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May 17, 2021

Sacramento Board of Supervisors  
700 H Street, Suite 2450  
Sacramento, CA 95814  
Submitted via email: [BoardClerk@saccounty.net](mailto:BoardClerk@saccounty.net)

**Re: Agenda Item #50, May 18, 2021**

To the Honorable Members of the Sacramento County Board of Supervisors:

I write concerning Item #50 on May 18, 2021 agenda regarding implementation of Assisted Outpatient Treatment (AOT) in Sacramento County. Disability Rights California (DRC), the agency mandated by federal law to protect and advocate for Californians with disabilities, urges the Board of Supervisors to reject the proposal and instead “opt-out” of AOT and reinvest the funds into much-needed voluntary, client-centered services, including expanded Full-Service Partnerships, crisis services, and housing subsidies for individuals. If the County does implement AOT, however, it must do so without a decrease in voluntary services and with strong safeguards.

**DRC Encourages Sacramento Opt-Out of AOT.**

DRC opposes AOT as an unnecessary, expensive, and discriminatory system that is inconsistent with the recovery model of mental health.

**1. AOT is unnecessary.**

It is unnecessary to implement AOT to provide a comprehensive array of community-based mental health and supportive services that individuals with mental illness in Sacramento need. The vast majority of Californians referred for AOT services – 75% -- opted for voluntary treatment.<sup>1</sup> This data suggests that it is enhanced outreach and engagement, which is required by the AOT statute but could be expanded without the program, is the biggest driver of improved services for the population.

Court-ordered provision of these services, on the other hand, does not improve outcomes. In 2013, *The Lancet*, one of the world's leading medical journals published a randomized controlled study of AOT that found no benefit to court-ordered mental health treatment.<sup>2</sup> As the Department of Health Care Services noted, any improvements cannot be linked exclusively to AOT because there are no comparison or control groups, given the nature of the program.<sup>3</sup> Studies that purport to uphold the effectiveness of AOT have compared involuntary services to no services at all.

That does not mean that Sacramento's mental health services could not be improved. Currently missing in the Sacramento system is a stronger referral portal for family members and friends. Unlike AOT, which allows loved ones to refer individuals for treatment, there is no clear and easy system for third parties to refer individuals for voluntary intensive services, driving family members to call 9-1-1. We encourage Sacramento to rectify this gap and ensure that referrals can come from all interested parties.

## **2. AOT is expensive.**

The Department of Health Services estimates that implementation of AOT in Sacramento will cost approximately \$2.5 million dollars. Sacramento County's MHSA Steering Committee has voted to not use MHSA funds for AOT, meaning that the cost will likely come from the General Fund.

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<sup>1</sup> "Laura's Law: Assisted Outpatient Treatment Demonstration Project Act of 2002," Reporting Period May 2018-April 2019, March 2020, p. 4, [https://www.dhcs.ca.gov/Documents/CSD\\_KS/Laura's%20Law/Laura's-Law-Legislative-Report-2018-19.pdf](https://www.dhcs.ca.gov/Documents/CSD_KS/Laura's%20Law/Laura's-Law-Legislative-Report-2018-19.pdf). ["Return to Main Document"](#)

<sup>2</sup> "Community Treatment Orders for Patients with Psychosis," *The Lancet*, Vol. 381, 5/11/13. ["Return to Main Document"](#)

<sup>3</sup> DHCS Report, p. 13. ["Return to Main Document"](#)

Given that the vast majority of participants engage in voluntary services after outreach and engagement, this funding could be better used to expand outreach and engagement with hard-to-serve communities and increase capacity for proven successful programs in the County, including Full Service Partnerships (FSPs), crisis services, and housing. According to Sacramento County's draft Three-Year MHSA plan,<sup>4</sup> FSPs which have provided similar or better benefits to the purported ones of AOT, without the additional cost:

- Homeless occurrences decreased by 64.6%
- Homeless days decreased by 89.4%
- Emergency room (ER) visits for psychiatric reasons decreased by 90.8%
- Emergency room (ER) visits for medical reasons decreased by 92.9%
- Psychiatric hospitalizations decreased by 68.1%
- Psychiatric hospitalization days decreased by 91.2%
- Arrests decreased by 44.1%
- Incarcerations decreased by 54.3%
- Incarceration days decreased by 83.7%
- Employment rate - Of the total partners indicating employment as a goal (270 partners), 25.2% were working during the FY

DRC encourages Sacramento to reinvest the monies proposed for AOT to expand capacity for these evidence-based services.

### **3. AOT is discriminatory.**

Implementation of AOT threatens to undermine Sacramento County's commitment to race equity. BIPOC mental health consumers have been found consistently to be disproportionately impacted by AOT programs. For example, in San Francisco, although only 5.2% of the population identifies as Black, 24% of court-ordered AOT participants were Black.<sup>5</sup> A review of AOT in New York came to a similar conclusion: Black clients

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<sup>4</sup> "Sacramento County Mental Health Services Act, Draft, Fiscal Year 2021-22, 2022-23, 2023-24 Three-Year Program and Expenditure Plan," p. 35, <https://dhs.saccounty.net/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-DRAFT-2021-22--2022-23--2023-24-MHSA-Three-Year-Plan.pdf>. "Return to Main Document"

<sup>5</sup> "San Francisco's Assisted Outpatient Treatment Program, Three-Year Evaluation Report," March 2019, p. 25. "Return to Main Document"

were three times as likely as whites and Latinx clients twice as likely as white, to be subject to court-order treatment.<sup>6</sup>

**If the Board of Supervisors Implements AOT, It Must Do So Transparently and Without Decrease in Voluntary Services.**

If Sacramento County chooses to implement AOT, there are multiple requirements that must be met. Sacramento cannot use court-ordered services to fill gaps in the community mental health system. Counties also may not use AOT programs to divert resources away from voluntary mental health services. Welf. & Inst. Code §5349.

The AOT statute also requires that any county implementing an AOT program must offer the same set of services on a voluntary basis. Welf. & Inst. Code §5348(b). Therefore, if Sacramento County implements AOT without these services available, or if such implementation reduces the availability of such services on a voluntary basis, it would be in violation of California law.

Additionally, if Sacramento County chooses to implement AOT, DRC encourages it to ensure the following safeguards:

- **Transparency:** All decisions regarding the AOT program should be made with opportunity for stakeholders to give input. Los Angeles County also implemented an oversight body to review the process.
- **Peer-Involvement:** Mental health consumers and people with lived experience with forced treatment should be included in the decision-making process.
- **Confidentiality:** Sacramento must ensure that confidential health information is not disclosed with client consent.
- **Program Review:** The program should be regularly reviewed, including by external stakeholders, to ensure equity and cost-effectiveness.

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<sup>6</sup> "Implementation of Kendra's Law Is Severely Biased," April 7, 2005, p. 9, [https://www.prisonlegalnews.org/media/publications/ny\\_lawyers\\_for\\_the\\_public\\_interest\\_implementation\\_of\\_kendra's\\_law\\_2005.pdf](https://www.prisonlegalnews.org/media/publications/ny_lawyers_for_the_public_interest_implementation_of_kendra's_law_2005.pdf). ["Return to Main Document"](#)

DRC encourages with Board of Supervisors to opt-out from AOT and reinvest the funds into increased and enhanced voluntary services for individuals with serious mental illness. Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Harris", with a horizontal flourish extending to the right.

Eric Harris  
Director of Public Policy  
Disability Rights California