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**[Date]**

The Honorable Assembly Member Reginald Jones-Sawyer
Chair, Assembly Committee on Public Safety
1020 N St. Room 111
Sacramento, CA 95814

**RE: AB 1412 (Hart) Pretrial Diversion for Borderline Personality Disorder**

Dear Chairman Jones-Sawyer,

On behalf of [Organization Name], I am writing to express my strong support for AB 1412 (Hart), which would include individuals with Borderline Personality Disorder (BPD) in California's mental health pretrial diversion program. This legislation is essential because it recognizes that individuals with BPD are unfairly excluded from the program despite evidence showing that treatment reduces criminal behavior, arrests, and recidivism in this population.

A study published in the Journal of Forensic Psychiatry and Psychology in 2020 found that individuals with BPD who received Dialectical Behavior Therapy (DBT) had significantly fewer arrests than those who did not receive treatment (Murray et al., 2020). The odds of engaging in criminal behavior were approximately 85% lower for individuals with BPD who received DBT compared to those who did not receive treatment. A review of 33 treatment trials for BPD analyzed data from 2,256 participants and discovered that treatment positively reduced BPD symptoms, self-harm, suicidality, and general psychopathology (Cristea et al., 2017). Additionally, The Holloway Skills Therapy Program (HoST) was created in the UK specifically for incarcerated women with BPD. Those who finished the 8-week treatment saw a remarkable 88.2% decrease in disciplinary actions (Gee & Reed, 2013). These findings suggest that referring people with BPD to treatment achieves rehabilitation in ways that incarceration does not.

Excluding individuals with BPD from pretrial diversion eligibility entrenches systemic stigma, which exacerbates both public stigma and self-stigma. People with BPD make important contributions to society and deserve equitable and just treatment, and compassion. Treatment is essential for reducing the risk of suicide among people with BPD, as self-harming behaviors are common in BPD, and 10% of people with BPD die by suicide, a higher rate than any other psychiatric disorder.

Research also shows that BPD is no more dangerous than mental illnesses covered by the diversion program. While the data in this area are limited because BPD is almost always comorbid with other disorders, rates of recidivism associated with attention deficit hyperactivity disorder (ADHD) are similar to BPD, and substance use disorders are associated with higher rates of recidivism than personality disorders (Babinski et al., 2015; Wu et al., 2014).

BPD is treatable, highly heritable, and associated with significant neurobiological differences. The overwhelming consensus among scholars is that BPD is treatable, and psychotherapy is the first-line intervention for BPD. This is also true for many instances of other disorders. In many studies, the combination of psychotherapy and medication is the most effective. Even in the case of psychosis, psychotherapy is often necessary for addition to or as an alternative to medication. Therefore, it is

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essential that individuals with BPD have access to the same treatment and support as those with other mental health conditions.

In conclusion, AB 1412 is an important step in the right direction toward providing equitable and just treatment to individuals with BPD. I urge you to support this legislation and help ensure that individuals with BPD have access to the treatment and support they need to thrive and succeed in society.

It is for these reasons that **[Organization Name]** supports AB 1412 and we request that you support it as well. If you have any questions, please do not hesitate to have your staff reach out to **[add contact information]**. Thank you for your time and consideration.

Sincerely,

**[Name**

**Title,**

**ORG]**