April 11, 2022

Assembly Member Mark Stone
Chair of the Judiciary Committee
Assembly Judiciary Committee
1020 N Street, Room 104
Sacramento, CA 95814

RE: AB 2830 The Community Assistance, Recovery, and Empowerment Act - OPPOSE

Dear Assembly Member Stone;

The California Association of Mental Health Peer Run Organizations (CAMHPRO) strongly opposes AB 2830. Assembly Bill 2830 (Bloom), in alignment with Governor Newsom's CARE Court framework, states the bill would create a new avenue for individuals living with serious mental health or behavioral health challenges to be referred for court-mandated treatment and services. The Governor describes the CARE Court as a "new approach" and a "paradigm shift." CARE stands for "Community Assistance, Recovery, and Empowerment."

"A new approach is needed to act earlier and to provide support and accountability, both to individuals with these untreated severe mental illnesses and to local governments with the responsibility to provide behavioral health services. California's civil courts will provide a new process for earlier action, support, and accountability, through a new Community Assistance, Recovery, and Empowerment (CARE) Court Program." (AMENDMENTS TO ASSEMBLY BILL NO. 2830 AS AMENDED IN ASSEMBLY MARCH 24, 2022, Amendment 2, c.)

AB 2830 is not a new approach and a paradigm shift. In fact, it resorts to the default method of the behavioral health system – forced treatment. **A court order is forced treatment.**

"Coercion is the power to force compliance with authority using the threat of sanctions, including physical punishment, deprivation of liberty, financial penalty or some other undesirable consequence." (Geller et al., 2006)

Terms like recovery and empowerment are appropriated in the very name of CARE Court. Eduardo Vega, one of the founders of the California Association of Mental Health Peer Run Organizations (CAMHPRO) and former board chair for several years, wrote, "Nothing is more disturbing than hearing the peer movement's words of recovery and empowerment being used in the context of forced treatment." Indeed, coercive treatment flies in the very face of the concepts of recovery and empowerment.

AB 2833 also asserts that the bill protects self-determination and civil liberties, individual rights.
To the contrary, the CARE Court subverts the rights protected in the Lanterman-Petris-Short Act (LPS), most specifically, the behavioral criteria – clear measurements - for initiating coercive treatment. Before the landmark LPS, people could be forcibly treated on the word of a broad array of petitioners without any objective criteria of behavior. The Community Assistance, Recovery, and Empowerment Act takes us back to those days, obliterating the rights protections for people with mental disabilities of the last 50 years. With AB 2830, almost anyone can initiate a court proceeding. The only criteria, "lack of capacity for medical decision-making" is vague and without definition.

The CARE Court concept is based on myths:

Firstly, people with mental conditions are inherently incompetent and not able to make their own decisions. This is a paternalistic attitude toward people with mental conditions and leads to forced treatment as a solution.

The myth that people diagnosed with mental illness are not competent to make their own decisions and are incapable of insight into their illness is discredited by researchers.

Most people with mental disabilities are competent to make decisions about their treatment. According to the MacArthur Treatment Competence Study, "Most patients hospitalized with serious mental illness have abilities similar to persons without mental illness for making treatment decisions. Taken by itself, mental illness does not invariably impair decision making capacities." [1]In the Surgeon General's words, "Typically, people retain their personality and, in most cases, their ability to take responsibility for themselves."

Finally, the bill contradicts itself. While naming that a person "lacks medical decisionmaking capacity" fits criteria for CARE Court, the same bill later states that a Supporter would "offer the respondent a flexible and culturally responsive way to maintain autonomy and decisionmaking authority over their own life." This reflects the inherent and absolute uncertainty and slippery slope that using lack of ability to decide for oneself creates as criteria.

Secondly, coercive treatment is effective and leads to treatment compliance

The expansion of forced treatment will not stop "treatment noncompliance," which is viewed as a problem that more forced treatment will solve. In fact, researchers have found that forced treatment may cause noncompliance. The Well Being Project, a research project supported by the California Department of Mental Health, found that 55 % of clients interviewed who had experienced forced treatment reported that fear of forced treatment caused them to avoid all treatment for psychological and emotional problems.[2]

Forced treatment is antithetical to recovery. Self-determination and choice are essential to recovery.

Third, the myth that the solution to treating mental health issues and to reduce homelessness is to expand forced treatment.

The facts are different from the myth:

- Voluntary, intensive services are the answer to mental and emotional distress. The expansion of forced treatment is not. The problem isn't that there are too few forced treatment options; the

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[1]*U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. (Incompetency myth) MacArthur Treatment Competence Study. http.www.sys.virginia.edu.macarthur (Incompetency myth)*

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

problem is that there are not enough person-centered, recovery based, culturally appropriate services. (Myrick & del Vecchio, 2016)

- The unsheltered and homeless population is NOT the result of mental illness. People with mental health issues are being scapegoated for economic and social problems that permeate our society. The problem is lack of affordable housing — and political will — not people diagnosed with mental illness (*Homelessness Task Force Report*, 2018).
- Scapegoating people with mental health issues is a political answer to public pressure to get rid of the homeless.
- The options should not be between homelessness and forced treatment, locked facilities, or jails. There is an array of alternative voluntary and peer-run services that are currently available, beginning to be available, and must be imagined.[3]
- The behavioral health system must think outside the conventional framework they have always used that has led to the current problems, to solve the problems.

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

Please oppose AB 2830.

Sincerely,

Andrea L Wagner

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CC: Assembly Member Richard Bloom

[3] Examples of voluntary methods research: *Whole Health Model* - Bouchery et al., 2018; *Crisis Respite* - Lyons et al., 2009; *Reduction in Coercion Model in Scandinavia* - Gooding et al., 2020; *Self-Managed Homelessness Shelters* - Huber et al., 2020; *Supportive Housing* - Cunningham et al., 2021; *Alternatives to Traditional Crisis Response Experiment* - Greenfield, 2008