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California Association of Mental Health Patients' Rights Advocates

Minutes
Quarterly Board Meeting
May 15, 2013
Time: 10:00 am to 4:00 pm

I. CALL TO ORDER

a. Attendees:

Member/Title	County
Jill Ward / President	Shasta
Jim Marquez / VP	Orange
Joyce Ott / Far North	Trinity County
Gloria Hernandez / Central Valley	Fresno
Anna Krieger / BAYPAC	Santa Clara
Dave Vandenberg/ At large	Monterey
Jim Preis / At Large	Los Angeles
Cynthia White/ Southern California	San Bernardino
Teresa Alvarez/Treasurer	Stanislaus
Ann Coller – COPR / At Large	Sacramento

- b. **Introduction:** Jean McDonald/San Diego, a non-board member attended part of meeting

II. ORGANIZATIONAL BUSINESS

- a. **Minutes:** submitted and Dave proposes change to BAYPAC section
- i. **MOTION:** to accept minutes w/ Dave's amendment. Motion seconded and carried unanimously.
- b. **Board issues:**
- i. **Board membership:** Gloria reported there is one At Large vacancy. They have been unable to find someone from the Central valley to fill it. Discussion of how to promote the position: using website, including letter from President on web site.
- c. **Website issue:** Web site is now running. Discussed possible uses for site:
- i. Posting quarterly reports about each region.
 - ii. By law distribution: discussed need to distribute organization bylaws, possibly through web site or via a private web site.
 - iii. Future goals:
 - Should we develop a logo?
 - Should website include links to make accessible?
 - Spanish version of site

- d. **Treasurer's report:** \$4,862.02 is in the account, and we are waiting on \$75 that is owed. Taxes have been filed.
- e. **Organizational business:**
 - i. Discussed how to best use OPR resources and how to reach someone for timely assistance with issues. Ann will discuss with Michelle and get back to CAMHPRA.
 - ii. California Mental Health Planning Council: Richard Kryzanowski now on council. Cynthia White will join as ad hoc. Dan Brzovic already on.
- f. **Conference Call for CAMHPRA board meetings:** Have been some issues with the equipment, and Jill will contact Griselda to develop a system where we are notified ahead of time if there is a problem with the equipment. DRC allows CAMHPRA to use the equipment and office space as a courtesy.

III. COALITION UPDATES

a. Far North (Joyce)

- i. Met on 4/24 at Colusa Wellness Center. Counties attending were Shasta, Trinity, and El Dorado.
- ii. Shasta:
 - A new private, a 16-bed facility has opened in Redding. Opening date was 4/1. Experiencing growing pains in getting hearings running and getting certifications written on time
 - Controversy surrounding a client who committed suicide after an assessment by a provider. Similarly, a different client committed homicide after an assessment by a provider. There has been media coverage.
 - Assisted Outpatient Treatment (AOT) issues hearing up in the county and people are discussing presenting something at the board of supervisors and mental health board.
- iii. Trinity:
 - Mental health board took a vote to recommend to Board of Supervisors not to use Proposition 63 funds for 1421 clients.
 - A six bed facility with respite bed that is free to all mental health clients has recently been opened.
 - The EQRO review process has started with patients' rights having a role in the office.
- iv. El Dorado:
 - New PRA has been engaging with the PHF – meeting with residents.
 - Working on issues re: medications
 - Trying to provide resources to individuals in homeless encampments.

- PRAs are working on developing a brochure for counties that lack inpatient units.

b. BAYPAC (Anna)

i. BAYPAC met on 5/1/13.

ii. San Mateo:

- Still working on logistics for Meredith Hearings for clients coming from Stanford University Hospital. Have been challenges with locations and similar issues

iii. Alameda:

- Fremont hospital is opening up a new 50-bed adult unit. They have been experiencing extremely high numbers of holds (35 in one day). Experiencing resistance with voluntariness from doctors. Have seen some positive improvements at Fremont since a recent JHACO visit.
- Got a policy change around patient visits to allow for a former patient to visit a new patient
- Have been dealing with issues re: minors requiring hospital to hospital transfers.

iv. Contra Costa:

- Mental Health Commission has a Quality of Care Committee which is focusing on Napa State. Have been doing work also on Seclusion and Restraint under health and Safety Code 1180.
- PRAs support use of 5270s in the county and wrote a letter in support.
- Board and care monitoring continues
- Staff changes--Executive Director of Mental Health Consumer Concerns has left and there is now an interim executive director. New Mental Health Director is from Santa Cruz County.

v. Napa:

- Program review was done by the mental health board.
- At the local Crestwood have been seeing a lot of young women who have addictions to methamphetamines. This has been making up a huge portion of the census.
- Working on voluntary status issues at Napa State.
- New day program being implemented that is called "People Empowering People" (PEP). Also, new program called "Saving Money As a Resourceful Team" (SMART) is a workshop to help consumers save money.

vi. Monterey:

- Staff changes—now have a permanent RN director who has made some patient-centered policy decisions.
- Staffing issues in facilities: don't always have the number of RNs available they need so the patient census is kept down. These patients are then presented to private

hospitals, but some are not accepted rejected by in-county private hospitals because of elopement risk (these facilities are unlocked). This results in patients being placed out of county. All goes back to lack of staffing.

- Seeing ongoing issues with patients experiencing methamphetamine addiction and a lack of resources.
- “PREP” is an enhanced services program that is Mental Health Services Act funded. It has been successful in San Francisco and Alameda and will be coming to Monterey.

vii. San Francisco:

- Engaged in large project around mental health issues associated with a housing program owned by Glide Memorial.
- Ongoing advocacy about psychiatric holds on medical unit at SFGH.
- Ongoing advocacy at 7th Ave jail, which now has a women’s and a short term stay unit.
- Outreach being conducted by PRAs in prograde hospital. Have done groups in county hospitals.

c. **Central Valley (Gloria)**

i. TO BE ADDED

d. **South (Cynthia)**

- i. Advocates attended from San Bernardino, Imperial, San Diego, Orange County, Santa Barbara, Los Angeles County
- ii. Discussed Department of Health Care Services Audit: there is a need for PRAs to share experiences, however when sharing information may not want to identify yourself as a PRA. There was input and feedback from consumers and other stakeholders.
- iii. Concern over Nevada “bussing” of consumers discussed.
- iv. Discussed how to increase participation in the South Regional CAMPHRA meetings
- v. San Bernardino: Independent Living Coalitions are being recognized. Counties are pursuing establishing a room and board coalitions.

IV. REPORT FROM OTHER ADVOCACY ORGANIZATIONS

a. Mental Health Advocacy Services

- i. Immigration case with ACLU re: right to counsel: Impact work includes an immigration case with ACLU as co-counsel. Litigation is ongoing, but they were granted a permanent injunction that requires that if a person is declared incompetent to represent him/herself in a removal proceeding, they must be appointed a lawyer or representative for the removal proceeds. Legal basis is both constitutional due process protections and Rehab Act Sec. 504 (1973) that provides that the right to counsel is an accommodation.

- ii. Future concerns are parity and health care reform. Including the drug and substance abuse Medicaid benefit.
- iii. AB 3632 local school districts provision of mental health services: this is an ongoing state level discussion, with some districts implementing AB 3632, while wothers are not doing well and resist spending the money needed for implementation.

V. PUBLIC POLICY (Dan B.)

- a. **SB 585 (Steinberg) MHSA money being used for AOT:** has been changed to include language that AOT can be approved through the budget process. The bill is disappointing, but Steinberg was able to knock out some other more damaging bills.
 - i. SB 585 in current form --
 - Bill also allows MHSA funds, realignment money, or other state funds to go toward AOT.
 - If MHSA funds are used for AOT, it must be a part of the MHSA plan. So using MHSA money for AOT must be part of the planning process with stakeholder commitment. So counties can't just use money without stakeholder input.
 - Bill amends provision that there should be voluntary participation.
 - ii. During process has been a lot of discussion of what is considered "voluntary treatment." We do not want a braoder definition of voluntariness – that could result in use of MHSA money for IMDs, which makes it better to frame this as an MHSA exception.
- b. **SB 364 (Steinberg) LPS Reform:** Began as measure by Cal. Hospital Assn (CHA) to change LPS to relieve pressure on emergency rooms. Many of CHA's proposals were concerning. These concerning provisions are not in SB 364, and the bill is now a clean-up of LPS law with some positive improvements from a client perspective.
 - i. SB 364 in current form –
 - Counties can designate facilities without Dept Health Care Services approval. DMH use to have approval authority. Also make positive changes re: licensed facilities.
 - Legislative intent of the measure is that patients' rights protections need to be uniformly applied. Legislative intent included provision about serving clients in least restrictive setting possible.
 - Bill would make positive improvements to the advisements clients are provided.
 - ii. Issues that will be worked on in the future with Steinberg: patients going to non-designated ERs, time that the clock starts on 5150s, and transportation/immunities for ambulance companies.

VI. HEALTHCARE REFORM (Dan B.)

a. MediCal Managed Care

- i. Seniors and people with disabilities are headed into managed care, but Medicare/Medicaid clients are currently exempt from managed care. However, this will change and Medicare/Medicaid clients will soon be in managed care. DRC is reviewing the implementation documents from the state. T
- ii. PRAs should be looking at issues like:
 - Problems with coordination
 - Issues accessing services out of county
 - Problems with notices and appeals
- b. **Drug MediCal:** With Health Care reform plans will be offered on the exchange for purchase. MediCal will have to offer the same as what is offered on the exchange. As a result, there is work to be done to ensure MediCal offers drug benefits equivalent to the exchange.
- c. **County funding:** There will also be issues with how specialty mental health is provided and what funding is shifted from counties in light of health care reform savings to counties.

VII. MEREDITH v. KG

- a. Implementation still varies by county. Discussion of how to better implement. There is a need for statewide rules.
- b. Some counties:
 - i. Marin – hearings not happening.
 - ii. Orange – burden is on the person to request hearing
 - iii. Hearings happening in: Santa Clara, San Mateo, LA, San Francisco, San Diego. In progress in Riverside County.