



## MEETING MINUTES

**Tuesday, May 28, 7:00 PM**

600 A Street, Davis, CA, 95616 – Community Conference Room

- Members Present:** Brad Anderson; Bret Bandley; Richard Bellows; Davis Campbell; Robert Canning, Vice-Chair; Martha Flammer; June Forbes; Michael Hebda; Caren Livingstone; Supervisor Don Saylor; Robert Schelen, Chair; Robert Sommer; Tom Waltz; Janlee Wong; Tawny Yambrovich
- Members Excused:** None
- Staff Present:** Patrick Blacklock, County Administrator; Mark Bryan, ADMH Deputy Director; Makayle Neuvert, ADMH Administrative Assistant; Kim Suderman, ADMH Director
- Community Members:** Sally Mandujan; Nancy Temple; Marilyn Schwartz

- 
1. **Call to Order and Introductions** – The May 28th, 2013 LMHB meeting was called to order at 7:01 PM. Introductions were made
  2. Public Comment –
    - a. Marilyn Schwartz, Family Member: Reported positive and negative feedback from son's recent experience being 5150'd and incarcerated for 6 weeks; in a medical unit and then a non-mental health unit on suicide watch.
      - Positive:
        - Interactions with the contracted medical staff and mental health staff at the jail were very good, responsive, supportive, caring;
        - Some officers in the jail were CIT trained;
        - Some officers in the jail were good.
      - Negative:
        - He slept on the floor as a mattress was not provided only a cot which was not suitable due to an injury and later with two blankets;
        - He was made to wear only a sleeveless, Velcro, "suicide gown";
        - Reportedly always cold;
        - Gaps include being released with no medication, no prescription and no medical coverage to pay for a prescription since his Medi-Cal had been revoked;

## LOCAL MENTAL HEALTH BOARD – MEETING MINUTES

Tuesday, May 28, 2013

- His medications were changed and he was under a court order to take medications but had no way to get them;
  - It took 4 days before Medi-Cal was reinstated;
  - Told that prior to release a Mental Health Plan would be in place however they do not have one;
  - Information related about Mental Health Court was “sketchy” at best.
- b. Richard Bellows: reports that he has heard from outside medical staff contractors that there has been almost a doubling of mental health incarcerations and the people coming in are more severed and not being 5150'd, predating AB 109.
- c. Bob Schelen:
- We do have a Quality Improvement committee for looking at mental Health issues in jails/gaps. See Chair report and related discussion.
  - Someone from LMHB will talk with those involved to see what can be done regarding Mental Health Court and the details.
- d. Davis Campbell: Gaps identified and corrected early can become critical and hopes that small issues can be corrected to avoid bigger issues.
- e. Kim Suderman: DESS is working on getting staff assigned at the jail to help with transitions when people are ready to be discharged.
- f. Caren Livingstone: Understands that MHSA money has run out for this year as it did last year and suggests as a means for saving money using a hospital's 23 hour hold for intensive treatment prior to sending clients to Safe Harbor
3. **Approval of Agenda – Motion:** Tawny Yambrovich, **Second:** Davis Campbell, none, **Vote:** passes unanimously.
4. **Approval of Minutes** from April 22, 2013 – **Motion:** Robert Canning, **Second:** Davis Campbell, **Discussion:** none, **Vote:** passes unanimously.
5. **Announcements and Correspondence** – none
6. **Strategic Plan Adoption** – This is a living document and revisions are to be expected. This does focus us in a macro way to do the best we can for the population. The chair entertained a motion to approve the strategic plan with the understanding that a bylaws planning and implementation committee would be organized including Davis Campbell, Robert Canning and Martha Flammer. Anyone else interested should email Bob Schelen.
- Motion:** Martha Flammer, **Second:** Davis Campbell, **Discussion:** none, **Vote:** passes with one (1) No.
- Laura's Law/AOT (LL/AOT) Recommendation** –Kim: Gave an overview of past presentations, a listing of the groups consulted and introduced pilot idea. This was followed by discussion including questions and answers. *Expanded discussion details were captured for the purposes of offering the BOS feedback. These are included at Attachment 1.*

**First Motion:** LMHB recommends the BOS adopt a version on LL/AOT, however it may be implemented. **Motion:** Davis Campbell, **Second:** Robert Canning, **Vote:** twelve (12) in favor / one (1) opposed / one (1) abstains, motion passes

**Second Motion:** LMHB to look at using this year's existing available funding to put together a pilot project quickly. **Motion:** Richard Bellows, **Second:** Michael Hebda, **Discussion:** With this recommendation coming at the end of the fiscal year, will the BOS have time to act? Kim clarified that this will apply to the next fiscal year and is just the idea of creating a pilot with an existing program that continues into next year. The program design doesn't change, assuming the BOS moves forward with the suggested budget for next year. Don added that it is not unusual for a BOS to adopt and make changes to budget in process. **Vote:** ten (10) in favor / four (4) abstain, motion passes

## 7. Department Report – Kim

- a. Health and Human Services Study: The county consultant RDA (known from the Strategic Planning process) will be doing a focus group with LMHB at next month's meeting. Chair is doing a focus interview. They are looking at literature nationally to find out if integration makes sense. With the Affordable Health Care Act, there is a lot of national interest so this is a good time to be considering this process. More information is expected later this summer.
- b. ADMH Budget Review: Mark gave a PowerPoint presentation for ADMH budget year 13-14. Followed by discussion with questions, and answers.

### Follow up:

- Regarding the 3 major budget unit categories, there was a request for additional slide/chart showing to break down of services and supplies to show how much in treatment and providers, versus all other, when available. *MB: Offered to bring back information organized by contract dollar amounts and Admin overhead once the budget process is completed.*
- There was a request to see the information organized similar to the formulas used for the Affordable Care Act uses called the Medical Loss Ratios showing services going directly to patients or clients versus indirect services, especially around the percentages 85/15 and 80/20. *Kim and Mark note that they are still working on this and this will look at bringing back information that may have more detail.*
- Larger print copies requested as well as changes to the coloration to aid in seeing the numbers.
- Inclusion of the projected 2013-2014 numbers requested to be included on the slides.
- Suggested LMHB orientation for new board members on ADMH department workings, budget concepts, lingo and other key concepts.

A motion is made to oppose a recommendation of support of the ADMH budget based on the dollar amount to consumer ratio. **Motion:** Tawny Yambrovich, **Second:** Richard Bellows, **Discussion:**

Don: Suggests considering the gross information and perhaps recommending that they look into it; over making a finding of inefficiency versus asking for more information. If they do this someone from the LMHB needs to represent at the BOS why they take this position.

**Vote:** Oppose recommendation: four (4) Yes, Opposition to opposing recommendation: seven (7) No, (two) 2 abstain, motion fails

Question: Should we take our concerns to ask for more funding when the budget comes up? We would tell the BOS that we believe this is inadequate funding.

- c. Kim re-announced retirement. Based on a question, it was clarified that this will likely not affect the LL/AOT progress and the next person will be up to speed on LL/AOT, should there be a replacement considering the potential of new HHS structure.
- d. On May 31<sup>st</sup> PBS will be airing a documentary on Mental Health Stigma.

**8. Board of Supervisors Report – Don**

- a. Urges members to read and/or watch online the Crime and Justice Institute (CJI) report. Gave overview of content and noted interest on AB 109 funds in relationship to the budget.
- b. Announced the opening of the new community and teaching garden at the Bauer Building. This will be a teaching garden for consumers and any programs that might be able to participate.

Janlee: Would like the soon to be recruited Chief Probation Officer to embody the spirit of public safety realignment and rehabilitation. Would like them to be an advocate and counterbalance to the Sherriff in these terms.

**9. LMHB Chair Report – Bob**

- a. Dr. Herbert Bauer passed away on May 7, 2013.
- b. Film presentation at the Crest Theater, involving Mariel Hemingway and mental health issues. He is hoping to get a showing in Davis.
- c. Legislative subcommittee state budget update report: (handout)
  - Thanks to the County for support letters on SB 585 and SB 664
  - Shared information on Senator Steinberg's initiative on mental health program investments: \$206 Million. This falls into our strategic goals and provides supports we deem important. Currently a one-time funding request but, requests that we keep this on our radar for future advocacy. Makes a motion that we support Senator Steinberg's proposal for the 2013-2014 budget and recommend that they continue funding it in foreseeable budgets.

**LOCAL MENTAL HEALTH BOARD – MEETING MINUTES**  
**Tuesday, May 28, 2013**

**Motion:** Martha Flammer, **Second:** Janlee Wong, **Discussion:** none, **Vote:** passes unanimously

County Health Council representative needed to replace current member Robert Canning who can no longer participate. Meetings are the 2<sup>nd</sup> Thursday of every month at 9:00 AM. Tawny agrees to represent the Health Council

Quality Improvement (*Assurance*) Committee representative needed. Meetings are quarterly. Robert Canning and Richard Bellows will share this role and Tawny may participate.

**Adjournment** – The meeting was adjourned at 9:54 PM in the memory of Dr. Herbert Bauer.

**Next Meeting Date and Location** – Monday, June 24<sup>th</sup>, 2013  
500 Jefferson Blvd., West Sacramento, CA 95605 – River City Conference Room

## Attachment 1:

### Laura's Law/AOT (LL/AOT) Recommendation Discussion Details

**Supervisor Don Saylor:** Reports support of the program and approves the general idea, believes it is appropriate and a potential benefit for the system. He additionally hopes to see a monetary savings for the system. It is scheduled for the second BOS meeting in June.

**Bob Schelen:** Reports being originally skeptical, but now believes it is it can help people in crisis. Regarding the importance of the Judge in implementation of Laura's Law, the Judge(s) assigned shows an interest in the area of mental health. They may have are empathetic/sympathetic toward these cases.

**Clarification:** The Nevada County's numbers, as reported by the State Department of Mental Health to the Senate, are misleading. In fact, more than 100 people have been helped in some capacity by Nevada County's Program. Kim also clarified the compulsory aspect of the program; only services are compulsory, not medication. Additional discussion occurred regarding court ordered services and the distinction between 5150s, referrals, Mental Health Court, Laura's Law/AOT, and the relationship with the Courts. Criteria for participation was reviewed.

### June Forbes: WHY I OPPOSE LAURA'S LAW FOR YOLO COUNTY AT THIS TIME

June Forbes May 27, 2013

This is a very difficult issue for me, because I know and care about people who are afraid of ~ who are running from ~ diagnosis and treatment. They are promising people whose symptoms endanger them, beloved people whose families are heartbroken by their refusing treatment. I also know and trust the skilled Turning Point people who treat Yolo County's A.C.T. patients. Yet I have very grave doubts about recommending what we euphemistically call "Assisted Outpatient Treatment" for Yolo County now.

1. Many consumers are adamantly opposed to court-ordered treatment run by the criminal justice system. They deserve a vote here.
2. In Yolo County, Laura's Law would only be imposed on "frequent flyers" in mental hospitals and jails. There are other already established systems for handling them effectively and humanely.

- We don't need Laura's Law to enforce treatment on hospital frequent flyers.

One of the primary purposes of the Mental Health Services Act is to prevent criminalization of mental illness. Under Laura's Law, if one of the AOT supervising officials deemed a patient uncooperative, the patient could be considered a criminal.

5150's and conservatorships are long-established solutions for gravely disabled or dangerous patients which do not criminalize them. If Yolo County needs to fund more care for hospital frequent flyers, let's fund the public conservator, not the criminal justice system.

- We don't need Laura's Law to do our mental health court's job.

Under Laura's Law, if one of the AOT supervising officials – including our notoriously hard-nosed District Attorney – deemed a patient uncooperative,

he or she would be jailed. That is also how a typical mental health court works.

For jail frequent flyers, what we do need is a real diversion system, a pre-arrest and pre-trial protocol that directs mentally ill offenders to court-supervised treatment instead of charging and convicting them. The “post-plea” mental health court Yolo County has actually established does just the opposite. Instead of diverting offenders to treatment, it convicts them, and then supervises their probation.

3. Limiting the role of our mental health court to “post plea” supervision instead of diversion reveals the hard-nosed, rather than therapeutic, attitude that dominates the Yolo County criminal justice system and would prevail here under Laura’s Law.
4. If we have open slots in our budget for assertive community treatment, it seems to me that we must make that treatment more attractive, not make it an entry to the criminal justice system.
5. Finally, people who won’t want to be subjected to Laura’s Law in Yolo County could simply vote with their feet. They could move to Sacramento or any of the other 56 California counties without Laura’s law, and lose whatever family and health system support we might otherwise have offered them.

**Brad Anderson:** Asked whether the Judges in Yolo would implement Laura’s Law in the same way that Nevada County’s Judge Anderson does.

**Bob/Kim:** assured that the Judges interested are sympathetic to the success of the consumer. A review of the assessment and enrollment process was shared. Supervisor Don Saylor: This is a civil proceeding and a diversion to avoid the criminal act. Kim: Keeping in mind the basic criteria for eligibility does not necessarily mean the person broke the law.

**Tawny Yambrovich:** Nevada County’s Laura’s Law program uses engagement to encourage participation. For those who did commit a crime, the program is used as an alternative.

**Michael Hebda:** Appreciated that people are treated with dignity and engaged into treatment. Asked what happens if a patient refused treatment and what is the difference from Mental Health Court?

**Kim/Bret Bandley:** Clarified that Mental Health Court is for those who have already committed a crime, and post plea, the program adds an extra level of mental health services in addition to their probation, is voluntary, and provides them an extra avenue of treatment/correction, is for their benefit, and is not punishment. Participants are carefully scrutinized, and additional support offered in the realm of training, housing, transportation, etc. These resources are provided and if they choose not to participate, they would go back to “normal” court proceedings. LL/AOT allows people to get continued engagement and outreach.

**Davis Campbell:** Based on personal experience, believes a wide range of resources is needed including pre-criminalization support, is in favor of the program and understanding refinement will be required.

**Robert Canning:** Is tentatively in favor but wants to have careful consideration of the measurement of outcomes and details. He also cautions that a pilot program could choose participants who are predisposed to succeed, should keep a watchful eye. He agrees that some groups of people are impacted by the power of the courts, but where civil liberties and civil rights issues are concerned he thinks careful consideration of the plan and details is necessary.

**Bret Bandle:** Reports his personal standpoint is that we should “try everything.” He shares that the position of the Public Defender, that they will do all they can to make it work if the BOS supports it. It really matters how it is implemented, the judge is very important and makes or breaks the program.

**Janlee Wong:** Is supportive despite initial skepticism. He has had a detailed discussion with a staff from LA County Mental Health about their similar program, kept in mind the difficulty they have in size, population and others factors. With the elements of it being in the courts, the judge and the amount of discretion they have, it is critical that we have a supportive player. It seems more like court settled treatment rather than court ordered treatment. From his LA County discussion, most of the time the client agrees based on the “weight” of the court involvement and the idea that the judge has discretion makes it more like treatment than a penalty. He also hopes that the county funds this at an adequate level both for treatment and within the budgets of the other departments.

**Martha Flammer:** Supports the program, the more resources the better. Says this needs to be well funded and wants to make sure that lack of resources identified in normal mental health treatment settings will be available for these folks and courts. She stated her employment with Turning Point (the ACT Program provider), to ensure she doesn't have a conflict of interest, when provider selection is made.

**Caren Livingstone:** Regarding the concern over criminalizing mental illness, she believes that criminalization is already in process because if someone is 5150'd and police are involved, the average person thinks you are a criminal anyway.

**Robert Canning:** Says that two court based treatment programs have been worked on, Mental Health Court and Laura's Law, but wants to also work on Crisis Intervention Training and other aspects of treatment.

**Public Comment – Sally Mandujan and Nancy Temple, representing NAMI Yolo**

- Comment: Support the program as a resource. Extend themselves as a resource to promote what the LMHB supports. NAMI was invited to attend the June 25th BOS meeting in support of the program.
- Question: Regarding the MHSA money, why do they have to redirect? Why isn't the main pot" of money being accessed?

**Response:** Currently, the monetary discussion reflects the pilot and efforts to get it off the ground. In the near future, the MHSA 3-Year planning process will begin, and will include this program as an option. Bob Schelen added that in an ideal world mental health issues should not be in the courts but in the mental health department, however, if we don't take these proposals of jail diversion, the reality is that someone will eventually end up in jail without services or not get the option of services in jail.