



**Client and Family Leadership Committee (CFLC) Teleconference Meeting Summary**

**Date: Tuesday, April 26, 2022 | Time: 1:00 p.m. – 3:00 p.m.**

**2000 Embarcadero Cove, Suite 400  
Oakland, CA 94606**

Additional public locations included 4 Style Drive, Aliso Viejo, CA 92656; 6666 Green Valley Circle, Culver City, CA 90230; 272 Beck Avenue, Fairfield, CA 94533; 125 Santa Paula Ave., Oxnard, CA 93035; 8800 Valley Blvd, Rosemead, CA 91770; 870 Market Street, Ste 928, San Francisco, CA 94102; and 564 S. Dora Street, Suite D, Ukiah, CA 95482

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**Committee Members:**

**Staff:**

**Other Attendees:**

Khatera Tamplen, Chair Rayshell Chambers Robyn Gantsweg Kylene Hashimoto Richard Krzyzanowski Kontrena McPheter Beajae North Susan Wynd Novotny Larisa Owen Vanessa Ramos Jason Robison Sharon R. Yates	Matthew Lieberman Tom Orrock Deanna Rivas	Stacie Hiramoto Steve Leoni Keris Myrick Danny Offer Sally Zinman
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Committee members absent: Hufsa Ahmad, Donella Hyrkas Ceerle, Emery Cowan, Claribette Del Rosario, Kellie Jack, Rose Lopez, and Jules Plumadore

**Welcome and Roll Call**

Commissioner Khatera Tamplen, Committee Chair, called the meeting to order at approximately 1:00 p.m., welcomed everyone, and reviewed the meeting agenda. She introduced new Committee Members Robin Gantsweg and Vanessa Ramos and asked them to introduce themselves. She reviewed the meeting protocols.

Tom Orrock, Chief of Stakeholder Engagement and Commission Grants, called the roll and confirmed the presence of a quorum.

## **General Public Comment**

Stacie Hiramoto, Executive Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), commended the Committee for taking on this difficult issue.

## **Agenda Item 1: Action – Approval of the February 25, 2022, Meeting Minutes**

Chair Tamplen tabled this agenda item to the next Committee meeting.

## **Agenda Item 2: Panel – Perspectives on Proposed Care Courts, SB 1338 (Umberg and Eggman) and AB 2830 (Bloom)**

### **Presenters:**

- Sally Zinman, Executive Director, CAMHPRO
- Keris Myrick, MS, MBA, Co-Director of S2i, the Mental Health Strategic Impact Initiative

Chair Tamplen stated the Committee will hear a panel presentation on the proposed Community Assistance, Recovery, and Empowerment (CARE) Court. She introduced the members of the panel and asked them to give their presentations.

Sally Zinman, Former Executive Director, California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated a press conference and rally is being held today at the Capitol for a new group called Peer Advocates for Rights and Recovery (PARS). She stated CAMHPRO's letter in opposition to the CARE Court bill was included in the meeting materials. She reviewed CAMHPRO's letter but did not speak as a representative of CAMHPRO.

Ms. Zinman stated the introduction of assisted outpatient treatment (Laura's Law) was divisive, as is the proposed CARE Court bill. In the history of civil rights movements when rights are revisited, they are usually expanded, but in the mental health community they are reduced. There have been many bills coming to the front to increase the number of institutional beds and to increase forced treatment, not to decrease it.

Ms. Zinman stated the proposed bill is not new but is largely a political response to the unhoused and homeless tragedy in California and across the country. It scapegoats individuals diagnosed with mental illness as responsible for the lack of housing, which is not true.

Ms. Zinman stated the Governor describes the CARE Court as a "new approach" and a "paradigm shift," when, in fact, it is an old approach that goes back to the same old infrastructure. Repeating the same thing will not create a different result. If the court is involved, it is coercion; a court order is forced treatment. Forced treatment has always been a default method of the behavioral health system and is responsible for the situation the system is in, as opposed to being a solution to it. Doing away with behavioral standards and measurements that were put in place 50 years ago with the Lanterman-Petris-Short (LPS) Act is frightening. The bill cannot be improved when it is based on coercion, on their criteria. It undermines the LPS.

Ms. Zinman stated the need to create new, innovative alternatives to forced treatment that honor self-determination and choice. A system based on voluntary, holistic, person-centered, and preventative services to support individuals who are experiencing homelessness and mental

health issues in a way that supports their recovery would be effective, as opposed to more of the paradigm that has not worked. Protecting rights is advancing recovery.

Keris Myrick, Co-Director of S2i, the Mental Health Strategic Impact Initiative, stated the CARE Court bill is about politics and elections to appear that something is being done. The problem with LPS mechanisms is the length of time it takes to determine if a person qualifies for LPS. The CARE Court bill tries to create a “fast pass” and is supposed to be an upstream preventative treatment when it is not.

Ms. Myrick stated existing disparities especially for communities of color show the huge disparity that exists. Individuals who qualify for CARE Court will likely be disproportionately people of color because they do not have access to these things to begin with. She asked why some of the longstanding structural issues are not being addressed that have not helped people. The CARE Court does not address the structural issue; it just creates another line into the court.

Ms. Myrick stated it is not well-known that treatment best practices, such as Cognitive Behavioral Therapy (CBT), are not as effective in certain communities, such as the African American community. She noted that five federal agencies are looking at California and CARE Courts with a great deal of concern about existing or potential violations of individual rights.

Ms. Myrick stated the family role was discussed in today’s Senate Hearing and that housing could be with a family member; although, one of the points brought up was that the family member will have more confidence knowing that the CARE Court is there. It does not make sense that a family member would be more apt to take the person in just because they have the court to help them. She stated her talking points at the hearing included the lack of family support, family psychoeducation, and the evidence-based model of not only peer support but the evidence-based practice of ongoing family support that families need in order to support their loved one throughout their process of recovery.

Ms. Myrick stated it is important to consider that the CARE Court bill is about the severely mentally ill population. She suggested strategically honing messages to say what helps this small population. It is important to be clear about what works, how to support people, and to understand long-acting injectables, which was brought up more than once in today’s hearing. Somehow long-acting injectables are the next best thing to help people because they do not have to come in or worry about taking their medications, but they, in fact, have horrible side effects.

#### Committee Member Feedback in Support of the CARE Court Bill

- No Committee Members spoke in support of the Care Court bill.

#### Committee Member Feedback in Opposition to the CARE Court Bill

- Media is trying to make CARE Courts seem like “advocacy,” when it is not. “Supporters” are system supporters, not person supporters.
- It is better to oppose the whole concept rather than to make suggestions on how to improve the bill, which may make it more difficult to oppose later in the process. If the court is involved, it is coercion.
- Silence means agreement. It is time to respond, particularly about inequities and criminalizing individuals’ living situations with a court system. Peer services are an important aspect.

- A stakeholder process is not formally identified in the development of the bill.
- Strongly advocate for stakeholder input. Be specific in demonstrating the success of processes that have included stakeholder input.
- Keep the MHSA true to its origins. Implement the MHSA for how it was created and continue to empower communities through the funding of the peer-run organizations that are proven to meet the needs of individuals.
- Everything in the bill, minus the court, is what everyone wants.
- The housing crisis will not be solved by CARE Court. Jails and institutions are not housing.
- Make it known that MHSA dollars were transformed during a recession to keep the existing services that the MHSA was developed to improve in place. MHSA dollars need to be used for their intent and for evidence-based practices. Directing 7 percent of MHSA funding statewide to community-based peer services would make a huge impact in dealing with the people who are left without support. Courts do not support people.

#### Public Comment

Steve Leoni, consumer and advocate, stated the need to emphasize the pragmatic and practical not just legal rights. There is a need for something different and CARE Court is something different. The MHSA was something different 20 years ago but it was not implemented right. The stakeholder outreach done at the very beginning of the MHSA with The Village Model was the most radical part of it and, yet, is the part that is most forgotten. Individuals are often resistant to receiving services but can, over time with relationship building, come around to wanting services without the use or threat of force. Had this been implemented all along, CARE Court would not be considered today.

Steve Leoni agreed with the need to remove the court from the bill. Everything that needs to be done can be done without the court. The court might be valuable in terms of lighting a fire under the county. Aside from that, the something different that needs to happen is that the MHSA just needs to be done right.

Danny Offer, NAMI California, stated NAMI California supports the CARE Court bill and does not deny that there is some level of coercion in this proposal. NAMI received over 200 letters from family members. The possible main reason for this support is that NAMI sees this as going directly to the very specific part of the population of individuals with a serious mental illness who do not recognize that they have a serious mental illness. He stated NAMI agrees with having peers and voluntary services first and that some family members will respond to peers and voluntary services, but wants to explore all options.

Stacie Hiramoto stated appreciation for Mr. Offer's comment. Although REMHDCO has a position on this bill, it above all cares about fairness. This agenda item is about perspectives on the CARE Court bill but there were no perspectives offered from family members. Only one view was presented. This was not a fair forum. The Administration should have been invited to give their reasons for the bill. She stated, although REMHDCO is in opposition to this bill, she did not feel comfortable sharing the reasons why.

## Discussion

Chair Tamplen stated NAMI sent a position letter, which is part of the meeting materials. This dialogue is open to family members who are part of the Committee. It is important that the family member voice is heard. The Committee has taken no position on this bill. The point of this item was to have a conversation in order to bring recommendations to the Commission. It is an ongoing issue that will require an ongoing conversation. It is important that all voices are heard.

Ms. Zinman stated she hoped that the Committee can have a discussion and come up with a position to be presented to the Commission.

Committee Member Robison stated he is a person with lived experience in recovery and a family member. He stated his experience as a family member is that coercion has not worked with his family. The system needs something other than force. He stated, in his experience, peer support is very effective, while other treatments are not. He made a motion for the CFLC to solicit input from members, take a position on the bill, bring that position back to the Committee for discussion, and then decide how to act on that position.

Committee Member Ramos seconded the motion. She stated the need for meaningful stakeholder involvement that includes individuals who will be directly affected by this bill, family members, individuals living in recovery, and the community at large. Together, we can think through solutions that will develop lasting and effective change for individuals.

Committee Member Yates stated the handouts included in the meeting materials are a resource guide that directs where to go to get services, but these individuals are too sick for that. She suggested creating a way where the severely mentally ill can listen to services that are available because some cannot follow directions or make appointments. The gaps need to be bridged in providing online services or a website where they can point and click. The world is too big for them. The world must be kept small so they can be a success.

Committee Member Krzyzanowski stated Mr. Offer's comments provided a lot to think about and needed to be at this table. He stated he felt bad to hear that Stacie Hiramoto would not share her comments beyond being made to feel unwelcome. He stated the hope that moving forward individuals, particularly long-time allies like Stacie Hiramoto, would not be put in a position where they feel they must say what Stacie Hiramoto did. He stated the hope that this was just an oversight that will be done better in the future.

Ms. Myrick stated complex issues rarely have simple answers. She stated she appreciated the difficult discussion that happened today and stated these discussions will have to happen in many stakeholder communities. She stated the need to learn from the Trieste Model. It is important to work together and to look at the world in a completely different way. Rather than advancing what is already available, look at what should be advanced that has never been available but should be.

## **Agenda Item 3: Peer Certification Implementation Guide Resources Update**

Chair Tamplen tabled this agenda item to the next Committee meeting.

## **Wrap-Up and Adjourn**

Chair Tamplen thanked everyone for being in attendance and contributing to the conversation. A vote cannot be taken today due to the lack of a quorum. She suggested continuing this transparent dialogue at the next Committee meeting. She invited Ms. Zinman, Ms. Myrick, and Mr. Offer to continue to join in the conversation at the next meeting. It is important to bring this dialogue to the Commission, to be united on what can be agreed upon, and to stand up for what cannot. Any divisions need to be identified but the vote ultimately will determine recommendations to be made to the Commission.

The meeting adjourned at approximately 3:00 p.m.

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