

ADVOCACY COMMITTEE

Meeting Highlights

April 17, 2013

Ontario, CA 91764

Present

Barbara Mitchell, Co-Chair
Gail Nickerson, Co-Chair
Sandra Wortham
Caron Collins
Karen Bachand

Adam Nelson
Chloe Walker
John Ryan
Stephanie Thal
Daphne Shaw

By Phone:
Susan Rajlal

Guests:
Steve Leoni

Staff: Andi Murphy

Introductions – Welcome to the newest members Karen Bachand (mentored by Carmen Lee), and Caron Collins (mentored by Barbara Mitchell).

There was no new business.

Review and Approve Revised Charter: The revised charter was distributed and a vote for approval was requested. Some discussion regarding what the Committee’s “authority” was in respect to Legislation. Referred to Platform and Urgent Leg review procedure for “gray areas” that required additional attention before proceeding. Motion to approve and adopt the charter was moved by John Ryan, seconded by Stephanie Thal.

Mental Health Checklist for Women: Committee members had the following questions regarding this document:

- What is its intent?
- Who is its audience?
- What lessons learned from the first roll-out informed the revision?
- From where is this data sourced?
- Who is responsible for disseminating this document?
- Does this document runs the risk of excluding populations?

Recommendations:

- Authors should disseminate this to its intended audience. This falls under the purview of Cultural Competency and Mental Health Directors should receive this if they haven’t already, along with the chairs of Mental Health Boards and Commissions.
- This document should be linked from the CMHPC website,
- The Advocacy committee would like to hear back on the results of the dissemination.

Develop Communication Strategy/Position Statements -

The need for talking points has been raised before when issues or opinions are circulated that require a swift response that does not contradict the Council’s platform or position on issues. The APA has a cache of talking points that it can refer to when responding to media or issues. Topics are determined by a vote in the APA

ADVOCACY COMMITTEE

Assembly, and the actual statements are crafted based on position papers that are already on record.

How will this committee decide on a/the topic/s? Are there suggestions?

- Recommend that the committee develop a process for including the entire PC in deciding on the topics.
- Alternatives to institutionalization
 - Need to support other organizations' efforts to promote it. (This is a "low-hanging fruit" given the fact that others' work has been so recent – the California Coalition). The committee can endorse their document and add an endorsement of intensive FSP models.
 - Momentum just finished a study, effectiveness of 90 day FSP removing people from IMDs
 - Respite, short term crisis care, crisis residential, and long term care -
 - Daphne will send out the Coalition documents and the group will decide how to proceed at the next meeting.
- Given the violence of Newtown, the importance of PEI.
- Unlinking violence from mental illness – Check on Bazelon, NAMI, etc. for information, as well as others to debunk myths (TAC) etc. It is not simply a matter of gun control and the debate is not centered on the extremely small number of people who have been conserved or found to be a danger to themselves or others, (i.e., mentally defective), and not the vast majority of others living with a mental illness.
 - Broader issues within Mental illness and violence
 - More Suicide than homicides
 - More often the victim than perpetrator
 - Substance abuse is the number one connection to gun violence; not mental illness
 - Domestic violence is second.
 - Mentally ill have a high rate of substance use, so it is hard to separate one from the other when discussing the issue.
 - It is a stigma issue - De-stigmatize mental illness and it will be harder to scapegoat

This would be a good issue to pursue in committee in terms of having speakers to address the different aspects listed above.

- Reimbursement for peer and family caregiver services

Based on a vote the three top priorities are unlinking violence from mental illness, alternatives to institutionalization, and a tie between the value of prevention and early intervention.

In terms of methodology- we will set up subsets of what we want to talk about. People should email their subset topics to Andi and she will send them out to the group as an organized document (including the reference/link) – annotated bibliography style. Decide by June which topics we would like to cover and which references we would like to employ. **This should be reviewed at the June meeting.**

Outline the topic areas and send out links on positions we like (or don't like) with a focus on stigma rather than on gun debate.

Review/Prioritize New Proposed Legislation

ADVOCACY COMMITTEE

A review of the process for reviewing “urgent” legislation was conducted and a listing of bills that might be of interest was included in the packet. Additionally, an example of CASRA’s legislative bill file was distributed. SB 391 (DeSaulnier), SB 561, and SB 664 letters were distributed for review and comment.

- For future meetings, a listing and/or copies of letters that have been sent out should be included.
- Without a staff analysis, there is reluctance to vote on them. Staff should include either an analysis or the Legislative Council’s Digest synopsis so committee members can make a more informed decision.
- SB 561 could be improved with a little word smithing and should also mention that it constitutes a raid on MHSA funds. It was moved to approve the oppose letter.
- It was also agreed that SB 391 support could go forward.

Laura’s Law Discussion

There are several bills that involve Laura’s Law, some of which permit MHSA funds to be used for services. Los Angeles County has adopted a ‘Laura’s Law “light”’ program, in addition to Nevada County’s full adoption of the law using MSHA funding. Los Angeles wanted to implement it fully, but was challenged with legal action, so it adopted a lighter, compromised version, which essentially requires people to agree to go through the program prior to appearing before the judge for a court order. It has been deemed successful by the Los Angeles County Department of Mental Health, but there are no formalized outcome measures articulated and tracked. Susan Rajlal phoned in with background information and brief description of the program.

- The first iteration was not successful due to poor match between contractor and county expectations. Compliance and treatment persistence was not achieved.
- The second go around was more successful, due to program redesign informed through extensive interaction with interested parties, such as Patients’ Rights and other interested parties, prior to program design.
- It is marketed to people who are facing conservatorship and as an alternative to IMDs, which enables them to stay in their communities.
- It is currently a program for 10 people, who sign a contract, and then the contract is presented to the court. Smaller scale is more successful. Transitional Residential Treatment Centers are used.
- Treatment is funded through MHSA funds. 75 people have successfully transitioned through this program since 2008 (left the transitional home, maintained treatment, integrated back into community, school, work, volunteer, significant decrease in jail and hospitalization). If people go AWOL, there is no real recourse other than to begin the entire conservatorship/IMD process again.
- It is not designed for dual-diagnosed people.
- AWOL process involves filing a missing person report.

The Chair requested information on outcome data – total number of people served (vs enrolled), since 2008, total cost per person enrolled.

The attention turned to the four bills that reference Laura’s Law and the use of MHSA funds to pay for mental health services under Assisted Outpatient Treatment (AOT). Steve Leoni discussed the history of legislation predating the MHSA and Laura’s Law, arguing that voluntary services was the intent of the MHSA under AB777 and AB34/2034.

ADVOCACY COMMITTEE

ACTIONS: SB 664 - Shaw moved to oppose- 7 ayes, 1 no, 2 abstentions

AB 1367 – Mansoor – (CASRA opposed) Declares Laura’s Law services may be funded through MHSA, and funds programs that identify mental health issues in *students that may result in a threat to themselves or others*

Ryan moves to oppose, 2nd by Collins; opposition letter must be worded carefully, in order to avoid being too parochial about the expenditure on funds. Oppose it due to being a raid on MHSA funds – should reference that federal funds are available for mental health first aid, and this raid is unnecessary. Teachers should not be tasked with diagnoses. 6 ayes, 3 abstentions, the rest were noes.

SB 585- Shaw moved to watch SB585, Walker 2nd, 2 oppose, 1 abstention, the rest were “aye”

AB 1265 Shaw moved to oppose due to incentive it creates to keep people in more restrictive settings instead of investigating less restrictive. Ryan, 2nd. Vote to oppose; 4 ayes, ? noes, majority vote to abstain. The motion did not carry.

W3 (who does what by when) – Committee members will send citations to Andi for compilation into a master document for review at next meeting. Shaw will send out information on alternatives to institutionalization so that a statement can be crafted.

Plus/Delta

Plan for General Session:

- Invite Housing Advocate to discuss changes in Policy on how they relate to housing and homelessness and its potential effect on Council policy.
- Discussion on unlinking Mental Illness and Violence
- Alternatives to Involuntary Treatment

Plan Agenda for next meeting

- Lighten up the agenda
- Start on position statements / finalize position statement on alternatives to institutionalization
- Work on Mental Illness and Violence statements
- Other legislation