

CAMHPRA Board Meeting
Wednesday, September 20th, 2017
10am – 3pm
Conference Call

Present: Samuel Jain – President (Santa Clara); Jill Ward – Vice-President (Shasta); Annette Tran – Treasurer (Orange); Kelly Reilly – Secretary (San Diego); Jim Marquez – Past-President (Orange); Gloria Hernandez – Central Valley (Fresno); Jim Raphael – BAYPAC (Santa Clara); Martin Hernandez – South (Los Angeles); Jean McDonald – At Large (San Diego); Ann Coller – At-Large (COPR); David Vandenberg – At-Large (Monterey); Christina Kraushar – At-Large (Merced); Richard Krzyzanowski – DRC/At Large (Los Angeles Area); Joshua Bryant – At Large (Trinity); Mike Phillips (San Diego)– **Quorum met**

Treasurer's Report (Annette Tran): current balance \$6400.57. Noted a fraudulent charge on 8/31/17 for \$128.20 for Seattle trip on Alaska Airlines, trying to get a hold of Bank of America to resolve. PRA from Kings County interested in membership, 68 members currently.

Approval of Minutes: Samuel Jain moves, Richard Krzyzanowski seconds, **Approved**

Introduction of New Board Members: Kelly Reilly – Secretary (San Diego); Joshua Bryant – At Large (Trinity)

PRAT Luncheon Recap: Positive feedback regarding the speaker, and many said the event was well organized. One area for improvement is the lack of nominations for awards. Recommendations to encourage more nominations include: Discussing awards and nomination process at regional meeting, having a set dates for accepting nominations, and putting award information up on website. Will discuss more at next meeting (when planning luncheon).

CAMHPRA Policy Platform Subcommittee Report (Richard Krzyzanowski, Jim, Samuel Jain): Putting together a policy platform for CAMHPRA to help guide legislative efforts, and to provide discussion points for members who go to community/state meetings about CAMHPRA. Created a document with six main pillars/guiding principles, with more details about specific values under each pillar. Allows for someone reading at a surface level have access to information without needing to get too deep. Pillars/Principles are: Access to quality care, Support for initiatives consistent with least restrictive care, Access to affordable housing, Alternatives to incarceration, Reduce stigma, and to Support advocacy (making sure advocates have access to training, etc.) Will continue to work on this in subcommittee.

San Benito County Update (Dave Vandenberg): San Benito County is out of compliance - mental health program does not contract for any psych beds, no designated facilities, no contracts for other county beds. County keeps people in facilities by using 5150 forms for designated facility, but people are placed on successive 3 day detentions, kept in EDs of nondesignated facilities, as long as 7-14 days. PRA Stuart sent letters asking ~~asking~~ what steps are being taken to comply with LPS act, but county is the one that pays PRA, which puts him in a bind. Anne Coller forwarded complaint to DRC and received two emails saying thank you, but no info on how they are following up. A letter from CAMHPRA may be in order, sent to ACLU or whoever may take the case. CAMHPRA could be representative plaintiff. Can George Caravalo find individual plaintiffs and talk with CAMHPRA? Will schedule time with George at next meeting, and with Mental Health Practice Group.

PRA Ratio Subcommittee Report (Samuel Jain): Meeting was last Wednesday, good group and good discussion. Putting together white paper, which will serve as basis for legislation in PRA research issues (make sure offices have enough resources), training (opportunities and requirements for PRAs), and retaliation (conflict of interest with county facilities). Samuel and Justin (staff for Mental Health Planning Council) are working on it, and plan to have completed by 10/6. Will send to board and give six day period for Board to review and comment on recommendations. The last day for CAMHPRA to respond is Thurs 10/12 by end of day, and will then submit on 10/16 to MH Planning Council, before the meeting on 10/18. Also discussed ratios for acute and subacute beds, 1:30 advocate to acute beds, 1:70 ratio advocate to subacute beds. Need to dig more into data before specific recommendation.

Guest Speakers: Heidi Strunk, Public Policy Coordinator for California Association of Social Rehabilitation Agencies (CASRA). CASRA is a nonprofit started in 1969. It is based in Sacramento, with services including advocacy and service coordination. Focus on outreach and engagement, integrated mental health and substance abuse. Services are designed to support education and employment goals of consumers. 30 agencies throughout the state associated with CASRA. Funding comes from membership, trainings, CEUs (not dependent on grants). One of the biggest current concerns is implementation of SB- 382. CPR certification for peers and staff. Always partnering, reaching out when legislation comes up. Heidi's email heidi@casra.org. Hopes to build up more collaboration with CAMHPRA, which would benefit both organizations.

Coalition Reports - a. Far North: Jill Ward (Shasta) attempted to have discussion with Shelly Fitzgerald (Humboldt) re: CAMHPRA involvement, was not able to reach her due to issues with Shelly's email. Jill can speak for Shasta County. One of the hospitals is going through steps for becoming designated. Had a geropsych unit that was all voluntary but was not working. Decided to become LPS facility. Still in the works, has not gone to Board of Supervisors yet.

b. BayPac: Jim Raphael (Santa Clara). Multiple issues with 80 bed acute psych hospital, 17 beds for adolescents over 14. Larger corporation is Acadia Healthcare, based in TN. County issues = burnout, incompetence, paternalism. Others, paternalism. Can be fiscally driven, low staffing. Individual lit a fire in the last month, part of facility flooded, had to move some adolescents and housed them in the gymnasium. Additionally, a male patient committed suicide right in front of staff. Staffing concerns and questions about adequate treatment were raised. Many patients discharge and are not stabilized. In county jail, lack of outside time is an issue. Some people are held in cells for up to 6 days without being allowed to shower, go to groups, day room etc. Putting together big complaint making an ADA argument that people in jail who have mental health issues are being treated differently. County is seeking two open 2 crises house, and one CSU. Ongoing delays due to Fire Marshall issues. Beds urgently needed to reduce time spent in acute inpatient units. Also involved in Community Living Coalition project, group to organize B&C and crisis stability placements.

c. Central: Gloria Hernandez (Fresno County). Made decision to end peer mentor program. In 2018, AOD services, residential crisis unit. K&R Manor B&C closing in Merced. Homelessness and police aggression are problems. In Kings County, a new advocate (Katie) has interest and may be able to help part time. Stanislaus – recommend to extend 3 year treatment program. Denial of access to PRA is an issue. Need space to interview clients privately. Carol retired from Madera County, county says no need for PRA because there is no acute hospital, notified Anne Coller. Fresno, multiple repeat admissions in children's unit. One client got his gun back after going to court and representing himself. Jails overcrowded due to transfers from state to jail. Under mandate to keep it under certain level for population.

d. South: Mike Phillips (San Diego). Running fairly smoothly. Laura's Law moving at very slow pace, almost not really working at all. Largest Hep-A outbreak in nation, lots of discussion re: homeless housing. Very

difficult time getting it under control. Concern is not only safety & health issue, but also stigmatization and villainizing of homeless individuals. Last night, Behavioral Health director called and said police were using 5150 to drop people off at hospitals so the streets could be cleaned. Trying to get ready to gear up for Drug Medi-Cal, expecting to be doing advocacy for that. Chris suggests presentation on Drug Medi-Cal, perhaps at next PRAT. Mike is familiar with someone who can potentially present. COPR is currently renegotiating contract with state and could negotiate presentation once we get closer to PRAT. OPR may be good keynote speaker.

Reports from Meetings/Other Advocacy Organizations

- a. California Coalition for Mental Health (CCMH): Samuel Jain: Next meeting is in LA, Jim Preis will attend on behalf of CAMHPRA.
- b. California Office of Patients' Rights (COPR): Ann Coller – not on line
- c. Mental Health Advocacy Services (MHAS): Jim Preis – not on line
- d. California Mental Health Planning Council (CMHPC): Samuel Jain: Samuel & Richard are both ad hoc. White paper on survey data. Report from Assistant DHCS on Medicaid managed care grievance procedures, will ask for presentation re: required protocol for grievances, how that impacts patient protection & forward presentation to CAMHPRA.
- e. Disability Rights California (DRC): Richard Krzyzanowski: Monday was memorial day at state hospitals, thought provoking and moving event. DRC Board just approved 5 year plan with laundry list of advocacy goals and initiatives, 20+ page document. Some topics: criminal justice system, denials of requests for assistive technology, religious rights, dental care. Establishing minimum outdoor times for people in MH facilities. Helping with training and strategies for advocacy groups in the community. Hoping to start coalition that looks at Seclusion & Restraint. Oversight & Accountability Commission update: OAC will be having a meeting in LA on October 26. Then 10/28 Saturday, one of the statewide community forum at LA Community College.

Public Policy

- a. AB-1250: Regarding County contracts. A number of issues raised in senate report: burden on administration, quality of services could be reduced. Luckily, it did not make it out of the senate rules committee. It will not be sent to the governor this year, but some concerns about it coming back next year. It sounds like it will continue where it left off next year (in senate rules committee), may need to make modifications next year to get buy in. Contractors are taking this opportunity to gear up for strategic opposition next year. 50% of PRAs are county employees, initial thought was CAMHPRA would need to take a neutral position. However, can take a more nuanced position of the initial intent of support for county employees and job protection but we don't support provisions that put the existing contracts at risk, perhaps an opposition letter can be drafted next year. Add to agenda for the first meeting of 2018, may have more information about the bill at that time.
- b. AB-720: Expands who a county jail can involuntarily medicate to individuals who have not been sentenced, awaiting arraignment transfer or release. In 2014, allowed individuals who had not been convicted. Very alarming as the expansion would allow for involuntary medication of people who are not even in LPS facilities. CAMHPRA signed on to an opposition letter with DRC. Just got email this bill passed through the senate, and was sent to the governor. Will sign updated letter with DRC.
- c. AB-191 – bill passed, allowing LMFTs and LPCC to provide second signature on 5250 and 5270.
- d. SB-374 – CAMHPRA wrote support letter, it passed. Mental health parity protection.
- e. SB-565 – Samuel and Heidi did a lot of advocacy. Bill would require facilities to automatically notify families of cert hearings even if the individual opposes. Final bill (which passed) requires facility make reasonable attempts to notify family, only for 5270.

f. Other legislation: Healthcare Bill – millions losing coverage, billions being lost in Medi-Cal funding. Would be devastating. Paul Rand is opposing. Will continue updates.

New Business: State mandate to provide trainings, such as: 5150 training, denial of rights, seclusion & restraint. It could be helpful to have a CAMHPRA presentation bank, where counties can share presentations. This could help bigger counties revamp presentations, and particularly help smaller counties who may not have the time/resources to develop. Google group would be a good way to share this. Richard moves to approve, Gloria seconds. Samuel will work on this and clear it with supervising attorney.

Samuel received email asking for contact info for patient rights advocate, currently investigating coverage issues between Medi-Cal managed care and counties. Conflict and neither one is willing to accept responsibility for services, clients left without services. If any PRA is seeing this, please forward those issues. Samuel will send email out reminding everyone.

Next meeting: Wednesday, December 6th. Additional meeting in February before PRAT.