



Client and Family Leadership Committee (CFLC) Teleconference Meeting Summary
Date: Thursday, September 20, 2022 | Time: 1:00 p.m. – 3:00 p.m.

MHSOAC
1812 9th Street
Sacramento, CA 95811

****DRAFT****

Committee Members:

Staff:

Other Attendees:

Khatera Tamplen, Chair* Rayshell Chambers, Vice Chair* Robyn Gantsweg* Richard Krzyzanowski* Larisa Owen* Vanessa Ramos* Jason Robison* Sharon R. Yates*	Tom Orrock	Anna Laurie Hallmark Steve McNally Mandy Taylor FayAnn Wooton-Raya
---	------------	--

*Participated remotely.

Committee members absent: Hufsa Ahmad, Donella Hyrkas Ceclar, Emery Cowan, Claribette De Rosario, Kylene Hashimoto, Kellie Jack, Rose Lopez, Kontrena McPheter, Beajae North, and Susan Wynd Novotny.

Agenda Item 1: Welcome, Announcements, and General Public Comment

Commissioner Khatera Tamplen, Committee Chair, called the meeting to order at approximately 1:00 p.m., welcomed everyone, and reviewed the meeting agenda.

Tom Orrock, Chief, Community Engagement and Grants, reviewed the meeting protocols, called the roll, and confirmed the presence of a quorum.

General Public Comment

FayAnn Wooton-Raya, Department Business Specialist and Project Coordinator, Santa Barbara County Department of Behavioral Wellness, stated they met Vice Chair Chambers last week, who invited them to attend this meeting.

Mandy Taylor, Behavioral Health Equity Manager, California LGBTQ Health and Human Services (HHS) Network, noted that this meeting is happening at the same time as two events that are focused on the health of communities of color: the California Pan-Ethnic Health Network's (CPEHN's) Right to Heal Conference, focused on mental health, and Community Catalysts, focused on all health. It is important to point out that voices may be

missing at this meeting that may otherwise have been here, especially when discussing issues such as the CARE Court legislation, which disproportionately impacts Black and brown communities.

Mandy Taylor stated the 15 partners from across California will be meeting on October 25th and 26th for their annual capacity-building meeting.

Committee Member Ramos stated the California Health and Human Services Agency (CalHHS) Behavioral Talk Force shared a presentation on September 31st about improving the crisis continuum where the Department of Health Care Services (DHCS) highlighted their need to increase crisis support. Adjustments have been made to the way the Senate Bill (SB) 82 Triage funding can be utilized. She asked the Committee to make a recommendation to the Commission to support programs in counties where there are no diversion programs. She stated the need for SB 82 funding to be accessible to community-based organizations for peer respites, crisis stabilization units, crisis residential treatment centers, and psychiatric emergency rooms. Community-based organizations are better equipped to hire appropriate individuals to best serve community members.

Agenda Item 2: Action – Approval of Meeting Minutes

Chair Tamplen tabled this agenda item to the next meeting due to the lack of a quorum.

Agenda Item 3: Information – CARE Courts Update and Discussion

Chair Tamplen stated the Committee will hear an update on the CARE Courts legislation, SB 465, and will discuss how Peer Respites and Full-Service Partnerships could be enhanced to lessen the referral and need for Court Ordered Treatments. The Committee will also discuss aspects of the legislation which may affect mental health treatment for individuals referred to the program.

Chair Tamplen asked about alternatives to court-ordered treatment.

Discussion

Committee Member Gantsweg stated Disability Rights California (DRC) is planning to litigate against the CARE Court legislation, is looking for ways to impact the implementation of it, and is looking for ways to protect Mental Health Services Act (MHSA) funds.

Committee Member Ramos stated the CARE Court bill was political. Tackling the mental health and unhoused crisis is the Administration's top priority. The level of control over legislators is scary. She suggested moving more into a proactive role, such as this Committee advocating for psychiatric emergency rooms and giving funding to community-based organizations. CARE Courts will pull MHSA funds, disproportionately affect communities, and prevent individuals from receiving the care they need. The Governor's bill has already been passed. It is important now to find solutions together that work. She asked the Commission to meet with the Governor to share California's collective peer voice and perspective on what works for communities and how to preserve MHSA funding.

Vice Chair Chambers stated she brought up the issue of community-based organizations not being engaged and the lack of clarity for their roles at the last Commission meeting.

This does not allow for community-based organizations to get funding to provide the services they provide. It will be important for the Commission to be more proactive with peer respites, crisis stabilizations, etc.

Committee Member Yates stated concern that there was little or no planning for anything separate from CARE Court for any other programs. There is a fear of noncompliance with the end result of clients risking conservatorship. There is a forced conservatorship in this program for noncompliance. She stated she is afraid that this program will get lost in all the other programs out there. It needs more planning but there are no resources allocated to planning.

Chair Tamplen stated research shows that forced conservatorships are counterproductive for long-term recovery.

Committee Member Krzyzanowski stated the political muscle behind the CARE Court legislation was strong. He agreed with Committee Member Gantsweg and others that this is something that needs to be challenged in the courts in partnership with the DRC, the ACLU, and other civil rights-based organizations that have legal muscle. It is time to call in the lawyers to work with individuals with lived experience. He stated this is not something that is reformable. Even though, for political reasons, small alterations were made due to half-listening to community voices, the project overall is a threat to civil rights, especially for communities of color and with disabilities. There is no way to improve the CARE Court legislation to make it acceptable. The bottom line is that it still relies on force; it still leads to drastic and disempowering consequences. He disagreed that it can be made better by having patients' rights advocates involved or by giving more due process. Although there are small ways the CARE Court legislation can be improved, the overall project is doomed to fail because the basic ideas are against individual rights.

Committee Member Krzyzanowski stated it has been pointed out that this is a political move, but there is also a huge economic motivation on the part of the state. The Commission has been receiving criticism from the beginning of the MHSA that counties put funding into reserves. This is the state's way of forcing counties to spend reserve money in a political and economic move. The challenge is that there are specific things that peers have been promoting for a long time, such as peer-run programs, peer respites, crisis residentials, and well-rounded FSPs. This is what communities have always advocated for. This is a wake-up call to refocus on the foundations that have been laid in order to fill in the missing rungs on the ladder of recovery. He stated the importance of building on known successes to meet the challenge of CARE Court legislation.

Committee Member Gantsweg stated everything about this legislation is wrong and does not solve any problems it is seeking to solve. They did not have any community involvement or listen to alternative solutions. Another challenge is that individuals in CARE Court may be given priority to receive services over individuals who are not in CARE Court. Also, the CARE Court legislation was touted as a solution to homelessness but no funding has been provided for housing. Solutions must be found to fight against the CARE Court legislation.

Committee Member Robison agreed with moving into a proactive position. He stated he sent a letter to staff that he co-wrote in 2021 with Sally Zinman, who has since passed

away. In that letter, which was included in today's meeting materials, he and Sally Zinman made the argument that MHSA funds were not used the way they were legislated and that peer services need to be scaled so that 7 percent of MHSA funds are directed specifically to peer services. He suggested that Committee Members read the letter. He offered to revise it so that the letter will come from the MHSOAC and the CLFC and suggested sending it to the MHSA.

Chair Tamplen suggested putting the letter on a future agenda for Committee discussion and sending it to the full Commission for approval.

Public Comment

Anna stated she attended the California Health Conference, which included presentations on several issues, including the CARE Court legislation. She stated the understanding that seven counties are currently implementing the CARE Court legislation and that one year later other counties will follow. A statement made at the conference was that counties will be mandated to implement CARE Court and that penalties will be imposed on counties that do not choose to comply. In answer to questions about what CARE Courts will look like, the presenters stated it will be figured out during implementation. She stated much can be done in the next year during the implementation process since many details have yet to be determined.

Steve McNally, family member and Member, Orange County Behavioral Health Advisory Board, speaking as an individual, stated Orange County will be one of the first counties to adopt the CARE Court legislation and will receive \$20 million in MHSA funding. It is frustrating that the Mental Health Oversight and Accountability Commission is the most influential body in the state and yet it did not take a position on the CARE Court bill. It is frustrating to allow mental health to be politicized. He stated the need to determine who supports peers and who does not. It is often said that legislatures cannot answer questions about peers.

Vice Chair Chambers stated she did not stay quiet on this issue. Taking a proactive approach will be key.

Mandy Taylor stated the conversation and experience that advocates are having is a microcosm of what this will look like when the CARE Court legislation is implemented. This sense of powerlessness, loss of autonomy, not being listened to, and other people making decisions for advocates against their will is being played out here and now in advocacy spaces. She stated it is difficult to be part of the conversation. She shared the impact the CARE Court legislation has had on her as a consumer and that even the discussion of the CARE Court legislation triggers so much of her mental health issues in the way she was or was not cared for by health systems. She stated, if she is already feeling this powerless and challenged to even engage in a conversation, it will be worse for individuals who experience greater mental health challenges.

Laurie Hallmark, attorney and mental health advocate, agreed that CARE Court in its essence is forced and cannot be repaired. The speaker stated concern for individuals who will certainly or even potentially be sucked in. The speaker stated the need to get ahead of that by building in protections. For example, in the referral process or in advanced planning, someone could advocate for the person to have a provider during mental health

crises. Building in protections does not mean agreement with CARE Court. It is important to protect communities as much as possible.

Anna stated there are still gaping holes in the same places that they were 20 years ago. Many individuals are not getting their needs met. She suggested trying to focus the attention on those who are still working in the system – on current services, on quality control, and on a unified approach. There is very little oversight at the state level when it comes to the MHSA and other county programs. There is no cohesive system. Counties do not track outcomes and do not know what works or what does not work. Also, patient rights and advocacy services have been weakened. The speaker suggested starting a conversation about how to focus attention on these issues and how to strengthen voluntary services so that this alternative can be presented to show that CARE Court is not needed. The speaker volunteered to help in these efforts.

Committee Member Ramos suggested putting utilizing peer support services using MHSA funds on a future agenda.

Chair Tamplen asked staff to provide an update on SB 82.

Mr. Orrock stated Executive Director Ewing will be sharing changes taking place with SB 82, Crisis Intervention Triage Funding, at Thursday's Commission meeting, such as that funding was originally only provided to counties to hire personnel. He stated it was found over the years that it was difficult for counties to hire staff, especially during the COVID-19 pandemic. The Legislature has since provided new opportunities to spend those dollars, such as through community-based organizations, hospitals, schools, and county behavioral health departments. Funds can also now be used for crisis prevention to early intervention.

Agenda Item 4: Information – Peer Certification Resource Guide Update

Presenter:

- Tom Orrock, Chief, Community Engagement and Grants

Chair Tamplen stated the Committee will hear an update on the Peer Certification Resource Guide and discuss next steps in the creation and distribution of the guide.

Mr. Orrock stated the work group has not met since May. Commission staff who were helping with this project retired or were in a limited-term position. What was heard at the last meeting about the Resource Guide is the need to:

- Include resources for diversion, equity, and inclusion.
- Address disproportionality and ensure that peer services are available for all.
- Ensure that the Resource Guide is in plain language to be easily understood and in multiple languages.
- Include a mechanism to continually update the Resource Guide.
- Include other toolkits or guides in the Resource Guide.

Mr. Orrock stated the hope is that, at some point, this would all be put together into one Resource Guide that can be continually updated. He stated that perhaps the Consumer Advocate Contractor can update the Resource Guide as one of their roles.

Public Comment

FayAnn Wooton-Raya asked if the Resource Guide will be posted on the Commission website.

Chair Tamplen stated it will be posted online for accessibility.

Mr. Orrock stated the distribution plan is not only to post it on the website but to send it out to county behavioral health departments and community-based organizations.

Agenda Item 5: Information – Remembering Sally Zinman

Chair Tamplen stated the Committee will reflect on the life and accomplishments of long-time mental health consumer advocate Sally Zinman, and will identify the values represented in her work that should be continued in her honor.

Committee Members and members of the public shared their memories and gratitude for Sally Zinman and her work in the mental health field.

Agenda Item 4: Wrap Up and Adjourn

Chair Tamplen stated the next CFLC meeting will be held on October 25, 2022. She adjourned the meeting at approximately 3:00 p.m.