. The system did not deliver enough tools for us, we were expected to just keep giving and giving and giving x infinity. AOT would add to the tool set when a person is as ill as our daughter.

Through my ten+ years of volunteering for NAMI Sacramento in the Family education and support efforts I have met many other families in similar situation to ours. This helps me know I am not alone; I am not just ONE MOTHER. Well-meaning first responders, FSP providers, Supervisor Office workers, Psych Care Pros and Sheriff's employees love to tell me ""Of course you care, you are the mom!"" but I say to you, where would you be without the hundreds of thousands of us doing this work for free? We need tools, not platitudes and thank-yous, when the person we are delivering care to is in intense relapse and is not able to volunteer yet is not blubbering enough to be conserved--AOT could be one of those tools. Thank-you, Elizabeth Kaino Hopper 916-204-3138"

- I will also add the Sacramento County sheriffs department appears to actively resist any effort to assist anyone in the homeless community. We have heard numerous times from deputies their fear of taking action to render aid or assist a providing agency because of a potential law suit. The priorities are skewed within the sheriff's department. Thank-you, Marvin W Hopper"

- My mother suffered with schizophrenia and we really wish AOT had been implemented during her lifetime! She was homeless and we could not get her help- she refused and thought we were trying to kill her. She was endangered on the street.

- This is very important for a special segment of our population who are not able to get help on their own.

- My sister & family that live in Sacramento County would benefit from Law/AOT.

- "I have a daughter with bipolar and anxiety disorders age 33 has been in and out of mental health hospitals in the last few years currently fairly stable but there was a time when she really needed more than she was getting or released too soon from the mental health hospital. We need to be able to help our loved ones and get them to help they need even if they don't want it. It's critical that this Laura laws becomes part of Sacramento county. Also I'm a retired public health nurse and have dealt with many situations of seriously impaired mental health clients that would have been more productive and successful if they had the parameters that Laura's law allows"

- It would be such a benefit for people that meet the criteria!! A great asset that Sacramento county could offer. Help fight the stigma, and each mind matters!

- AOT is a necessary part of treatment options for Sacramento County residents who suffer from severe and persistent mental illnesses. This is especially useful for those who lack insight and refuse to engage in treatment because they don't believe they are ill. There have been no options for this population in the past, short of conservatorship. For conservatorship, the person has to be gravely disabled. For AOT, the dangerousness standards are qualifiers. We could reach people before they cause great harm to themselves or to others. Participants would have ample protections of their rights and there is no option for forced medication. The idea is to keep people out of jail and hospitals and to engage them in treatment to improve their lives. It's the humane thing to do.

- We strongly support the adoption and implementation of Laura's Law and Assisted Outpatient Treatment in Sacramento County. We believe that had it been available to us as parents when our son first presented with serious mental illness that he would have been assessed and treated much sooner. His prognosis for a successful outcome would have been much more positive had he been involved in psychiatric treatment sooner. Individuals with anosognosia are not capable of perceiving the necessity of treatment, and we believe it is unconscionable to leave someone in an acute psychotic state because he or she does not perceive the need for help. We need to enact programs so that intervention takes place sooner rather than later. As it happened, he ended up harming individuals and has been incarcerated on two occasions.

- This is so important for several of my family members and friends. We've needed this kind of service for mental health for way to long, its time!

- If you "opt out" there will be a small segment of your population that are un-served because their brain is too ill and they will NEVER voluntarily ask for help. Please do not discriminate and only help those that are able and healthy enough to ask for help.

- This is long overdue for Sac. County.

- Pass Laura's law

- There need to be more options for people with mental health issues. Happy to see something is being proposed.

- This program will provide more opportunities for people with SMI who lack insight into their disease

- There are so many people that need mental health services that don't have access. They often self-medicate, become unemployed, end up homeless and/or fall outside of the law. We need to help these people. I think the long term cost would be less with early intervention.

- I can't believe Dr Quist said he didn't know how to fund AOT. What about Prop 63 the Mental Health Service Act. At least he could have mentioned it. Was it a set up question. Very upsetting.

- I think there are a lot of smart people that cannot function in society, and I appreciate that we have programs that can help them in a way that they are willing to accept, and I

know firsthand that is not always easy.

- My dear sister, now 68 years old, has struggled for years with paranoid schizophrenia. I know well the signs that she is in trouble and headed into a schiziphrenic break. That is the best time to seek treatment, not afterward when she is deeply paranoid, mortally frightened, hallucinating and in flight from her demons. Please bring Laura's Law to Sacramento County! As her next of kin, her only surviving family member, I want to help and Laura's Law will be a great benefit at those tough times.

- Please adopt Laura's Law. It is one small step in truly addressing the needs of the most vulnerable mentally ill.

- I have a friend who lives in Sacramento that is severely mentally ill, but because she lives in a nice home and seems healthy yet eccentric, cannot receive sustained treatment for mental illness. She has been 5150ed and 5250ed several times, and spent months in jail out of state but manages to convince judges and others she is fine. Just as soon as she is stabilized, she begins making the case that she isn't sick. She's falling through the cracks, and increasingly paranoid and combative. I am worried she'll be unhoused if something isn't done soon.

- What does the Sacramento County's full service AOT partnership now provide for the severely mentally ill person when in crisis? Many parents do not find Sacramento County services adequate in providing long term ongoing care for their ill family members.

- For decades mental health and homelessness has been a huge issue in Sac County. Having lived in this county for nearly 50yrs, I have witnessed the disfunction as a member of the public having grave concerns about the safety of my family, the community, and the mentally ill individual, who seemingly goes untreated and are usually also homeless. I am also a law enforcement employee, and have seen throughout my near 20yr career (nearly half of which have included working in the field), a revolving door of ill individuals who continually make poor decisions for themselves, negatively affecting the safety and well being of themselves and the public, who continually get placed in custody and released. Ignoring some of these individuals ability to make healthy choices for themselves or giving them only voluntary aide is not working. Please for the safety of these individuals and the public that must function around them I believe Laura's Law is a start in the RIGHT direction. I know much more will need to be worked out, but please get this started in Sac County.

- This will only be effective if it is properly funded to provide resources to employ clinicians who have been thoroughly trained

- If AOT had been around when my brother was refusing treatment, I believe he would not have spent 10 years of his life in locked facilities. AOT does not take away individual rights and in many cases it protects them from a worst case scenario.

- I am all for this law. As a retired firefighter for the City Of Sacramento, I have seen firsthand the tragedy of untreated mental illness in the homeless population. Too many times we firefighters respond to calls for the homeless to provide some basic first aid or to transport them to a hospital for something more major, or to put out fires when their camp fires have gotten out of control. We have also seen some of the success stories. Occasionally while in the hospital they are put back on their meds and taken home by family members. The change is tremendous. They come visit us and thank us for

"saving them". Their family members are also thankful, albeit guarded. They have done this many times. They are hoping they can convince their son/daughter to stay on their meds.....knowing the day will come when he/she feels the meds are no longer needed and living on the streets is the preferred option once the meds are out of their system. Please support this law.

- If I am understanding the law correctly, it allows the courts to force mentally unstable people to get treatment. While it worries me that we would impeed on a citizens freedom by forcing them to get help, it seems necessary if their lack of help impeeds on the liberties of others.

- Sounds like a good program. I hope there are steps beyond the 180 days otherwise it maybe a cycle that helps no one.

- Embarassing to see the number of mentally ill people wandering around.

- Laura's Law provides the County with another option to get people the mental health care that they need, particularly for those who would otherwise refuse treatment. I would recommend that the County adopt Laura's Law to assist families and caregivers in providing this much needed treatment. Many times, loved ones have very few options to help their family members get treatment when it is refused. Additionally, we have a number of people languishing on our streets who would benefit from mental health care provided by programs put in place due to Laura's Law.

- "We have a daughter who works as a paramedic, and she frequently tells us how much behind Sacramento county is in it's care of the mentally ill."

- Any additional ways to help people with mental health issues is important and we need as many options as we can. Too many people are suffering and many are falling between the cracks. They shouldn't be in a jail and shouldn't be on the streets with no treatment options.

- Patient's with serious mental health can benefit from interventions to prevent harm to them and others.

- This program is essential for those in need whom are currently falling through the cracks in the system.

- I believe mental health treatment is most successful when individuals are engaged voluntarily and that is not always possible. I think this law established clear guidelines, including well-defined circumstances under which AOT can be implemented, appropriate limitations on those who can file petitions, and a stipulation of a limited service duration.

- As a provider, we have had a small number of folks over the years for which this tool would have been very helpful in possibly saving their life.

- we sometimes need to help those who can't help themselves.

- I think there are times where this option could benefit an individual in getting the support they need.

- AOT is intended to reach a very small number of individuals that wouldn't otherwise seek MH Services. When implemented in a compassionate client centered manner, the

AOT process can be done in a way that promotes self-determination and client voice and choice in treatment. As a provider of AOT in two neighboring counties, I can confidentially say that we have been able to successfully engage the majority of our AOT referrals on a voluntary basis and have rarely needed to move forward with the court ordered petition. With that said, when we have sought a court order, more often than not, individuals involved in the program choose to continue on a voluntary basis following the expiration of their order. AOT seeks to extend services and options in a non-confrontational and supportive manner, offering rehabilitative, case management, collateral, medication management, and individual and group therapy services to it's clients. It is an extremely effective program that understands the need to be patient, compassionate, and non-judgmental. The AOT team works collaboratively to support in a non-threatening, non-punitive manner that is supportive and encouraging. I believe Sacramento County would benefit tremendously if the decision was made to OPT IN.

- I work in outpatient mental health. I see first hand the impacts of mental health, substance abuse, and homelessness, and the ways in which these three areas intersect and morph into a very difficult topic to tackle. No one department or agency can handle the center of this Venn diagram of issues. Opting in to Laura's Law would be a good start. All the counties around Sacramento implement it. I cannot speak to its effectiveness, but in theory, I believe it would be a good start. I understand the hesitations inherent to this law surrounding concerns about folks civil liberties and right to choose. However, I also understand the accounts of family members concerned about loved ones who are too symptomatic to accept care, or have insight into their illness, and who disrupt, psychologically, the family unit. Untreated psychosis has extremely detrimental effects on those around it, family, neighborhood, mental health providers, law enforcement, you name it. When you couple an untreated psychotic mental illness with substance abuse (often engaged in without insight into the effects and the changes it can have on ones perception of reality) you have an individual that is no longer operating under the rules of the reality we all share. You have someone that is a danger to themselves, and to their community. The idea that we would respect such an individuals right to choose is laughable. When one chooses outright chaos amidst a stable society, why should that be respected and honored? I see too many individuals with an extensive track record of hospitalizations due to an inability to care for themselves, or because of threats toward themselves or others, and they are out as soon as the hold is lifted, right back in the community. I see the families who are desperate to help their loved one and not turn their back, driven to the point of madness themselves because they cannot understand why "the system" doesn't have a plan in place to help someone in their loved one's situation. Respecting someone's civil liberties ceases to make sense when their subjective perception is so completely altered by mental health and/or substance abuse issues, that they are existing far beyond the realm in which those civil liberties were designed to operate. Yes to Laura's Law.

- Sacramento County needs to lead the way for the State. Please, this will set an example for the other counties to do so as well.

- M.A. Bernard, 1618 Alhambra Blvd #160994, Sacramento CA 95816
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  April 21, 2021

  To: The Sacramento County Board of Supervisors, Mental Health Services Act Steering Committee, Mental Health Board, and Laura’s Law “Stakeholder Session” Personnel:
  I was upset that the data I submitted in support of Laura’s Law (as a Sacramento resident, lawyer, and mother of a severely mentally ill adult; well-versed in the relevant

law) was not included in the preliminary document produced by the county's Behavioral Health Division, which purported to include "all" comments. This may have been a misunderstanding on my part—I believe I sent some of it to the wrong place. Whatever the case, I am producing a summary in one document that references earlier submissions, so you can check the details. (I will provide copies of the earlier submissions if requested.)
I specifically request that the following summary be included with "all" comments, as other written comments were, and forwarded in-house to remaining addressees. Here are essential points, with supporting data:

- LAURA'S LAW IS ONLY FOR A SMALL PERCENTAGE OF THE SEVERELY MENTALLY ILL WHO HAVE BEEN REPEATEDLY OR EXTREMELY DANGEROUS, WHO CANNOT VOLUNTEER FOR SERVICES BECAUSE THEY ARE IRRATIONAL, AND TOO SICK TO KNOW THEY ARE SICK

Briefly, the preference of anti-Laura's Law advocates for voluntary services is understandable but irrelevant, because Laura's Law, by definition, is only for severely mentally ill treatment-refusers who are dangerous to self/others but incapable of volunteering for services. They will not volunteer even if their lives depend on it—and sometimes they do. More on this in my e-mail dated 3/16/21, submitted to the BOS and richardsja@saccounty.net, with request to forward to the Mental Health Board.

- THE BOARD SHOULD OVERRULE THE RECOMMENDATION OF THE MHSA STEERING COMMITTEE AND USE MHSA PEI MONEY, WHICH IS OFTEN WASTED, FOR LAURA'S LAW

Members of the MHSA Steering Committee present at the 4/19 meeting admitted that they should not have voted on this issue until after the 4/19 meeting. The Board of Supervisors should overrule them, and direct the county to use MHSA funds, including PEI funds, for Laura's Law.

Use of MHSA funds for Laura's Law is specifically authorized at Welf. & Inst. Code Section 5813.5(f). Use of Prevention and Early Intervention ("PEI") funds is authorized by the last clause of Welf. & Inst. Code Section 5840(c) and by 9 Code of California Regulations, Section 3720(d). Those provisions respectively state that Prevention and Early Intervention "shall also include components similar to programs that have been successful in reducing the duration of untreated severe mental illness and assisting people in quickly regaining productive lives." and that "Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness." (Emphasis added.)

Laura's Law is classic relapse prevention/early intervention because it allows clinicians to intervene with people with a past pattern of dangerousness before they become dangerous again.

In the past, in some counties, PEI money was often wasted on nonsense programs for people who are not, and never will be mentally ill, much less severely mentally ill. See, e.g., https://mentalillnesspolicy.org/states/california/mhsa/californias-mental-health-service-act-a-ten-year-10-billion-bait-and-switch-pdf.html . Laura's Law is a far

better use of those funds.

Further details on this issue are contained in my letter e-mailed to all board members and dhsdirerctor@saccounty.net on 4/13.

II. NUMEROUS STUDIES SHOW LAURA'S LAW SAVES MONEY WHILE REDUCING FORCED HOSPITALIZATIONS AND HUMAN MISERY.
Here is a graph, previously submitted in my 3/13 e-mail, showing some of the savings in Nevada County:

Here is a summary from Carol Stanchfield, who runs Nevada County's AOT program, of the entire cost savings shown by the Nevada County study (not previously submitted):
2012 Nevada County Behavioral Health study demonstrates a total net cost savings to the county of $503,621, due to AOT/LL implementation. The study represented 31 months and was based on decreased hospitalization costs and reduced incarcerations in the local county jail (estimated cost savings= $986,064. Cost of the ACT/AOT program was $482,443 and offset the estimated at $986,064 resulting in $503,621 savings. (This doesn't include court or other costs that is reasoned to be less than if the person was involved in criminal or LPS courts.)

As your staff will attest, the presentation from San Francisco 4/19 included data that in San Francisco, that county cost for the 129 who participated in their program in some fashion went from $485,000 to $81,745, including a 91% reduction in inpatient hospitalization and an 88% reduction in incarceration.

Here is the summary of the figures on cost savings in Contra Costa County, drawn from the attachment. TOTAL COST SAVINGS: "approximately $1, 176,294 per year." The graphs at pp 41-42 of the attachment would not copy for me without becoming unformatted gibberish, but here are the critical numbers (not averaged per year, but for the entire period):

Table 16. FY 17-18 AOT Budget and Actual Expenses

Partner	FY 17-18 Budget	FY 17-18 Actual Costs
MHS	$2,014,000	ACTUAL: $1,560,080
CCBHS	$350,000	ACTUAL: $252,839
County Counsel	$157,000	ACTUAL $32,379
Public Defender	$133,500	ACTUAL $56,250
Superior Court	$128,000	ACTUAL $2,585
Total	$2,782,500	ACTUAL: $1,904,133

TOTAL SAVINGS (my math): $878,367.00

Table 17. Pre- and Post-Enrollment Cost Comparison (savings over the length of the study)

Outpatient and Residential	
Mental Health Services	SAVINGS $1,411,995
Psychiatric Hospitalization	SAVINGS $1,117,185
Jail Bed Days	SAVINGS $$313,530

Total Mental Health Services SAVINGS $2,529,180
Total Mental Health and Jail SAVINGS $$2,842,710

The attached critical pages, further information and citation to the entire Contra Costa document were included in my letter e-mailed to all BOS members on March 30.
Here is the word on cost savings from advocates in Santa Clara County (not previously submitted):

AOT is a LOT cheaper. The cost comparison needs to be between AOT vs jail, hospitalizations or revolving door ED visits because that is where those that qualify for AOT end up. Caminar in San Mateo County and Telecare in Alameda County presented to the Health & Hospital Committee. Caminar's AOT program costs $27,405/yr per client. Telecare in Alameda County said their AOT program costs about $27K-$30K/yr per client also. If you compare that to around $90K/year for jail (per Supervisor Lee), it's a lot cheaper and less traumatic. I don't have hospitalization costs. Nevada County and NY found that for every $1 spent for AOT, there is a $1.80 in savings from the crisis services that are not being used (40-50%). The administration of Sacramento's Behavioral Health has to run the numbers. They will see that they are spending too much on services that aren't working.

Further links to cost savings of AOT shown around the country, also included in my 3/16 letter to the BOS, are here:
https://mentalillnesspolicy.org/aot/overview.html ;
https://mentalillnesspolicy.org/aot/aot-cuts-costs-in-half.html ;
https://mentalillnesspolicy.org/kendras-law/research/kendras-law-studies.html ;
https://mentalillnesspolicy.org/wp-content/uploads/Aotbygary.pdf (analysis of early Nevada County data).

Please bear in mind that ALL reductions in forced hospitalizations and incarceration represent a huge reduction in human misery for AOT recipients, their loved ones, and the general public. The value of that reduction in human misery is incalculable. More graphs, further information and citation to the entire Contra Costa document were included my 3/16 e-mail to all BOS members and Mr. Richards, and in my 4/13 follow-up email to BOS members and dhsdirerctor@saccounty.net.

An irony of the 4/19 meeting is that the passionate opposition expressed to forced hospitalization by Laura' s Law opponents completely failed to recognize what this data shows: that Laura's Law drastically reduces (expensive and traumatic) forced hospitalizations and incarcerations, allowing Laura's Law recipients to remain in the community. At worst it is very mildly coercive, and (as David Bain of Sacramento NAMI pointed out) far more protective of patient rights than conservatorship.

III. NUMEROUS STUDIES SHOW THAT LAURA'S LAW/AOT RECIPIENTS LIKE THE PROGRAM
Studies from around the country show that AOT recipients, including Laura's Law recipients, actually like the program:
https://mentalillnesspolicy.org/aot/consumers-like-aot.html .
We did not hear from AOT recipients in the stakeholder meetings. Here is a link to one who speaks passionately in favor of AOT, including Laura's Law, around

the country because it "saved his life": https://www.youtube.com/watch?v=Lq00zUdFKx8
Those who have been traumatized by true "forced" treatment spoke passionately against Laura's Law, understandably. They do not appear to understand that AOT/Laura's Law is treatment in the community that is never forced. This group has been overrepresented in the comments. Obviously, not everyone feels as they do. My own son, who has been 5150'd 11 times, was generally perfectly happy to be hospitalized, though he would have walked out on whim if the facility hadn't been locked. (He once walked out of the ER after an auto accident. Fortunately he came back because his ribs hurt.)

All the above data has already been submitted in my 3/16 email, and/or in e-mails to the BOS members on March 30.

Thank you for your attention.

C) Neutral or unsure

- Is it possible to provide figures/statistics comparing the AOT costs vs # of individuals positively impacted by this program? Forcing individuals to partake in something they do not believe will benefit them could be provided existing FSP programs for those who actually want to improve their lives. The cost of this 'forced treatment' benefits few and takes funding away from existing FSP programs and enhances the stigma associated with MH treatment. Treatment in an AOT fashion is the 'stick' and offers no 'carrot'.

- I need more info of when it would be used

- I would like to learn more about the subject

- "I have 2 questions:
  1. With AOT, if medicine is not provided, how would you go about incorporating that in the plan?
  2. How would safety of the staff be implemented with AOT?"

- I am unsure how I feel about using the possibility of an AOT referral as leverage to persuade people to accept help voluntarily. I feel some who are not ready to be helped will feel forced into voluntary help. There by rendering it not really voluntary acceptance of help.

- More options would be helpful to avoid waiting until the person with mental illness is so ill that it's very hard to help them, as is sometimes the case now. With severe mental illness, early intervention is most effective before a person is lost, sometimes to the streets. That said, the rights of the person with mental illness must be respected and honored to the utmost. Early intervention for all illnesses is best and if Laura's Law helps someone get help sooner rather than later, yes. If we have Laura's Law, please fund it so the staff are not overwhelmed. Consistently overwhelmed staff = poor quality services.

- We need something more humane that what is happening now. Any type of illness, including mental illness, is more effectively treated with early intervention and evidenced based treatment. Before our very eyes we are losing wonderful human beings on the streets to mental illness by leaving them untreated and living out in the

elements, subject to abuse and addiction as they do their best to survive. It's not really that different than if they had cancer or another illness. We must do something for those who cannot protect themselves.

- How much will the program cost?

- Ongoing concern for State Legislature mandates that make implementation unfeasible for Sacramento County government agencies and local taxpayers; overlapping bureaucracies that were designed to actually help but are not able to address issues efficiently; concern for high program costs for legitimate needs with little knowledge of costs among community members who have no friends or family in the Assisted Outpatient Treatment arena - ultimately results in a rejection of the program and/or community backlash over costs and severity of behaviors that eventually reach actual communities. It would be helpful for you reveal at the outset your specific points that cause you to be undecided at this point. If you, as a subject matter expert, are undecided, how can we possibly move forward with my two cents? Give the community the good and bad up front in the clearest possible terms. (Which I, myself, did not do in the previous wordy comments *facepalm*) Thank you for your time.
- I attended the session, but they ignored my question, so I don't have/can't make an informed opinion.

- "Lilyane Glamben here. My stepmother, Linda Boyd, supervises AOT in LA County and would be willing to be available to talk about AOT implementation.

  Again, my personal position is that this decision is being made too rushed, and I do believe it meets a need...but, if it is ever to be considered here, AOT implementation needs to involve diverse communities in its planning and design."

- we have huge concerns around mental health and our unhoused. Im on bothsides of the fence on lauras law because could have catrostrophic issues if not done right where criminaization and policing are invovlved. On the same note i have families who are trying to help and are restricted by laws.

- How will the current FSP programs be impacted? Will current FSPs start receiving AOT referrals or will different programs be developed and the current FSPs remain voluntary? Will the type/severity/target pop dx of referrals to FSPs change? What does the documentation for offering voluntary services look like? How long does the voluntary OP treatment program attempt to offer voluntary services? If a consumer is referred to AOT which is provided by an FSP, what are the safety parameters to protect the FSP agency from violence/threats? What would a discharge process look like?

- "Opting in" allows for the county to utilize this provision on the, hopefully, rare occasions that it is needed.

- Outpatient Hospitalization is excellent. I don’t understand why we need AOT.

Appendix A: Supplemental Public Comment

In addition to the public comments submitted as survey responses, the report attached, "2012 Feasibility Study of Alternatives for Individuals with Chronic Untreated Mental Illness in Sacramento County" by the Mental Health Board, was submitted as a public comment.

[1] Be Healthy Sacramento. 2020 Demographics. http://www.behealthysacramento.org/index.php?module=DemographicData&controller=index&action=index