State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Meeting
December 18, 2014

MHSOAC
1325 J Street, Suite 1700
Sacramento, California 95814

866-817-6550; Code 3190377

Members Participating

Richard Van Horn, Chair
David Pating, M.D., Vice Chair
Khatera Aslami-Tamplen
Sheriff William Brown
John Buck
Victor Carrion, M.D.
David Gordon
Paul Keith, M.D.
Christopher Miller-Cole, Psy.D.
Ralph Nelson, Jr., M.D.
Larry Poaster, Ph.D.
Tina Wooton

Members Absent

John Boyd, Psy.D.
Senator Lou Correa
Assemblymember Bonnie Lowenthal

Staff Present

Sherri Gauger, Interim Executive Director
Kevin Hoffman, Deputy Executive Director
Filomena Yeroshek, Chief Counsel
Renay Bradley, Ph.D., Director of Research and Evaluation
Deborah Lee, Ph.D., Consulting Psychologist
Jose Oseguera, Chief of Plan Review and Committee Operations
Norma Pate, Chief of Administrative Services
Kristal Carter, Staff Services Analyst
Cody Scott, Office Technician

1. CALL TO ORDER AND ROLL CALL

Chairman Richard Van Horn called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 8:33 a.m. and welcomed everyone. Kristal Carter, Staff Services Analyst, called the roll and announced a quorum was present.

Chairperson's Remarks

Chair Van Horn asked for a moment of silence in memory of the 141 children and others killed at the Peshawar school in Pakistan on December 16th.

ACTION

1A: Approve November 20, 2014, MHSOAC Meeting Minutes

Action: Commissioner Poaster made a motion, seconded by Commissioner Buck, that:

The Commission approves the November 20, 2014, Meeting Minutes as presented.

Motion carried, 10-0.

INFORMATIONAL

1B: November 20, 2014, Motion Summary

1C: MHSOAC Evaluation Dashboard

1D: MHSOAC Plan Review Dashboard

ACTION

2A: Approve Trinity Innovation Plan

Presenters:

Jose Oseguera, MHSOAC Chief of Plan Review and Committee Operations
Deborah Lee, Ph.D., MHSOAC Consulting Psychologist

Jose Oseguera, the MHSOAC Chief of Plan Review and Committee Operations, introduced Marlinda Butler, the Mental Health Services Act (MHSA or the Act) Coordinator of Trinity County Behavioral Health Services. Mr. Oseguera provided an overview of the proposed two-year $132,712 Trinity County Innovation (INN) Program, titled "Milestones Outreach Support Team."

Deborah Lee, Ph.D., the MHSOAC Consulting Psychologist, reviewed the notable aspects of the program and what it can teach about INN in California.

Commissioner Questions and Discussion:

Commissioner Poaster asked what a peer specialist is. Ms. Butler answered that a peer specialist is a county position with a classification similar to a case manager. The county is working on creating a career ladder for peer specialists.

Commissioner Aslami-Tamplen asked about the training offered and if there are consumer-focused trainings that are evidence-based, in particular Wellness Recovery Action Plan (WRAP).

Ms. Butler answered affirmatively. The county plans to access workforce, education, and training (WET) regional funds and to partner with the California Association of Social Rehabilitation Agencies (CASRA) for a structured, two-year curriculum for support and development of the peer specialists.

Commissioner Carrion noted the modest funds required for this plan and that the county will utilize funds from multiple programs to ensure success.

Ms. Butler stated the county will braid the funds together to make a more comprehensive program.

Dr. Lee stated that one of the innovations in this INN plan is how Trinity County is braiding together their funding to extend their reach.

Action: Commissioner Aslami-Tamplen made a motion, seconded by Commissioner Wooton, that:

The MHSOAC approves the Trinity County Innovation Plan for the amount of $132,712.00 for a two-year period.

Motion carried, 10-0.

ACTION

3A: Proposed Prevention and Early Intervention (PEI) Regulations: Commission Responses to Public Comments from the 15-Day Notices

Presenters:

Filomena Yeroshek, MHSOAC Chief Counsel
Deborah Lee, Ph.D., MHSOAC Consulting Psychologist

Filomena Yeroshek, the MHSOAC Chief Counsel, spoke about the order of the presentation and gave a brief recap, an overview of the next steps, and a summary of the changes made at the August, September, and October meetings to the Prevention and Early Intervention (PEI) Regulations.

Commissioner Questions:

Commissioner Poaster asked when the PEI Regulations will go into effect. Ms. Yeroshek stated the first possible effective date will be July 1, 2015.

Commissioner Gordon asked if the demographic indicators are encouraged or required. Ms. Yeroshek stated all the demographics in the regulations are required. The only encouragement is for any additional demographic data that the counties see as relevant.

Commissioner Poaster stated he agreed with the need to collect demographic data in the way the regulations envision in order to help understand the diversity and what is happening in the state, but counties will be unable to provide this information. Counties report to the state through three mechanisms: the generic database, the Client and Service Information (CSI0, and the Data Collection and Reporting (DCR). All electronic health records, claiming, and billing, have been developed based on requirements of the state and federal governments. Until those are changed to require this level of demographic categories, it cannot happen. He asked what will happen if the counties do not provide this information.

Ms. Yeroshek stated county reports are part of the Annual Update and Three-Year Plans and are not tied into a particular data system. The Commission voted last month to do a feasibility study with the Department of Health Care Services (DHCS) on a new data system. The demographics required in the PEI Regulations will become part of the new databases.

Commissioner Buck stated counties would have no way to submit the collected demographic data since the state does not have the data system to collect it.

Commissioner Carrion stated the Commission would help counties come up with a way to submit it; the state may be part of that.

Commissioner Gordon asked if the counties, the state, and the federal government concur that this database should be made to look like this. If they do, it is just a matter of time to correct it. If they do not, there will be roadblocks.

Chair Van Horn agreed and stated the Commission has tried to be sensitive to a variety of stakeholders in California by putting the disaggregation of data in the regulations. The DHCS has given assurances that they are willing to work with the Commission toward the necessary new data system. It will take time to develop a data system to handle the disaggregated data, but it will also take time for counties to learn how to ask the right questions. The regulations can be amended later if a data system cannot be developed.

Commissioner Carrion stated the more data that can be collected and analyzed, the more information counties will obtain from the analysis about the programs and services they offer.

Commissioner Poaster stated he has entered into the record in the last few meetings the difficulties that will occur. He stated his agreement with Commissioner Gordon that the partners in this are the state and federal entities. They will tell the counties what to do and the counties will have to do it.

Ms. Yeroshek stated the Welfare and Institutions Code (WIC) states that counties have to provide the information that is necessary and requested by the DHCS and the MHSOAC. She stated the feasibility study and the new data system will be a phased approach and the highest priority is to include the information in the PEI Regulations, because there are no requirements for PEI currently. The Commission will provide technical assistance to help counties at the front end.

Dr. Lee stated the demographic regulations criteria currently in the regulations are that the categories are included in at least one federal reporting requirement that have a population in California of at least 100,000. The Commission Logic Model states one of the oversight and accountability priorities is support, of which training and technical assistance is a part.

Commissioner Miller-Cole asked when the clock will start if amendments need to be made. Ms. Yeroshek stated the one-year clock officially begins when a proposed amendment is published.

Staff's Suggested Changes

Dr. Lee reviewed a document titled "Proposed Changes to Prevention and Early Intervention Regulations Presented at the December 18, 2014, MHSOAC Meeting." She stated most of the changes are non-substantive. She went through the document, pointed out each change, and stated the reason for that change.

Commissioner Questions:

Commissioner Carrion asked how the many still-questioning transition-age youth (TAY) are addressed in Section 3560.010(b)(5)(E). Dr. Lee stated it was not addressed. If a person did not pick one of the listed categories, the county would report it in "declined to state."

Commissioner Poaster asked if the categories in Section 3560.010(b)(5)(F) are required of counties through any other mechanism. Dr. Lee responded in the affirmative. There were no state or federal requirements to build on.

Chair Van Horn stated the PEI Regulations show the need to further explore who is being reached, how they are reached, and if the people found through PEI programs have other disabilities or issues that have either given rise to or gone alongside the mental health issues. This is something that is not known because an integrated health system was never considered until after the Affordable Care Act (ACA). While this looks onerous, it is something that must have delays built into it.

Ms. Yeroshek stated it goes into effect on July 1st, but there can also be a delay built in.

Chair Van Horn asked if the Commission, after dialogue with the DHCS about the new data system, can file an amendment that delays this so a burden is not being added to the counties that is not also required by the state or federal government.

Ms. Yeroshek stated the Commission can propose to amend the regulations or can send out an information notice extending the due date.

Commissioner Poaster stated, even though the reports from the counties are not due until 2017, counties must begin collection of the data the moment the regulations are passed. It will pose a significant issue, especially to medium and large counties that have thousands of people that attend their programs.

Dr. Lee suggested that the Commission speak with Renay Bradley, the MHSOAC Director of Research and Evaluation, about the possibility of an interim data system through the phased implementation that may be able to handle this part of the data.

Commission Gordon stated further discussion may not be fruitful. It has been established that this will create a problem, the Commission is doing a feasibility study, and the Commission will have to sell this to the state. He stated the concern of how to create the narrative to sell the idea that building this database is a good idea.

Chair Van Horn suggested laying out the ideal and working toward it.

Commissioner Miller-Cole asked if the reason not to include all the categories that stakeholders listed was for ease of implementation in Section 3560.010(b)(5)(H). Dr. Lee stated the longer list was more difficult to implement and was longer than was recommended by best practices in the field.

Commissioner Carrion suggested inserting "questioning" and "unidentified" into Section 3560.010(b)(5)(E), due to the number of TAY that are still questioning their sexual orientation.

Commissioner Miller-Cole suggested including the language submitted by stakeholders of "another sexual orientation," with a fill-in-the-blank and "questioning or unsure of sexual orientation."

Vice Chair Pating cautioned that more categories are not necessarily better. He stated the importance of gathering quality data with meaningful impact. Listing everything is not necessarily always the best solution to capturing meaningful data. Meaningful data, in this case, means the improvement of prevention services. He asked if the questioning population would be a targeting population that would be important to capture to improve services.

Commissioner Carrion stated questioning individuals will not need services that are different, but, when asked, if they do not feel they are counted there, they may feel this is not a place that would provide them with the services they need, and they might be lost at that moment. When people are questioning is a crucial time. If that is not recognized, they may not feel listened to or understood.

Public Comment:

David Czarnecki, the Advocacy Coordinator of the National Alliance on Mental Illness (NAMI), California, thanked the Commission for their careful and thoughtful review of the regulations. PEI Regulations are the keystone of the MHSA. He stated the disappointment that the small county exemption was upheld, but hoped the Commission would work with the Legislature in the future to make the resources available. He stated his support of the position from the various cultural communities as subject matter experts.

Poshi Mikalson, of Mental Health America of Northern California (MHANCA), thanked staff for their hard work. She questioned the use of a source that is six years old when multiple sources differ. That source referred to general surveys, not mental health and vulnerable populations who already feel marginalized. Not having a mainstreamed identity listed is further marginalizing and devaluing. The research for the Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Reducing Disparities Project showed that over 20 percent of TAY identified as queer, which ranked just below gay and lesbian and above bisexual as an identity choice. She suggested the category "I'm not sure" or "unsure" for both sexual orientation and gender identity. She recommended that the Commission create a work group to determine what categories are culturally appropriate. Ms. Mikalson agreed with the "questioning" category, and suggested "another sexual orientation" in place of "unidentified," and adding "queer" as a separate category.

Kate Burch, of the California LGBTQ Health and Human Services Network, echoed Ms. Mikalson's comments. She stated she submitted suggestions for additional categories for gender identity based on promising practices. She suggested separating transman and transwoman and adding genderqueer as a separate category.

Michael Helmick, the Program Assistant of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), thanked the Commission for continued efforts in the development of the PEI Regulations. He echoed previous speakers' comments regarding the small county exemption, sexual orientation, and gender identity. He urged the Commission to form a task force to finalize an appropriate disaggregation of racial and ethnic communities.

Jim Gilmer, of the California MHSA Multi-Cultural Coalition (CMMC) and the REMHDCO, commended staff for the work done in completing the PEI Regulations. He stated he supported the comments made by the previous speakers. Mr. Gilmer addressed the duration of untreated mental illness and the disaggregation of demographic data. He stated the CMMC would be interested in being involved in the work group, should one be created. Although the language proposed by staff is superior to what is currently collected by counties, it needs improvement to be more accurate and congruent with the diverse population in California.

Laurel Benhamida, Ph.D., of the REMHDCO, stated her support of Mr. Gilmer's comments. She referenced the suggestions from the CMMC for additional categories for Section 3560.010(b)(5)(C)(ii) and noted there are fill-in blanks similar to what the census bureau will be pilot testing next year.

Patricia Wentzel, of NAMI California, stated the disability category "communication domain" in Section 3560.010(b)(5)(F) combines people who are blind and people who are hard of hearing and deaf. She stated this is not appropriate and does not improve services to those groups. The blind and the deaf have different needs. The need for interpreting and other services would be unknown.

Nicki King, Ph.D., of the California Reducing Disparities Project (CRDP) and University of California (UC) Davis, stated staff clarifications added substantively to what the task force discussed last week. She stated her support for staff's recommendations.

Steve Leoni, consumer and advocate, echoed Mr. Gilmer's comments. He suggested a separate category for Haitians. He suggested finding a way to have a different set of criteria and to validate the category that is not the federal reporting requirements. He agreed with the creation of a task force. He

suggested the task force also come up with a different kind of criteria. He referenced the definition of mental illness and that "developmental" was taken out of that definition. He stated Section 5600.3 has two exclusions, which are included in the MHSA as governing who gets services. He stated the need to also exclude "acquired traumatic brain injury" along with "developmental."

Commissioner Discussion:

Commissioner Carrion stated the categorization needs to be an ongoing discussion. He suggested working on these issues in the Committees, because these issues will continue to change.

Commissioner Aslami-Tamplen offered to create a task force within the Cultural Linguistic Competence Committee (CLCC).

Commissioner Aslami-Tamplen referenced Section 3560.010(b)(5)(C)(ii) and suggested dividing "African" into two parts: (a) African North and (b) African/Sub-Sahara; and dividing "Asian Indian/South Asian" into two parts: (d) South Asian and (e) Asian: Southwest/West/Central.

Commissioner Gordon suggested adding Hmong and Mien.

Commissioner Brown asked if, in the effort to broaden the categories, a disservice is done by "watering down" the size of the groups. Individuals may be forced into the "other" category because they do not know where they came from, which compromises the sample for analysis.

Vice Chair Pating stated his concern about the consequences of these changes, how they will be accomplished, and the implications for the ultimate outcome. He asked about the Commission's options.

Ms. Yeroshek stated changes made today go out for a fifteen-day public comment period. The comments received will be reviewed in the January meeting. Today, the Commission is hearing the public comments to the changes made in the August, September, and October meetings.

Commissioner Carrion moved to insert three categories into Section 3560.010(b)(5)(E): (iv) questioning, (v) queer, and (vi) another sexual orientation. The "number of respondents who declined to answer" would then follow as (vii).

Commissioner Miller-Cole made a friendly amendment to Commissioner Carrion's motion to insert two categories into Section 3560.010(b)(5)(H)(ii): (d) genderqueer and (e) questioning or unsure of gender identity. The "number of respondents who declined to answer" would then follow as (f).

Commissioner Buck suggested forming a work group to rework the racial and ethnic demographics, verify the population numbers, and return to the Commission with their recommendations.

Chair Van Horn agreed that the racial and ethnic demographics should be adjusted as an amendment after the regulations clear the Office of Administrative Law (OAL).

Commissioner Poaster stated he will vote against the motion not because of anything to do with the content or the discussions. He felt the process is wrong, what is being asked is wrong and cannot be done, the regulations cannot be enforced, and there has not been adequate discussion with other state entities on these demographic issues.

Action: Commissioner Carrion made a motion, seconded by Commissioner Buck, that:

The Commission adopts staff's suggested changes to Proposed Prevention and Early Intervention Regulations and adds:

(1) the following three categories to Section 3560.010(b)(5)(E): (iv) Questioning, (v) Queer, and (vi) Another sexual orientation; and
(2) the following two categories to Section 3560.010(b)(5)(H)(ii): (d) Genderqueer and (e) Questioning or unsure of gender identity.

Motion carried, 10-2 by a roll call vote.

Staff's Suggested Rejections to Public Comment

Ms.Yeroshek referenced a 112-page document listing the suggestions from public comments that staff rejected.

Action: Commissioner Aslami-Tamplen made a motion, seconded by Commissioner Keith, that:

The Commission adopts changing the language in the Proposed Prevention and Early Intervention Regulations Section 3705(a)(3)(A) to delete the exemption for small counties and to add the same opt out requirement language that is in Section 3706(d)(1) and (e).

Motion carried, 12-0.

Public Comment:

Ms. Mikalson asked that the language "avoiding unnecessary burdens for counties" on page 109 of the matrix be rephrased. She asked if honoring a person's identity is considered an unnecessary burden and if this is the message the regulations should send. Collecting proper demographic data should not be viewed as an unnecessary burden. She asked how targeted programming can be implemented or evaluated without the necessary demographic data.

Action: Commissioner Keith made a motion, seconded by Commissioner Miller-Cole, that:

The Commission adopts staff's rejections of public comments to Proposed Prevention and Early Intervention Regulations as set forth in the "Matrix of Public Comments with Staff's Suggested Responses."

Motion carried, 12-0.

ACTION

4A: Proposed Innovation (INN) Regulations: Commission Responses to Public Comments from the 15-Day Notice

Presenters:

Filomena Yeroshek, MHSOAC Chief Counsel
Deborah Lee, Ph.D., MHSOAC Consulting Psychologist

Ms. Yeroshek spoke about the order of the presentation and gave a brief recap, an overview of the next steps, and a summary of the changes made at the October meeting to the INN Regulations.

Staff's Suggested Changes

Ms. Yeroshek noted that the demographic recommendations made for the INN Regulations are identical to the recommendations made for the PEI Regulations. She stated there are no new changes to the INN Regulations.

Public Comment:

Ms. Mikalson thanked the Commission for the PEI Regulations amendments and stated her support for the same amendments for the INN Regulations. She agreed that training is important. She stated her support for the racial and ethnic categories. In response to the concern about "watering down" data, she stated data can always be aggregated, but data cannot be disaggregated if it has not been collected. If the disaggregated data makes the population too small, they can always be combined. If that detail is necessary but the information has not been collected, there is no way to go back.

Ms. Burch echoed Ms. Mikalson's comments.

Action: Commissioner Miller-Cole made a motion, seconded by Commissioner Wooton, that:

The Commission adopts Staff's suggested changes to proposed Innovation Regulations and *adds:*

(1) the following three categories to Section 3580.010(a)(4)(E): (iv) Questioning, (v) Queer, and (vi) Another sexual orientation; and
(2) the following two categories to Section 3580.010(b)(4)(H)(ii): (d) Genderqueer and (e) Questioning or unsure of gender identity.

The changes make these sections identical to the categories in the PEI Regulations.

Motion carried, 10-1 by a roll call vote.

Staff's Suggested Rejections to Public Comment

Ms. Yeroshek referenced a five-page document listing the suggestions from public comments that staff rejected.

Action: Commissioner Keith made a motion, seconded by Commissioner Miller-Cole, that:

The Commission adopts staff's rejections of public comments to Proposed Innovation Regulations as set forth in the "Matrix of Public Comments with Staff's Suggested Responses."

Motion carried, 9-0.

INFORMATIONAL

5A: Presentation on the Assisted Outpatient Treatment (AOT) Program in Nevada County

Presenters:

Michael J. Heggarty, MFT, Interim Director, Nevada County Health and Human Services Agency (HHSA)
Thomas Anderson, Superior Court Judge, Nevada County
Carol Stanchfield, Director, Turning Point Providence Center

Chair Van Horn stated this presentation is to inform the Commission of what is happening in one county. It is not to defend assisted outpatient treatment (AOT), but, because 37 percent of the state plans to include AOT programs, Commissioners should be aware of what is currently implemented. Los Angeles County has consulted with Nevada County to ensure the programs they implement will be as thoughtfully done as those in Nevada County.

Commissioner Buck stated Turning Point Community Services provides services in Nevada County and was asked to provide the AOT services for four and five people at a time in Nevada County. It has been a good partnership between the county, the service providers, and the court. The criteria is strict and Nevada County has ensured that safeguards are in place so every opportunity for voluntary services is available, leaving AOT services as a last resort.

Michael J. Heggarty, MFT, the Interim Director of Nevada County HHSA, provided a history and overview of AOT, or Laura's Law, discussed stigma, issues to consider, and AOT criteria. He reviewed no-force medication, court-ordered treatment, Providence Center AOT data, and costs and savings.

Carol Stanchfield, the Director of Turning Point Providence Center, provided a summary of AOT program requirements, outreach, and individualized service plans.

Thomas Anderson, Superior Court Judge of Nevada County, provided an overview of the court and legal process of the AOT program.

Commissioner Questions:

Commissioner Carrion asked if there are provisions to ensure the cycle is not repetitive. Mr. Heggarty stated being repetitive would be considered ineffective, and part of the criteria is to show that AOT is an effective treatment intervention.

Commissioner Aslami-Tamplen questioned the personal choice requirement since it is court-ordered treatment. She stated there is a difference of opinion on the term “choice.” Sometimes “choice” means the choice between pills or a shot, which is considered intimidation, coercion, and force to consumers.

Chair Van Horn stated the only way to force medication in California is with a Riese hearing.

Commissioner Aslami-Tamplen asked for examples of treatments that patients can choose not to engage in. Ms. Stanchfield gave the examples of seeing the doctor, taking medication, or seeing their service coordinator to help with housing, rehabilitation, or recovery due to substances.

Commissioner Aslami-Tamplen asked how many treatment plans include medication. Ms. Stanchfield stated the treatment plans are developed with the clients if they are engaged enough to be part of that conversation. She stated it is a collaborative and recovery-oriented court, it is an ongoing process, and the plans are individualized.

Commissioner Aslami-Tamplen stated patients are out of compliance when they do not take the medication on their treatment plan. She asked what happens when they are out of compliance.

Ms. Stanchfield stated nothing happens. This is a civil court, not a criminal court. It is a recovery court. The goal is to increase their level of functioning within the community and, ultimately, their recovery.

Commissioner Keith asked for the percentage of patients for whom medication is part of their treatment plan that do not take the medication.

Judge Anderson stated there are few people who are reluctant to take medication at the beginning. Most end up taking medication as prescribed. A big part of the success is access to a doctor who monitors and adjusts the dosage on a regular basis as needed.

Commissioner Aslami-Tamplen stated the law mandates a person to be evaluated and, if they refuse to be evaluated at court, they are taken to a facility to be evaluated where they are held for seventy-two hours. She asked Judge Anderson to speak on that.

Judge Anderson stated it is rarely used. If they are out of compliance and not engaging with their personal service coordinator, they are not showing up for anything, and they appear to be decompensating again, that is when intervention is used to catch them before they get 5150ed.

Commissioner Wooton passed out a packet of information about involuntary commitment and asked Commissioners to review it. She encouraged the Commission to present opposing views when controversial items are on the agenda.

Public Comment:

Sally Zinman, the Executive Director of the California Association of Mental Health Peer Run Organizations (CAMHPRO), stated she admired the Commission for its balance, impartiality, and oversight role, and was concerned that the presentation on this controversial issue was not balanced.

Helena Liber, of the Client Stakeholder Project (CSP), spoke in opposition to Assembly Bill (AB) 1421. She does not see recovery as being coerced, forced, and court-ordered. It is a violation of human rights and civil rights. Consumers have the right to noninterference and freedom of choice and to pursue recovery in their own time and in their own way, which may not involve the mental health system.

Lisa Rock, of the CSP, stated AOT violates civil liberties. If an individual does not meet criteria for WIC 5150 and 5350, then the individual has the capacity to decide for themselves whether they engage in services and what their services look like. If a person does not meet criteria, they are forced into treatment based on a prediction that they might lack insight or become dangerous in the future. Such pessimistic predictions cannot be a reason to take away someone’s civil liberties.

Dr. King spoke in support of AOT. She stated she is a 45-year caregiver of a family member who is severely mentally ill. For twenty-five of those forty-five years, she and her mother struggled every day to ensure he had a roof over his head, food to eat, and the opportunity to be treated. She stated the wish that Laura’s law had been enacted years ago.

Susan Gallagher, the Executive Director of Mental Health America of Northern California (MHANCA), spoke in opposition to AOT. AOT violates civil liberties, operates in a coercive manner, infringes on Constitutional rights, is based on speculative predictions that someone may become violent at some future date, assumes that the individual lacks insight, which could be construed as a disagreement with the treating professional, applies coercive tactics to people living with mental health disabilities in the community, and is aimed at increasing adherence to a regime of prescription medications. The Supreme Court has ruled that imminent threat to self or others is the only reasonable standard for civil commitment. This type of service avoids socially-constructive, ethically-bound solutions. It is not client-driven, promotes stigma, and relies heavily on medication as the primary source of treatment. She stated the need for continued open dialogue to find answers to these issues.

Dawniell Zavala, the Associate Director and General Counsel for MHANCA, spoke in opposition to the further implementation of Laura's Law and the use of MHSA funding to do so. She urged the Commission to permit additional public comments prior to making policy determinations of this law so that all concerns can be considered. She stated the program in Nevada County is not client-directed, is unnecessary, is coercive, unduly restrains civil liberties, and can cause more harm to patients than self-directed treatment or none at all. The punitive nature of forced treatment has the undesired effects of increasing public mistrust of the mental health system, further stigmatizing mental illness, and discouraging people from seeking help when it is most needed.

Stephanie Ramos, the Administrator of the MHANCA, stated she spoke as a family member in opposition to AOT. She stated the greatest issue is that family members and supporters are unaware of what is already out there. If people were aware of what they could do as supporters, consumers would not get to this point. When AOT is presented without the balance of the other services available in the community, it becomes the first go-to. She stated the need to focus on providing resources, information, and education so support can effectively be provided within the community.

Rosa Ponce, the Youth Advocate with MHANCA, spoke in opposition to AOT. The services that are most appropriate are those that meet the clients' needs in a cultural and linguistic manner where clients have a voice and choice in their treatment. The Latino community has few services and lacks resources, which should not be diverted away from community-based voluntary services in order to force people into treatment. Impersonal interpreters and translation services are inadequate and hinder access to supports. Discussions on forced treatment must also include racial, ethnic, sexual identity, and gender disparities that exist in the public mental health system. Such coercive services can create further disparities and inappropriate treatment for people from underserved communities. She suggested working on long-term solutions to these complicated issues rather than violating basic freedoms and Constitutional rights.

Jesse Williams, Program Coordinator of the MHANCA Older Adult Program, spoke in opposition of AOT. There are not enough voluntary services in the community. Services should be more easily accessible and available for underserved communities. People should have a choice as to the type of services and treatment they receive.

Ms. Mikalson echoed the statements of the previous MHANCA speakers. She asked what was different about the people that did engage in services and did not need to be court-ordered. She asked if the services that were refused were refused because they were not culturally inclusive, competent, or safe. She encouraged working harder on the prevention side to give the attention given once they are court-ordered before they get to that point.

Mr. Leoni stated the idea of AOT and of a court order existing for something that has yet to be done is disturbing. This works in Nevada County because of engagement; the county designed a court order for engagement, not services, in order to use MHSA funds. The services are technically voluntary. He pointed out that newer counties implementing this could potentially design a process that orders services. He stated this process should be steered in a benign direction and, as a result of evaluation, potentially eliminated. He stated his concern that outreach uses mental health professionals instead of peers and introduces AOT as an inevitable consequence. He suggested that people with histories may be resisting through lack of trust.

Chair Van Horn stated the Commission is planning a full presentation of AOT issues at a future meeting. He reminded everyone that he spent a lot of energy opposing AB 1421, but it did happen. It

will sunset again in two years. He stated the only thing he wanted the Commission to take away from this presentation was an example of how AOT is implemented in one county. He stated the need to understand the issues, because there will be many more counties doing this.

GENERAL PUBLIC COMMENT

Stacie Hiramoto, the Director of the REMHDCO, commended the consumer community for coming out. She stated she understands what it feels like when the public comment time is short and it feels as though no one is listening. She encouraged the public to give the Commission a chance because most Commissioners listen and are respectful. She requested setting up a task force on the racial and ethnic component of the regulations. She stated the need for members of the task force to have expertise in racial and ethnic matters and to represent their communities.

Commissioner Discussion:

Commissioner Wooton reminded the Commission that $37 million was put out to the counties for crisis services with triage, crisis residential, and the stabilization unit. She stated the hope that the Commission will also consider the outcomes from them when considering the persons that require crisis services.

Vice Chair Pating assured the public that the Commission is hearing consumer concerns. It is wrong to frame the discussion today as either for or against AOT. The matter of civil liberties versus health or safety was taken up by the Legislature, which made a public policy decision outside of the Commission's purview. The Commission has been given the responsibility of overseeing the outcomes from these programs, getting the funds out, and ensuring that these programs incorporate mental health service values. If MHSA funds are used the MHSA values have to be incorporated into these programs.

Vice Chair Pating stated he wanted to ensure that the Commission stays focused on its responsibility. It is not whether the responsibility is good or bad; the decision for that responsibility was made by the Legislature. The Commission is to oversee AOT as sanely, safely, and as considerately to consumers and families as possible, so that it is a system the Commission feels can work. He encouraged that future conversations stay focused on values, sharing information, and ensuring that the outcomes are well done to prove whether or not AOT works. People are angry over the decision and the Commission's purpose here is to hear that and to turn it into a functional mental health system, because that was the decision and that is the responsibility the Commission has.

Chair Van Horn stated the sunset on AOT is in 2017. He stated advocacy groups have two years to put together the opposition to extending Laura's Law again. This is how things work; things are passed for a period of time and then they are reevaluated. He stated he was not in favor of AOT, but boards of supervisors are voting to do it. The Commission's role in this is to ensure that the outcomes are working, that the evaluation is accurate, and that there is an understanding of why things do or do not happen.

Chair Van Horn thanked the Commissioners for the past two years he has been the chair of the MHSOAC. He stated it has been a delightful two years. He turned the chair over to Dr. Victor Carrion. He welcomed Chair Carrion.

Chair Carrion thanked past Chair Van Horn and past Vice Chair Pating, in the name of all the Commissioners, for their service for the past two years in these positions and for the past many years on the Commission. He stated he looked forward to their future contributions.

ADJOURN

There being no further business, the meeting was adjourned at 1:48 p.m.