

## MINUTES OF CAMHPRA MEETING, APRIL 30, 2014

10:00 Call to order.

In attendance:

Jill Ward, Gloria Hernandez, Sarah Webb, Jim Preis, Ann Coller, Lisa Long, Joyce Ott, Jim Raphael, Dave Vandenberg, Cynthia White, Anna Krieger, Teresa Alvarez, Patti Yamamoto, Katie Orlando, Dan Brzovicz

Presiding: Jill Ward

Taking minutes: Lisa Long

(Installation of new officers delayed in agenda until a voting quorum was reached.)

### RECAP OF CAMHPRA LUNCHEON

Ann Coller: Liked the food better than in years past.

Sarah Webb: Speaker was excellent choice.

Gloria Hernandez: How do we keep people from leaving before speaker speaks?

General comments: The audience was sparse, with only about 12 people remaining at the end. We should give speaker time limit so people know when end will be. (Speaker was given a time limit.) People have to get flights on Friday, that's why some left early. Shoul we move luncheon up? Hotel requires gap between events in same room per

Ann Coller: The luncheon room is used for seminars prior to event. Hyatt not available in February for next year, may be changed to April. When we know when it will be maybe we can juggle the luncheon schedule better.

Sarah Webb: How about moving the luncheon to Thursday?

Ann Coller: Has been done before, also as a breakfast. Could be discussed with Michelle and Griselda.

Sarah Webb: Seems ideal to have it Thursday because maybe as a result more people would attend the board meeting Thursday night; this coule be a recruiting benefit.

Jill Ward: It might have to be at the end of PRAT because of contract issues with DRC running the conference and budget legalities.

Ann Coller confirmed this, agreeing it might affect our ability to move it to Thursday.

Gloria Hernandez: Is there anything to prevent us from doing a dinner instead of a luncheon?

Ann Coller: Talk to Griselda about the possibility, dinners tend to cost more, and it also depends on if other rooms are available.

Cynthia White: Could we have a dinner at a restaurant?

Ann Coller: Be cautious about restaurants having an appropriate space such as a meeting room, and be sure acoustics would allow everyone to hear the program. *The Cafeteria* might work; it's a couple of blocks away.

Jim ( ) : The Meet and Greet was very successful; if we have dinner Thursday when would the board meeting be? After dinner would be late.

Cynthia: Maybe we could have the meeting 5-6:30, and the dinner 7-9?

Ann Coller: We need to work with Griselda on schedule.

Cynthia White: Maybe we could host Meet and Greet?

Jim ( ): That would be additional expense.

Sarah Webb: How about a compromise: Thursday afternoon – 12 – 2 for the luncheon? And then continue workshops afterwards? That would give us a captive audience and would set a limited timeframe.

Anna Krieger: That way we would not lose the Meet and Greet which was good for advocates to interact with the DRC staff which was very beneficial.

Ann Coller: Thursday we have breakouts, not big room is set up. We get the luncheon room comp'd the way we do it now. Michele and Griselda need to be involved for logistics.

Anna Krieger: Past luncheons didn't have a problem with people leaving early. We may need to get bigger name for speaker and make awards ceremony more concise.

Cynthia White: I am willing to be on a task force to explore options and survey members.

Jim Marquez also nominated to be on the task force.

Lisa Long volunteered to check out local facilities, rooms, restaurants, etc.

Conclusion: Cynthia White and Jim Marquez will work with Michele and Griselda at DRC to identify options for moving the CAMHPRA luncheon to a different time and/or place. They will contact Lisa Long to request she check out possible local facilities that may be identified as options. They will report back at the next CAMHPRA meeting.

#### **INSTALLATION OF NEW OFFICERS**

Quorum was now reached. New board officers Jim Marquez, President and Lisa Long, Vice-President were voted in unanimously. They were welcomed to the board.

#### **TREASURER'S REPORT**

Teresa Alvarez:

Previous account balance:	7726.40
PRAT expenses – decorations, luncheon spent	3923.07
Current balance in account	3810.39 (Numbers off, verify)

Speaker was 200.00 this year; may need a fund raiser if we want to get a better speaker.

Jim ( ) asked about the status of taxes.

Theresa Alvarez stated they were completed before PRAT. All taxes filed and we are in compliance. Teresa will see if she can continue being Treasurer for now, until her baby is born (due May 14). She is prepared to hand over the books when new Treasurer is found.

#### **COALITION REPORTS**

**Joyce Ott/Far North:** She was unable to attend last far north coalition meeting. Jill Ward requested a report about the MSHA forum. Joyce Ott proposed we hold coalition meetings at PRAT. Peer respite grants are being considered in the Far North; PRAs need guidance on how to look at these, about how family participation is working at a local level; might be an opportunity to get feedback on participation. Have many new advocates in the Far North, there is lots of turnover, so the list serve is very helpful, especially responses from other advocates. Far North concerns are mostly outpatient issues as they do not have many inpatient

beds. Jill Ward: Shasta County started mental health court. They are looking at 15 people, but the program is ongoing. She is still doing hearings at the PHF.

**Sarah Webb/BAYPAC** Our April 16<sup>th</sup> meeting was good. Marsha Ballard, covering Napa advocacy temporarily, reported trouble shooting issues with Napa's request for proposal and her concerns about what kind of responses they will get. Riese petition legalities are being dealt with in Napa as well. In Alameda County seclusion and restraint has been greatly decreased recently. In Santa Clara County they are working on minor's issues; they have a new Crisis Stabilization 24 hour unit for minors opening. Region wide, regarding the implementation of Meredith: how are cross-county conservatees being handled? Jim Preis brought up case in which "mental disorder" included dementia; conflicts with SB364; CA Supreme Court turned down review of petition. The case involved someone who was being considered for Murphy's, was involved with a murder, and had Alzheimer's. The court supported defining "mental disorder" to include Alzheimer's because it was practical, but was bad law. A distinction will need to be made in the courts between mental disorder and dementia. It was previously differentiated in court (case law in L.A. county), but no written legislation is available to be referred to. Sarah Webb asked if Jim Preis has the related Amicus Brief/letter to share with us, and he said he does. Sarah Webb said it would be helpful to their county. Jim Preis: "Mental disorders" was changed to "mental health disorders" in recent LPS revision. The clear intent of that change was to differentiate mental illness from dementia. However there is no documentation available for the instigation of the change, only reports by people who were there for the conversation. The bad law decision by the court was really about who was going to pay for services for this individual, and it is not good for case law. The differentiation needs to be codified, but the legislature probably won't back off the decision that for Murphy's it can be any kind of disorder. Ann Collier asked if the legislator of term during the change in LPS would write statement regarding why change was implemented. It was Darrel Steinberg. She stated "mental disorder" has not been well defined legally anywhere. Jim Preis agreed, and said recent decisions have been bad law. "Functional or organic nature" is applicable phrase

per Jim Raphael. (Further discussion of legal interpretations of mental illness followed.) Gloria Hernandez asked why LPS revision was chosen as format to discuss this differentiation. Sarah Webb said Santa Clara County sees LPS conservatorships as easier to implement than probate conservatorships. Gloria Hernandez asked if Murphy's conservatees eventually get turned over to probate. Jim Raphael said they get turned over to LPS conservatorship. Comments were made that Murphy's Law is not being implemented well in terms of notifications, investigations, reviews, etc.

**Central: Gloria Hernandez/Central Valley** No report to offer as they did not meet. The status at Fresno county mental health is up in the air regarding the renewal of the advocacy contract, so getting a meeting scheduled is difficult. They will schedule a meeting after July 1 when the new the contract starts.

**Cynthia White/South** We had a great meeting. All counties were represented but Santa Barbara. L.A. – a couple of hospitals closed, but some new are opening so it evens out. They are working with the distribution of posters/publications and beneficiary protection forms. The

state is enforcing laws pertaining to the posting of these publications so be aware. EQRO went to LA to monitor. Imperial County has had a huge increase in 5150's recently. San Diego County has had an increase as well, plus an increase of minors on holds. 5270 holds are now being implemented. Patients' Rights is monitoring all 5150's in San Diego County, insisting that people be assessed by facilities even if the facility has no beds. We can push for that so people don't end up staying in ER's if they don't need inpatient treatment. LPS facilities have been refusing to assess if they are full; without acceptance for assessment ambulance companies won't transport. No mobile assessments are available in this county. Lisa Long said in Sacramento County a private LPS hospital has a mobile assessment team that contracts with ER's. Jim ( ) said they have a county crisis intervention team for minors who try to help the minor resolve the situation before they are put on a hold, and a crisis stabilization facility for minors is being opened. Katie Orlando/Orange County discussed a non-designated facility for ages 45+, where a 22 year old and a 26 year old were admitted; no one from the facility could give her the criteria for people in their 20's being there; they are currently waiting for Licensing to respond. South Area: mental health month in May is being observed, wearing lime green in observance, San Bernardino is having related activities. Cynthia White has been attending the California Mental Health Planning Advisory Council as an advisor regarding Patients' Rights issues, and there is a lot of interest in patients' rights issues, so we may see more activity in our own counties as a result. They want to know how they can support Patients' Rights better. Jim Raphael asked that we discuss this more in the Public Policy portion of the agenda, and the group agreed. Jim Raphael said Santa Clara County is getting some of the 208 funds for community based services, and they are going to expand services and facilities in the county to take pressure off of the present providers.

## **REPORTS FROM OTHER ADVOCACY ORGANIZATIONS**

**Jim Preis/MHAS** – They are finalizing proceedings regarding clients who are being deported. Behavioral Health Legal Partnership is a group of attorneys who are working with health agencies to get better outcomes for individuals in the health system. They are working with the Sycamore Family Resource Center's children's program in L.A., as part of their wrap around services, to provide legal services to families to relieve stresses that can be contributing to mental health outcomes. Lawyers and advocates are integral to the mental health system, including issues such as housing. Sycamore is monitoring it, and it has been in effect 6 months.

**Anne Coller /OPR** – Discussed procedural problems with Riese hearings in Napa: they are making up their own procedures for Riese hearings. Lisa Long updated current status of that problem: the hearing officer went to training and attorneys from the county are involved with compliance enforcement. Anne Coller said there are problems on a statewide level with hearing officers who are hired and paid by hospitals. This can present a conflict in a variety of situations. The contract will affect conflict, and pecuniary interest alone indicates probable conflict. Cynthia White said San Bernardino County is recruiting hearing officers, following county personnel code and county processes, but individual facilities then contract with the hearing officers and nobody is monitoring independently contracted hearing officers. Ann Coller stated that "ad hoc" contract implementation presents problems. Patti Yamamoto or Katie Orlando said that Orange County hearing officers are monitored by the county, paid for by

the hospitals, and schedule rotations are changed by the county which works well for impartiality. Ann Collier discussed the myth of insurance companies not paying for voluntary patients.

**Lisa Long** presented notes from the March 19<sup>th</sup> meeting of the California Coalition for Mental Health (copy attached). Gloria Hernandez indicated an interest in participating in the Crisis Intervention Team Training. Lisa Long referred Gloria to Sharon Roth who is leading up committee from CCMH to support the program. Jim Preis willing to attend the CCMH meeting for CAMHPRA in Orange County in September. (Later in the day we returned to this agenda item to discuss establishing a permanent designee for the CCMH meetings.) Lisa Long was approved as the 1<sup>st</sup> Designee to attend CCMH meetings. If she cannot attend, she will communicate with the board by email to find a backup for the day. Ann Collier said Dan Brzovicz from DRC usually goes so he could be a backup if no one else can go.

### **(LUNCH 12 – 1:15)**

**Dan Brzovicz/DRC** – The Legislature is now in session, and DRC is working on many legislative issues. Regarding prisoners not able to stand trial, there is a proposed bill to allow a bridge order from the court in order to maintain KEYHEA, so medication orders can be maintained when patient is transferred. A bill is proposed which would extend ITST to revocation of bail. A bill regarding conservatorship is being proposed which would allow a probate court to refer people for LPS conservatorship; this is a bad bill. There was an attempt to extend “chronic alcoholism” to include substance use, which DRC got removed. Many judges want to force LPS conservatorships; DRC got a bill amended so that probate investigators get involved, and a court hearing has to show probable cause through the investigator’s report. Bad legal language and other bad items were removed from earlier drafts of several other bills. (Bill 1725.) A current Medi-Cal program provides Medi-Cal to clients with incomes at 124% of the federal poverty level; DRC is working to have it raised 138%. There is disagreement on how much it will cost (4 million to hundreds of millions). Medi-Cal expansion currently allows benefits to childless adults at 138% for ages 18 – 65, but after age 65 then there’s a cliff. This change would eliminate that cliff. 124% does not cover a cost of living adjustment to allow for inflation. The federal poverty level goes up due to inflation, and people at the top of the Medi-Cal income limits get knocked out of the program. These are the reasons DRC believes the program needs to be amended. (SB 2025?) Any support anyone can give would be great – Dan has been working on it for years. The Hospital Association is back with another LPS proposal to introduce next year, coming up with language for it this year; it is better than SB 364 was previously. The bill states the hold clock has to start when first 72 hour hold starts at the initial time of detention for judicial reasons, as due process gets denied if start is delayed. They also want to put into statute what happens to a hold if someone is transferred for acute medical treatment from an ER department. Discussion took place about adding wording to allow a hold to be written after assessment if appropriate upon discharge from acute treatment unit. Dan Brzovicz said adding such a clarification would be reasonable. The Hospital Association also wants many immunity provisions; the only such provisions allowable would be

immunity for placing the hold and for releasing from the hold. A question raised about medical hospitals that have psychiatric units being LPS designated facilities: how would this be affected? DanBrzovicz said we have to word this carefully and be very clear; it must be hammered out. An Orange County board member said that in Orange County the psychiatrist and social worker provide service daily to keep med/surg clients on a hold. Orange County recommends non-designated acute hospitals send mental health clients to ER at discharge to have a mental health evaluation. Ann Coller said any wording on this issue must specify physical treatment cannot be forced by using an LPS hold as a tool for such. Cynthia White commented: doesn't parity require that physical AND mental health services are offered by all hospitals? DanBrzovicz said that's a possibility, and it needs to be addressed. Mobile assessment teams mean people can now be held on LPS holds in non-designated facilities, for example while waiting for a bed in a designated facility; should they not get mental health treatment there under parity? DanBrzovicz said evaluation needs to be truly ongoing. The hospital can choose to provide crisis intervention, but treatment does not have to be provided anywhere other than a designated facility per 5150. This needs to be addressed through this legislation. Cynthia and Dan discussed the difference between treatment and crisis intervention, detention outside of a designated facility for max of 72 hours, ER having immunity for 24 hours under 1799. 364 codified practice of keeping someone in a non-designated facility for over 24 hours when waiting for placement. What treatment should patient waiting in non-designated be provided? Cynthia White said evaluation every 24 hours is not sufficient, she wants it every 8 hours and wants therapeutic services offered while a patient waits in an ER. The statute says "ongoing" to cover "drive-by" evaluations. It can be pointed out to a doctor that once every 24 hours is not ongoing. Serial 5150's are prohibited by statute, but are common. The Hospital Association wants this clarified as well. Dealing with curbside discharge/reassessments or repeated transfers between ER's and crisis stabilizations until a psych bed is found are going to be difficult. Discussion of receiving credit for time served took place. The Hospital Association is working with ER doctors and other doctors to make sure they are on board with the wording in the proposed bill. Doctors won't support what they can't provide. The next meeting with DRC and the Hospital Association is not yet scheduled. Patti Yamamoto said St. Joe's in Orange County is setting aside a certain number of beds in the ER for psych patients, providing better assessment and treatment while in the ER. DanBrzovicz asked Patti Yamamoto to get a copy of that information to him. Cynthia White will try to get San Bernardino's policies to DanBrzovicz as well. Ann Coller said concern about institutionalizing psychiatric care in non-designated hospitals is a concerning model. Cynthia said it is helpful when there is a need to differentiate a psychiatric crisis from situational crisis. Patti Yamamoto said the goal of Orange County's program is to alleviate the crisis of ER's, not to normalize psychiatric treatment outside of LPS facilities.

Jim Raphael proposed that CAMHPRA support the California Mental Health Planning Advisory Council's interest in supporting local activities of PRA's, and that we write a letter to the council stating that we are willing to participate in related activities. Cynthia White said she is willing to draft the letter, which will include the names of the CAMHPRA board members. Cynthia seconded motion. The vote was unanimous.

Jim Raphael moved that CAMHPRA support SB 2025. Katie Orlando seconded the motion. The vote was unanimous.

Jim Raphael moved that CAMHPRA participate with DRC in the Hospital Association bill revision. Sarah Webb seconded the motion. The vote was unanimous. Anna Krieger said that if there is a point where DanBrzovicz needs input she will advise the board. Anna Krieger said Jim Raphael and Sarah Webb would be great people to review possible wording in conjunction with DanBrzovicz. Jim and Sarah agreed to this.

Cynthia White said she has a concern regarding ambulance holds. Ambulances are unwilling to transport voluntary patients, so voluntary patients have to be put on holds just for transport. Gloria Hernandez said this issue came up at the 5150 central valley task force, and that it is a billing issue. Ambulance companies are afraid they won't get paid without a patient being on an involuntary hold. Cynthia White said that is the same thing that she has been told. Anna Krieger said this is something Dan is trying to address on the Hospital Association bill. In fact, the subject was discussed at DRC meeting this morning as a parity issue. Ann Coller is also interested in working on this issue. Cynthia White said she is glad it's on the radar and being worked on.

Recruitment of a new Secretary and Treasurer. Cynthia White volunteered to be the Secretary. Jill Ward said Cynthia might have to give up her position as the Southern Coalition representative to take the position of Secretary. Cynthia White said she will try to get a San Diego person to take the coalition representative position. No volunteers came forward for the Treasurer position. The issue is deferred to Jim Marquez at the next meeting.

Recruitment/Increase of At-Large Members. Is Ann Menascheno longer attending? Ann Coller will find out. Hank Hallowell is retiring in June. Jim Raphael said – we are allowed to vote in an at-large member. Patti Yamamoto was asked if she wanted to be an at-large member. That would mean there would be three Orange County at-large members. Anna Krieger said we should have a bigger discussion about this, and she previously wrote recruitment materials that are available. She said would be great to get people from LA or the thefar north. Ann Coller asked about sending out something on the list serve. Anna Krieger asked if someone from the CAMHPRA list-serve will look to see if they have the recruitment materials that were emailed last year. Jill Ward said she will look. If each board member will reach out to other advocates to be at-large members, that would be great. Jim Raphael said regional diversity is very helpful. Lisa will ask Jonah Salerno. Ann Coller will ask Steve in Humboldt.

Routine medical: have others experienced county to county conserved patients having the right to refuse routine medical treatment? Discussion took place regarding the definition of "routine" – medications to treat a condition as opposed to general tests. The definition is the dilemma. Ann Coller said the definition of "routine" is unclear from case law. Procedures required for placement can be compelled. Jim ( ) said each conservatorship needs to specify what is "routine". We can ask our Public Guardians how they interpret this word. Jim Raphael referred to the annotated medical code and said Meredith addresses this. "...which is necessary for the treatment of a current or continuing medical condition" and

reference to a case where the Conservator did not specify any particular treatment so the court refused to make a decision. Ann Coller said various counties have juvenile court definitions of routine medical care; they may be useful for guidance. Patti Yamamoto agreed that would be appropriate. Add this issue as agenda item to next meeting to report back what has been learned from inquiries of local Public Guardians.

PRAT 2015 – what worked? What needs improvement? Patti Yamamoto noted that many people left during the keynote speaker's address on the last day, and asked if the keynote speaker could be presented at earlier time in conference. Gloria Hernandez told her we discussed this earlier, and it may depend on facilities available; alternatives are being worked on by committee. Gloria Hernandez commented on Wednesday being basic training vs spreading it out over several days. The schedule can make it difficult for counties with hearings to attend basic training; could it be addressed? Katie Orlando said that basic classes were chosen for her, and that she would have liked to choose some. Ann Coller said a process exists to change preselected classes. Lisa Long said some sessions were standing room only, and asked if that could be addressed, possibly by having no tables for part of the room?

Change CAMHPRA board meeting times to 9 am to 12 am? Jim Marquez proposed this to make it easier. Several people said 10 am works better for those who have to travel – getting to DRC offices can take some time. Jim's concern was perhaps more business could be taken care of before we actually meet? Defer issue to next meeting so Jim Marquez can explain why he proposed this.

Meeting times were set for the next two meetings: July 30<sup>th</sup>, 10 am to 3 pm, and October 29<sup>th</sup>, 10 am to 3 pm. Jill Ward will advise Griselda of these dates.

Meeting adjourned.

Respectfully submitted,

Lisa Long  
Standing in as Secretary



CCMH March 19, 2014

Chad Costello – Chairman

CCMH voted to support Disability Capitol Action Day with \$5,000.00.

CA Dept of Managed Care – Shelley Rouillard, Director

Regulate HMO's/PPO's.

1. Licensing division makes sure there are adequate providers
2. Financial review confirms solvency, reviews rates (bad press for unreasonable increases, no enforcement authority)
3. Assures new federal parity compliance. Making sure state and federal laws mesh, provide change analysis and implementation (still trying to understand the new federal laws at this point). Will be asking HMO's/PPO's to report on how they comply.

Contracts with Maximus to do independent medical reviews – 60% – 65% of denials are reversed.

MHAC -> underreporting of MH needs -> under representation in managed health care parity; Shelly agreed to meet with Peter Schroeder to explore opportunities to improve this.

CA Dept of Insurance – Janice Rocco, Deputy Commissioner

Spoke mainly regarding implementing of universal healthcare.

(Mentioned “elimination of lifetime caps” since 1/1/2014. Medi-cal/Medicare?)

Network adequacy regulations being reviewed

[Janice.rocco@insurance.ca.gov](mailto:Janice.rocco@insurance.ca.gov) 916-492-3576 for concerns

Senator Jim Beall – California State Senate and Chair of the Mental Health Caucus

MH Parity bill now being implemented after being vetoed 4 times

Next step: parity as a value system among medical professionals/responders

Focuses on Empowerment vs. Paternalism, and Community Network Support

Health Professions Education Foundation – MHSA Workforce efforts (Brent Houser, Senior Program Office of Mental Health Programs)

Scholarships and loan assumption available for mental health professionals who are employed in county programs serving underserved populations.

AA to PhD education levels, some counties consider contractors to be part of workforce headcount, so those contractors are also eligible.

Agenda for Fairness Committee – focusing on parity, funding, discrimination/stigma, and housing/employment. Committee agenda reviewed by DRC and ok'd. C CMH voted to

approved it for 2014. CCMA voted to support parity legislation being voted on at the state on 3/20 (tomorrow), in concept (don't have exact wording). Lots of discussion regarding parity implementation, network adequacy, insurance exchange problems, political processes re: Senate bills, Dept. of Insurance wants same enforcement ability as DMH – 2500/day for infractions instead of a 5000 onetime fee.

Crisis Intervention Team Training report – for law enforcement. 36-40 hours of CE. Officers choose to take it from CE available to them. Committee was formed with Sharon Roth in charge to explore opportunities for involvement/support.

Mental Health Matters Day – May 13, 2014 in Sacramento, statewide program. Gave us flyers, sponsorship information, website information, and told us how it would work. CCMH voted to support by providing granting \$5,000 for transportation from other areas of the state.

May meeting will be May 20<sup>th</sup>, 10-3 in Sacramento at CIMH. Discussed a possible September meeting in Southern California, combined with another event.