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CLIENT AND FAMILY LEADERSHIP COMMITTEE

Minutes

June 13, 2012

2:00 pm to 5:00 pm

1500 Capitol Avenue

Room 72.167 (Hearing Room)

Sacramento, CA 95811

Committee Members:

Staff:

Other Attendees:

Eduardo Vega, Chair* Ralph Nelson, Jr., M.D. Vice-Chair Donna Barry Kathleen Casela Carmen Diaz Jennifer Jones Steve Leoni* Ruth Tiscareno Jorge Wong* Gregory Wright	Sherri Gauger Jose Oseguera Dee Lemonds Matt Lieberman Kevin Hoffman Filomena Yeroshek	Vickie Mendoza Delphine Brody Raja Mitry
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*Participated via telephone

Committee members absent: Khatera Aslami, Shannon Jaccard, Abby Lubowe, Darlene Prettyman and Sally Zinman.

Welcome/Introductions

Ralph Nelson Jr., M.D., Committee Vice-Chair, convened the meeting at 2:30 pm.

- All meeting participants introduced themselves.
- Agenda item postponed: Consumer-run organization panel delayed because panelists not available until mid-July.

Review/Approve April 25, 2012 Minutes

- Minutes approved unanimously.

Update on Community Forum Workgroup Meeting

Commissioner Nelson updated the Committee on the earlier Community Forum Workgroup discussion as follows:

- Sufficient number of attendees at the San Diego Community Forum, but not as many people as expected.
- Would have liked to have had more Spanish speakers. Possible problem with location of hotel and eight dollar parking fee.
- Forum generally went well and reflected MHSA in San Diego.
- Orange County forum in September will be from 3:30 to 7:00 pm. No other major changes.

Update on Ongoing Distribution of Transformation Paper

Staff reviewed updated distribution list for the Transformation Paper. Committee Chair and Vice-Chair are working on distribution to Legislative contacts. PowerPoint for distribution of the Transformation Paper has been finalized and sent to the Client and Family Leadership Committee (CFLC) members.

Panel to Inform Discussion of Consumer-Run Program Guidance Charter Activity

Highlights of the discussion included:

- Panel presentation postponed to mid-July due to unavailability of the panel members.
- Comment encouraging Governor to return \$1.27 million contract “lost” at Department of Mental Health (DMH) for California Network of Mental Health Clients (CNMHC). Response by Chief Counsel that CNMHC contract is in the Governor’s proposed budget and the contract will likely come to the MHSOAC. Comment that DMH did not support the CNMHC contract.
- Question asked if intent is for the MHSOAC to run the CNMHC contract or to give to a client based organization. Vice-Chair Nelson commented that the MHSOAC has not considered anything yet and this issue may come to the executive committee or the full MHSOAC. Comment that the contract has been in abeyance for the calendar year and there has been no mechanism to come to the MHSOAC.
- Discussion of agenda item description and what is a consumer-run guidance document. Committee will try and define what makes up a consumer-run organization. Staff commented that Chair Vega had been concerned that when people apply for funds for a consumer-run organization, there is no guidance document with consumer-run organizational criteria for those applicants. Vice-Chair stated he will ask Chair Vega to send out a draft statement on this agenda item.

Initial Discussion of How Best to Gather Information on Crisis Intervention Training or Equivalent Activities in Individual Counties

Highlights of the discussion included:

- Vice-Chair Nelson contacted Major Sam Cochran of the Memphis Police Department who started Crisis Intervention Team (CIT) training. Cochran is a consultant with NAMI and for the University of Memphis. Cochran had a number of suggestions to help the CFLC with its CIT research. Vice-Chair Nelson wants to know who is doing CIT on a statewide level and the length of the training. Vice-Chair Nelson wants the report on CIT completed in three months.
- Suggestion to include Mental Health First Aid in this research. Vice-Chair Nelson commented that he wanted to limit the research to CIT.
- Suggestion to contact Santa Clara mental health for CIT information since Santa Clara has done CIT for years. Comment that Pat Dwyer is the police liaison in Santa Clara.
- Public Comment: Delphine Brody of the California Network of Mental Health Clients commented that there is a need to involve more peers with CIT training and specific cultural groups also need to be included. CIT must be participatory for client-run organizations. Need a top-down investment in CIT. Mental Health First Aid gets mixed reviews; assigns people the role as gatekeeper. An alternative is “emotional Cardio-pulmonary Resuscitation (CPR)”.
- Question asked about what will be the end product document. Vice-Chair Nelson responded that no one knows what counties or cities have CIT. The CFLC will make a report to the MHSOAC and will give the report to the police agencies.
- Staff commented that an initial survey will be completed and CFLC may ask for more information later. Vice-Chair Nelson commented that the survey will be sent to NAMI, police agencies, and Mental Health America (MHA).
- Comment that “Pro Act” intervention should be considered in this research and is used for special education. Vice-Chair Nelson asked for comments to be limited to CIT. Comment that Pro-Act is used in schools instead of handcuffing and another training is also done by the Crisis Prevention Institute.
- Public Comment: Delphine Brody commented that the Sanctuary Institute has trained law enforcement in other states and could consult with trauma informed aspects of CIT. Request to include CNMHC in CIT contact list.
- Comment that surveys often not responded to. Vice-Chair Nelson commented that there is no public record on this issue. He commented that the University of Memphis is doing a two-year study and California has been ineffective in its response.

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- Staff suggested using the MHSOAC Commissioner Sheriff to assist with research. Vice-Chair Nelson commented that CFLC will ask for agenda, schedules or course curriculum from CIT programs. Suggestion to look at outcomes.
- Confusion expressed on purpose of CIT research. Vice-Chair Nelson responded that the CFLC will identify counties and cities that have CIT training. Vice-Chair Nelson explained that the purpose of the research is to let the public know what cities and counties have CIT programs so that families will know this information when they call law enforcement regarding a family member in need of assistance. The CFLC will survey NAMI, County Sheriffs, Universities, Cities, Mental Health America (MHA), CNMHC, and Mental Health Departments. Suggestion to share information with Boards of Supervisors, Mental Health Boards and City Councils. Suggestion to collect challenges and success stories. Suggestion to have a librarian do research on CIT media stories.
- Comment that 300 people have been trained at the San Jose Police Department and over 100 have been laid off. Need to ask who has been trained in CIT and who is still on the force.
- Suggestion to use Survey Monkey. Staff asked if the California Highway Patrol (CHP) had CIT training. Vice-Chair Nelson responded that he did not know of CHP being CIT trained.
- Vice-Chair Nelson commented that the model is to have 25% to 30% of the force trained. Usually someone is on duty who has been trained. Usually volunteers are asked for and younger officers get trained.
- Comment that San Bernardino county mental health director has stated San Bernardino County has a forty hour program.
- Suggestion to send survey to University Police, BART police, and Airport Police. Question asked can CIT training model be improved. Vice-Chair Nelson commented that the more officers who are trained the better it is.
- Public comment: Delphine Brody expressed concern that this is a major project of the CFLC this year. There are many flaws in CIT, such as considerable hospitalization. There are problems with getting people to treatment. Need to survey client opinions regarding law enforcement. De-escalation techniques can and should be used but once a person is sent to a locked facility, a new trauma occurs. Chemical and mechanical restraints are commonly used and a trauma occurs. Police need more training.
- Vice-Chair Nelson commented that contact with police sometimes improves treatment. Crisis team contact often results in next day appointments. Advocates should try to pass a law for recovery type situations in locked facilities.
- Comment that improving hospitals falls within purview of the MHSOAC.
- Comment that law enforcement should not violate civil rights of people in crisis but still need to ensure the safety of others. Need to have a choice among training programs. Important to have community liaisons riding

along with officers. The emergency medical technician credential should have a mental health component. Vice-Chair Nelson commented that CIT is not necessarily the best training—just the most widespread. It is the cheapest means for de-escalation training to help law enforcement to recognize and help individuals with mental health issues.

- Next steps include:
 - Finalize initial survey.
 - Get agenda or curriculum.
 - Get the basics; then follow up.
 - Tell the organizations who are surveyed that the CFLC will give them a report.

Discussion of Possible Future Agenda Items

- Suggestion to get more people to come to MHSOAC meetings. MHSOAC will benefit from this. Bring people to MHSOAC meetings.
- Vice-Chair Nelson responded that one commissioner thinks it is not helpful to bring people to the MHSOAC meetings and people should go to committees. Comment that committee member will talk to Committee Chair about making this an agenda item for the CFLC.
- Vice-Chair Nelson stated staff will send the draft survey to the CFLC.
- Comment that it is important to have employment as a priority for mental health. Committee should not wait to deal with employment issues.

General Public Comment

- Delphine Brody commented that the CNMHC has a new office. The address is 9300 Tech Center Drive, Suite 160, Sacramento, CA 95826. The new CNMHC phone number is 916-233-2897.

Adjournment

Meeting adjourned at 4:56 pm.