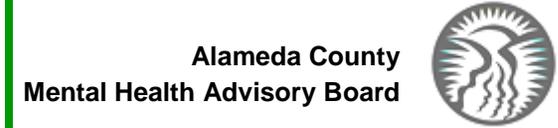




Adult Committee **APPROVED Minutes**
November 24, 2020 ♦ 12:00 PM – 2:00 PM
2000 Embarcadero Cove, Oakland, CA
Eden Room
Video Conference Meeting



Committee Members:	<input checked="" type="checkbox"/> Marsha McInnis (<i>Chair, District 1</i>)
ACBH Staff:	<input checked="" type="checkbox"/> Jennifer Mullane (<i>Interim Adult Services Director</i>); Angelica Gums (<i>Administrative Liaison and Recording Secretary</i>); Asia Jenkins (<i>Administrative Liaison</i>)

Meeting called to order @ 12:00 PM by **Chair Marsha McInnis**.

ITEM	DISCUSSION	DECISION/ACTION
Roll Call	Roll Call completed.	
Emergency Action	None.	
Approval of Minutes	October minutes approved.	
Correspondence	None.	
Chair's Report	<p>A. Marsha provided her Chair's report and shared the following update:</p> <ul style="list-style-type: none"> a. The group has enjoyed Kate and Jennifer providing the Director's report on behalf of ACBH. Kate would like Marsha to provide a formal email to ACBH to request for monthly updates beginning in January. b. Marsha would like to connect with Disability Rights of California to speak about the federal lawsuit against Alameda County (AC) and Alameda Health System (AHS). c. The lawsuit challenges a failure to provide people with mental health disabilities especially with black people with mental illness. We want to better understand what this is about. Follow-up was provided but the committee did not receive a response. This matter will be included as a future agenda item for next year. d. With IOP potentially closing, the Board will be drafting a letter of support. They invite any comments or observations on the letter in January 	

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Director's Report	<p>B. Jennifer Mullane from Alameda County Behavioral Health, Adult and Older Adult System of Care, provided the Director's report.</p> <p>a. One program that ACBH successfully rolled out is the Community Assessment Transport Team or CATT program. The purpose of the CATT program is to pair an EMT with a clinical staff member to divert people from the highest level of clinical care. Instead of 5150, we staff can transport them to a lower level system of care.</p> <p>b. Metrics on outcomes for 1st quarter of program is looking good. They will be happy to report out on outcomes at the next meeting. Amber House has been a primary disposition.</p> <p>c. The other program is our Pre-Trial Felony Mental Health Diversion Pilot program. It is a 22-person pilot program starting soon for clients who are incompetent to stand trial (IST). Over the next three years, we'll be diverting clients away from Napa Hospital and into a lower level system of care in the community. Typically, they will start at the Hospital, then transfer to a sub-acute stay, and then to the community. They will not be stuck in the highest level of care in Napa due to them being IST. The program is scheduled to roll out February 1st of next year. Partners include the District Attorney, Public Defender, Courts, ACBH and other interested folks in our system who have been watching this roll out. We'll keep you posted on these developments. We're happy to have rolled out two programs while in the pandemic.</p> <p>Question: Are providers still physically going into the field?</p> <ul style="list-style-type: none"> • Yes, ACBH has a full-service partnership with CBOs and IHOT teams who still meet with clients and take the necessary precautions. Staff is committed to making that happen because people with SMI need to be met where they are in the community. <p>Question: Are homeless still being housed?</p> <ul style="list-style-type: none"> • Yes, the homeless are still being housed. However, funding from the State is coming to an end with Project Room Key. Some hotels are winding down their services and others are remaining open. Some we have been able to purchase and others we haven't. There has been transparency with the Public that the program was a limited resource and only open for a certain period. Help has been given to get others situated to a better spot post departure of their hotel stay. Most are eager and working with providers and some don't want to 	

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	<p>leave and are struggling. At the end of the day, 100% has been done to positively impact the lives of those coming through the doors. There has been 1,900 people housed, ½ positive with COVID, and ½ sheltering in place to prevent that from happening.</p> <ul style="list-style-type: none"> • Lucy Cazden, at the Health Care Services Agency (HCSA), can provide a formal report on what is going on. She is the main point of contact for that project. • Jennifer said that the Committee members can email her with future questions. • Angelica will forward the request to reach out to Lucy Cazden. 	
<p>Patient Rights Program during COVID-19 Pandemic</p>	<p>C. Francesca Tanenbaum, Director of Patient’s Rights Advocates (PRA), presented on the PRA program. PRA is a program of the Mental Health Association and their mission is to assure that people with mental illnesses receive quality treatment from facilities and providers and that they follow state codes and regulations. Francesca oversees the programs for Alameda, San Mateo, and Marin County.</p> <p>In addition to PRA, they have several programs working remotely.</p> <ol style="list-style-type: none"> a. Family Education and Resource Center (FERC) b. Consumer Assistance Specialist c. Family Partners Program d. Consumer Family Assistant Specialist (Grievance Program), which helps to resolve non-clinical grievances. <p>General Information about PRA:</p> <ol style="list-style-type: none"> a. It’s a state mandated program in every County. b. Behavioral Health contracts with the Mental Health Association to provide patient’s rights services. c. There are nine PRA’s that travel to psychiatric hospitals within the counties and provide the following services required by law: <ol style="list-style-type: none"> i. Investigate complaints of abuse or neglect. ii. Look at violations of rights. iii. Monitor psychiatric facilities for compliance with codes and regulations. iv. Look at complaints around bad interactions with others. v. They are lifelines for people who are in locked facilities for a feeling anxious. 	

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	<ul style="list-style-type: none"> vi. They help patients with self-advocacy, so they don't feel disempowerment and know that they have a right to participate in the decision-making of their treatment. vii. Work with the facility to say that the consumer should be involved in their treatment. viii. PRA works with the facilities to resolve complaints from clients. If there is a violation, PRA works on prevention in the future. ix. Represents patients subject to involuntary treatment in hearings. x. Representation is provided at Certification Review Hearings for people who are held on a 5150 and stay longer than 72 hours. If they are placed on another hold, they are automatically scheduled for another hearing. They need to determine probable cause that the person still meets the criteria of "danger to themselves and others." xi. 80% of clients are placed on a second involuntary hold (5250). 80% are agreeable to staying in the hospital and understand voluntary treatment. xii. Representation is provided at Capacity (Riese) Hearings or re-screening – a doctor feels like the patient needs medication and the refusal is due to a lack of irrational thought process in taking psychotropic medication. Is there an alternative to medication? xiii. Provide education to patients, facilities staff, family members and public. xiv. Provide consultation to treatment staff, administrators and law enforcement with questions regarding applying law to treatment decisions. <p>Question: Do family members of the clients share their opinions regarding the Client's treatment at the Hearing? If there is a complaint from families that their family member needs to stay longer in a hospital, do you address that with the family member?</p> <ul style="list-style-type: none"> a. Often the family members of clients are "unpaid case managers." b. PRA has done a lot of work internally to understand, consider, and support the needs of family members. c. In preparation for the hearing, PRA asks clients if they have a family member that can serve as the primary contact. A family member in this case is considered a 3rd party officer. They take them home, care for them, and provide food, clothing, and shelter for them. The hearing officer will then release them to the family member. Most of the time family members don't like this. Most family members are uncomfortable having their loved one 	

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	<p>leave against medical advice, therefore they don't want a 3rd party officer role. Even if the family doesn't support their release at the hearing, most of the time, the Client still wants the family member present. PRA discovered that the family and consumer relationship is not as adversarial as expected. One of PRA's goals is to minimize adversity in the hearing process.</p> <p>Question: What is your website?</p> <p>a. mhaac.org</p> <p>Question: When there are hearings regarding rights of the patient, are they discharged and then given other options? What is your involvement?</p> <p>a. PRA is prohibited from doing any administrative or clinical work for patients. They must create boundaries in providing clinical work and legal work. PRA's responsibility is to inform clients of alternative treatment options other than the hospital. There are circumstances where a person is discharged quickly because insurance companies do not pay for long-term facility care unless they are acute. Clients should have access to crisis services and sub-acute services instead of going to a hospital.</p> <p>Question: What is PRA doing now?</p> <p>a. Working with facilities to collaborate and communicate in hearings remotely. There is a Supervising judge who supervises the officers running the video conference hearings to ensure the hearings are HIPPA compliant.</p> <p>b. A current challenge for advocates is setting up interview times with clients serving time in jail before their hearing. Some facilities have been patient enough to lessen the stress for clients by bringing the clients to the phone for their interviews if they have enough notice in advance and include a list of names of clients requested to be interviewed.</p> <p>c. PRA receives several calls from people concerned about their rights as a patient. It is much higher now compared to before COVID-19. PRA allows clients to speak for themselves and have some sense of empowerment.</p> <p>d. PRA is hearing from facilities that clients are socially distancing and wearing masks. The Advocates believe some facilities are very conscientious about keeping their facilities clean, screening patients for symptoms, and wearing masks. There have been very few COVID-19 reports in the locked psychiatric facilities.</p>	

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	<p>Question: Have discharges from hospitals and other less restrictive alternatives other than hospitals become a bigger issue?</p> <p>a. Clients are being admitted into facilities frequently but are quickly discharged which is not doing the person a service. The CATT Team is making a huge difference. They are using less restrictive ways to treat people who don't necessarily need inpatient treatments. Their efforts, attitudes and number of people they are seeing in the community are making a huge impact. Amber house is also making a difference with their drop-in service; therefore, CATT Team is seeing a decrease in hospitalization. Future data may see less restrictive services and other options, not only hospitalizations.</p> <p>Beverly Bergman provided her experiences working with family members during COVID-19.</p> <p>a. She is taking calls at home now from consumers and family members with mental health concerns due to COVID. People are reporting increased levels of stress due to being at home with their loved ones. PRA is helping those families destress by supporting them with their relevant needs.</p> <p>b. Family members have expressed that their family doesn't understand social isolation and mask wearing. They are worried about exposure. PRA's suggestion is to say to the family member that "they know it is hard to stay at home, but it is dangerous to go out and bring something back. If you do go outside, keep yourself in one area of the house and wear a mask when you come out of that area."</p> <p>Question: Will you give your contact information in the chat box?</p> <p>a. Beverly Bergman, Family Caregiver Advocacy Specialist, (510) 393-9275.</p>	
Reports	<p>D. The Board wants to look at the statistics of various community-based organizations and invite them to report out at a meeting, so we know how many clients are being served. PRA has been providing some numbers, but we haven't seen this from other organizations since conducting zoom meetings. Chair McInnis would like to reconvene this process in January.</p>	

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	<p>Chair McInnis asked if anyone representing an organization would like to share their numbers? what they are doing? or any updates.</p> <p>a. The Board would like the CATT Team to come speak with the committee. Angelica will reach out to that contact.</p>	
Future Agenda Items	<ul style="list-style-type: none"> • Invite CATT Team to come and talk to the committee. • Invite Gloria at John George to come and talk to the committee. 	
Committee Comment	<ul style="list-style-type: none"> • Looking forward to 2021, it will be a smoother year than this year. 	
Public Comment	<ul style="list-style-type: none"> • Learning from the COVID situation and how services got squeezed, we have looked for alternative solutions that are less restrictive. This is a great forum to analyze this type of data. • NAMI Alameda County and the Mental Health Association are accepting donations for gifts to John George, Gladman, and Morten Baker for the holidays. Send a donation or drop of a gift at their offices. • Gift cards for donation to PRA can include art supplies, hats, boxes, coats, gloves, and purses. • Deadline for gift card donations is December 13th. 	
Adjournment	Adjourned at 1:25 PM	

Minutes submitted by A. Gums