

**BEHAVIORAL HEALTH ADVISORY BOARD  
ADULT SERVICES COMMITTEE  
MINUTES ▪ Thursday, January 3rd, 2019**

<p><b>Members Present</b> Gane Brooking, Committee Co-Chair Jerry Harris, BHAB Chair Ratan Bhavnani, BHAB Sheri Valley, BHAB Andrew Huizar, Anka Behavioral Health David Deutsch, NAMI Cici Romero, TAY Tunnel Cindy Doutt, Telecare Mark Schumacher, Turning Point Foundation Dana Secor, Turning Point Foundation Denise Noguera, Area Agency on Aging Elizabeth R. Stone</p> <p><b>Others Present</b> Kevin Clerici, BHAB Gray Wilking, Area Agency on Aging Amber Graham, Anka Behavioral Health Lynne Gibbs, NAMI Michele Surbar, Telecare</p>	<p><b>Ventura County Behavioral Health (VCBH) Managers/Staff Present</b> Dr. John Schipper, Adult Division Chief Anna Flores, Alcohol and Drug Programs Manager Pam Roach, Transformational Liaison Edith Pham, BHAB Assistant</p> <p><b>NEXT MEETING:</b> <b>Thursday, February 7, 2019, 10:00 a.m. – 12:00 pm</b></p> <p>Ventura County Behavioral Health 1911 Williams Drive, second floor, Oxnard</p>
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Note: The committee has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<b>Call to Order</b> Co-Chair Gane Brooking called the meeting to order at 10:02 a.m.		
II.	<b>Approval of the Agenda</b> Ms. Brooking asked the committee to review and approve today's agenda. Mark Schumacher moved to approve, Ratan Bhavnani seconded. The motion passed unanimously.	The agenda was approved as written. <b>M/S/C</b>	
III.	<b>Approval of the Minutes</b> Ms. Brooking asked the committee to review and approve the minutes of the November 1 <sup>st</sup> , 2018, 2018 meeting. Mr. Bhavnani moved to approve. Elizabeth Stone stated that the minutes do not reflect that she was appointed as a member nor that she worked on the action plan with Ms. Brooking. She asked for clarification of the definition of "member". A discussion followed. Mr. Harris, BHAB Chair, referred all to the BHAB Bylaws. He noted that VCBH staff cannot be members, but staff from agencies that contract with VCBH can, with the understanding that they recuse themselves on votes that affect their organization. Mr. Bhavnani amended his motion to approve the minutes, with a correction on item VII, to read "Ms. Brooking and Ms. Stone agreed to prepare the draft Action Plans..." Kevin Clerici seconded. The motion passed unanimously.	The minutes were approved as amended. <b>M/S/C</b>	
IV.	<b>Welcome and Introductions</b> Ms. Brooking welcomed everyone and asked for introductions.		
V.	<b>Public Comments</b> Elizabeth Stone commented on an article titled "Making the call for suicidal thoughts, depression", which appeared in the December 20 <sup>th</sup> edition of the VC Reporter. She found the column upsetting due to inaccuracies. She is also concerned about the care that clients receive at the Ventura County Medical Center's Inpatient Psychiatric Unit.  Lynne Gibbs noted that she chairs the NAMI Public Policies Committee in Santa Barbara County. This group has been focusing on AB 1971, which would expand the definition of "gravely disabled." NAMI Santa Barbara supports advocacy to have California apply for a waiver for Institutions for Mental Diseases (IMD) Medicaid exclusion to permit Medicaid reimbursement for IMD beds; the state Department of Health Care Services is reviewing.		

VI.	<p><b>Chair Announcements</b> Ms. Brooking appointed Elizabeth Stone and Cindy Doult as members of this committee.</p> <p>The opening of a year-round shelter in Ventura will more likely be in January 2020. Mr. Clerici noted that a temporary emergency shelter will open at the former Armory in Oxnard; in the interim, a foul weather shelter is also being coordinated at the Oxnard Armory. Concurrent efforts are being made to open a foul weather shelter at a church in Ventura, in addition to the permanent year-round shelter in Ventura. Oxnard is working to open its own 24-hour shelter.</p>	Appoint new committee members	G. Brooking
VII.	<p><b>New Business</b></p> <p>A. The Lanterman Petris Short (LPS) Conservatorship Reform – Ratan Bhavnani Mr. Bhavnani noted that the LPS Act was to end indefinite commitment in locked facilities. It has been around for about 50 years. Last year the state legislature introduced AB 1971 to expand the definition of grave disability, but it has since been pulled. A discussion took place regarding conservatorship and the need for appropriate care. David Deutsch noted that the American Civil Liberties Union (ACLU) opposes the Reform but NAMI supports it. Ms. Stone noted that forcing people into insufficient care does not meet them where they are. Mr. Harris feels that to not do anything because funding is not available is not acceptable and that the law does not reflect current knowledge on mental illness. Several members agreed with Dr. Schipper’s comment that the fundamental issue is self-determination. Ms. Brooking noted that the discussion will continue at the next meeting.</p> <p>B. Safety Plan Update – Pam Roach Ms. Roach noted that several years ago this committee created the Safety Plan for Adults. It was developed for anyone in the community, and not just for VCBH clients. Ms. Brooking asked all to review the information and bring their updates to next month’s meeting, when the document will be finalized.</p>		
VIII.	<p><b>Old Business - Finalize Action Plan</b> Ms. Brooking noted that Community Memorial Hospital has plans to open a geriatric psychiatric unit. Dr. Schipper noted that there are constraints for people ages 60+ in inpatient setting that are different from the outpatient setting. The committee agreed that it would most likely be more effective at advocating for outpatient services. Ms. Brooking, Gray Wilkins, Denise Noguera and Ms. Stone agreed to meet separately and enlist the help of Peter Schreiner, VCBH Older Adults Clinic Administrator, and prepare a draft Action Plan focusing on services for older adults.</p>		
IX.	<p><b>Members and Participants Comments</b> David Deutsch noted that the NAMI General meeting will be on January 8 at Camarillo Christian Church. It will be preceded by a support group. NAMI will have a golf tournament on March 15 in Oxnard; see flyer. Mr. Deutsch thanked VCBH for providing transportation to and covering all food cost for the NAMI Holiday Party on December 11, 2018; about 525 people attended the uplifting event.</p> <p>Mr. Harris noted that the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) is partnering with NAMI and will have a legislative day in April.</p>		
X.	<p><b>Update: Behavioral Health Adult Division – Dr. John Schipper</b> Dr. Schipper noted that some senior managers will give a presentation on VCBH services to the Grand Jury the following week. This is a routine meeting rather than an investigative one.</p>		
XI.	<p><b>Update: Behavioral Health Substance Use Disorders – Anna Flores</b> Ms. Flores did not present an update.</p>		
XII.	<p><b>Item for Next Meeting Agenda</b></p> <p>A. The LPS Conservatorship Reform – Action Item B. Safety Plan Update – Action Item</p>		
XIII.	<p><b>Adjourn</b> The meeting adjourned at 12:05 p.m.</p>		

**MESA CONSULTIVA DE BEHAVIORAL HEALTH  
COMITÉ DE SERVICIOS PARA ADULTOS  
MINUTAS ■ Jueves, 03 de enero de 2019**

<p><b>Miembros Presentes</b>  Gane Brooking, Presidente del Comité  Jerry Harris, BHAB Presidente  Ratan Bhavnani, BHAB  Sheri Valley, BHAB  Andrew Huizar, Anka Behavioral Health  David Deutsch, NAMI  Cici Romero, TAY Tunnel  Cindy Doutt, Telecare  Mark Schumacher, Turning Point Foundation  Dana Secor, Turning Point Foundation  Denise Noguera, Area Agency on Aging  Elizabeth R. Stone</p> <p><b>Otros presentes</b>  Kevin Clerici, BHAB  Gray Wilking, Area Agency on Aging  Amber Graham, Anka Behavioral Health  Lynne Gibbs, NAMI  Michele Surbar, Telecare</p>	<p><b>Gerentes/Personal presente de VCBH</b>  Dr. John Schipper, Jefe de división de adultos  Anna Flores, Gerente de Programas de Alcohol y Drogas  Pam Roach, Transformational Liaison  Edith Pham, BHAB Asistente</p> <p><b>SIGUIENTE JUNTA:</b>  <b>Jueves, 07 de febrero de 2019, 10:00 – 12:00</b></p> <p>1911 Williams Drive, Sala de Entrenamiento (Primer Piso), Oxnard</p>
<p>Nota: El comité aún no ha aprobado estas minutas. Puede haber adiciones / eliminaciones o correcciones antes de que se acepten las minutas en su forma final.</p>	

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES / ACCIONES	DISCUSIÓN / CONCLUSIONES
I.	<b>Llamar al orden</b> El Presidente Gane Brooking inició la orden del día a las 10:02		
II.	<b>Aprobar la agenda</b> La Sra. Brooking pidió a la Comisión revisar y aprobar el orden del día. Mark Schumacher hizo la moción de aprobar, Ratan Bhavnani secundó La moción fue aprobada por unanimidad.	El orden del día fue aprobado como está escrito. <b>M / S / C</b>	
III.	<b>Aprobar las minutas</b> La Sra. Brooking pidió a la Comisión revisar y aprobar el Acta del 1 de noviembre <sup>st</sup> , 2018, 2018 reunión. Sr. Bhavnani hizo la moción de aprobar. Elizabeth Stone declaró que las actas no reflejan que fue nombrada como miembro ni que trabajó en el plan de acción con la Sra. Brooking. Ella solicita una aclaración de la definición de «miembro». Seguido de una discusión. El Sr. Harris, Presidente de BHAB, la refirió a los estatutos BHAB. Señaló que personal VCBH no puede ser miembros, pero el personal de agencias que contratan con VCBH puede, en el entendido de que ellos mismos se excusarse en las votaciones que afectan a su organización. El Sr. Bhavnani hizo la moción de modificar para aprobar el Acta, con una corrección en el artículo VII, "Brooking Sra. y Sra. Stone acordaron elaborar el proyecto de planes de acción..." Kevin Clerici secundó. La moción fue aprobada por unanimidad.	Las minutas fueron aprobadas con las modificaciones. <b>M/S/C</b>	
IV.	<b>Bienvenida y presentaciones</b> La Sra. Brooking dio la bienvenida a todos y pidió presentarse.		
V.	<b>Comentarios del público</b> Elizabeth Stone comentó en un artículo titulado "Haciendo la llamada para pensamientos suicidas, depresión", que apareció en el diciembre 20 <sup>o</sup> edición del reportero de VC. Ella encontró la columna ofensiva debido a las inexactitudes. Ella también está preocupada por los cuidados que reciben los clientes en la unidad psiquiátrica de hospitalización de Ventura County Medical Center.  Lynne Gibbs indicó que ella preside el Comité de Políticas Públicas de NAMI en el Condado de Santa Bárbara. Este grupo se ha centrado en AB 1971, que ampliaría la definición de "gravemente discapacitado". NAMI Santa Bárbara apoya la promoción para que California		

	solicite una exención para la exclusión de Medicaid de Instituciones para Enfermedades Mentales (IMD) para permitir el reembolso de Medicaid para camas IMD; el Departamento de Servicios de Atención Médica del estado está revisando.		
<b>VI.</b>	<p><b>Anuncios del Presidente</b> La Sra. Brooking nombró a Elizabeth Stone y Cindy Doult como miembros de este Comité.</p> <p>La apertura de un refugio durante todo el año Ventura probablemente es enero de 2020. El Sr. Clerici señaló que un refugio temporal de emergencia abrirá en el ex arsenal en Oxnard; en el ínterin, un refugio de mal tiempo también está siendo coordinado en la Armería de Oxnard. Se hacen esfuerzos concurrentes para abrir un refugio del mal tiempo en una iglesia en Ventura, además del refugio permanente durante todo el año en Ventura. Oxnard está trabajando para abrir su propio refugio de 24 horas.</p>	Nombrar nuevos miembros del comité	G. Brooking
<b>VII.</b>	<p><b>Nuevos Asuntos</b></p> <p>A. La reforma de tutela Lanterman Petris Short (LPS)-Ratan Bhavnani Bhavnani Sr. indicó que la ley LPS busca terminar la internación indefinida. Dicha ley ha estado alrededor por cerca de 50 años. El año pasado la legislatura del estado presentó la ley 1971 AB para ampliar la definición de discapacidad grave, pero desde entonces ha sido desechada. Una conversación ocurrió con respecto a la tutela y la necesidad de una atención adecuada. David Deutsch observó que la Unión Americana de Libertades Civiles (ACLU) se opone a la reforma, pero NAMI lo apoya. Sra. Stone indicó que obligando a la gente con insuficiente atención no les ayuda en la situación en la que se encuentran. El señor Harris se siente que no hacer nada porque no está disponible la financiación no es aceptable y que la ley no refleja el conocimiento actual sobre la enfermedad mental. Varios miembros concordaron con el comentario del Dr. Schipper, sobre que la cuestión fundamental es la libre determinación. La Sra. Brooking señaló que la discusión continuará en la próxima reunión.</p> <p>B. Actualización del Plan de seguridad– Pam Roach La Sra. Roach señaló que hace varios años este Comité creó el Plan de seguridad para adultos. Fue desarrollado para cualquier persona en la comunidad y no sólo para los clientes VCBH. La Sra. Brooking pidió a todos a revisar la información y sus actualizaciones en la reunión del mes próximo, cuando se finalizará el documento.</p>		
<b>VIII.</b>	<p><b>Asuntos Anteriores</b></p> <p>La Sra. Brooking señaló que Community Memorial Hospital tiene planes de abrir una unidad de Geriátría Psiquiátrica. Dr. Schipper señaló que hay limitaciones para las edades de personas 60 + en pacientes hospitalizados que son diferentes desde el ambulatorio. El Comité coincide en que probablemente sería más eficaz abogar por servicios ambulatorios. La Sra. Brooking, Gray Wilkins, Denise Noguera y la Sra. Stone acordaron reunirse por separado y obtener la ayuda de Peter Schreiner, Administrador de la Clínica de Adultos Mayores VCBH y elaborar un proyecto de Plan de acción centrado en servicios para adultos mayores.</p>		
<b>IX.</b>	<p><b>Comentarios de miembros y participantes</b></p> <p>David Deutsch observó que la Junta General de NAMI será el 8 de enero en Camarillo Christian Church. Será precedido por un grupo de apoyo. NAMI tendrá un torneo de golf el 15 de marzo en Oxnard; Ver Folleto. El Sr. Deutsch agradeció a VCBH por proporcionar transporte y cubrir todo el coste de comida para la fiesta de NAMI en 11 de diciembre de 2018; aproximadamente 525 personas asistieron al evento edificante.</p> <p>El señor Harris señaló que el Asociación de Juntas Locales y Comisiones de Salud Mental de California (CALBHB/C) se asocia con NAMI y tendrá un día de legislativo en abril.</p>		
<b>X.</b>	<p><b>Actualización: Division Adultos Behavioral Health – Dr. John Schipper</b></p> <p>Dr. Schipper señaló que algunos directivos darán una presentación sobre servicios VCBH al Gran Jurado la semana siguiente. Se trata de una reunión de rutina en lugar de una reunión investigativa.</p>		
<b>XI.</b>	<p><b>Actualización: Trastornos por el Uso de Sustancias en la Salud Mental - Anna Flores</b></p> <p>La Sra. Flores no presentó una actualización</p>		

<b>XI.</b>	<b>Asuntos para la agenda de la próxima reunión</b> A. La reforma LPS de tutela – elemento de acción B. Actualización – elemento de acción del Plan de seguridad		
<b>XII.</b>	<b>Cierre de la Junta</b> La reunión terminó a las 12:05 pm.		

# Making the call for suicidal thoughts, depression

by Dita De Soto

**M**ilitary veteran Jason Ramirez has called Ventura's Cemetery Park home for several nights following his release from Ventura County Medical Center's Hillmont Psychiatric Hospital. Since discharge from the Marine Corps five years ago, Ramirez has had a difficult time adjusting to civilian life or finding successful employment, which affects his ability to maintain stable housing. Despite his former service, Ramirez does not qualify for veterans medical benefits.

Being overwhelmed by his struggles and feeling abandoned by the government he served, Ramirez began experiencing a depression that he did not feel he could safely pull himself out of, requiring checking himself into the county's emergency room.

"After hours of sitting in a cold backroom, I was walked across the street to a different building that was just another cold waiting place." He then explained that his three-day stay primarily consisted of occasional check-ins with staff and watching television.

Ramirez represents one in five adults in the U.S. struggling with a behavioral health illness. In the wake of the loss of several prominent public figures to suicide and others speaking candidly about their own behavioral health struggles, dialogue has been significantly on the rise. Conversation, however, is not changing the resources, cost or preventative measures.

Since the 1960s, the dwindling number of psychiatric accommodations in the U.S. has given rise to a large increase in mental health-related emergency department visits. Places such as Hillmont Psychiatric Hospital are more of a prevention holding space than an actual care center.

Nearing the end of October, Nicole V. found herself battling self-harming thoughts.

"I walked into the ER because if I didn't, I was going to kill myself."

The care provided was not what she expected for someone experiencing a dangerous mental health emergency.

"I saw an MD once and had once-daily sessions with a psychiatrist," Nicole said. "Those sessions consisted of rating my depression on a scale of 1-10 and asking if I want to hurt myself or anyone else."

Her stay occurred over a weekend, when therapy is often scaled back in terms of number and quality of sessions.

Calling around to find potential options for someone in need of immediate care, most centers I spoke with primarily support eating disorders or substance-related addictive disorders. Behavioral health services were provided to patients with a dual diagnosis, the condition of suffering from both a mental illness and a substance abuse problem. For many, this leaves ill-equipped emergency rooms as the only option.

For Nicole, whose employer-sponsored insurance does not cover inpatient mental healthcare in any capacity, the financial burden she now faces is overwhelming, making her feel even more hopeless than before seeking help.

The most crucial key in behavioral health care is crisis prevention. Aside from suicide

prevention hotlines, Ventura County Behavioral Health provides outpatient services to registered adults at clinics located throughout Ventura County, but it can take months for individuals on non-emergency wait lists to access these services. Once in the program a patient can receive monthly or bimonthly visits with a psychiatrist for prescription medication, and the option to sit with a therapist as needed. The primary encouraged treatment is group meetings or group recreational activities.

Ventura resident and successful small business owner Robin F. inquired about an appointment with local services after a death in her family became emotionally too difficult to manage.

"I wasn't a harm to myself or anyone else. But my depression was really low and I didn't want to get to that place," she said. Yet, making such a call or visiting a clinic can lead to the possibility of a 72-hour involuntary detention (5150) in a psychiatric hospital, which is exactly what happened to Robin F. "That was the last time I will ever ask for help. It's not fair I got held because I was being responsible in my care and asking for information."

Robin experienced similar inpatient care to the others who I spoke to with. "There is a big room in the back of the ER at VCMC with chairs and a desk across the way with police, I was the only woman in the room with three men. Two were from the local jail with sheriff escorts. The other man was filthy and in a gown that was not covering everything."

After three hours of sitting in the ER, she was placed in a wheelchair and transported to Hillmont. "It was me with a couple guys. There was no structure, people just wandering around the single short hall. Staff stayed in the nurse's station and talked to one another."

While lying scared in her chilled dark room on a crude resemblance of a hospital cot, Robin said all she could do was think. "I don't know what they expect. If I didn't want to die before, I did in that horrible room." Not all persons who admit to depression are suicidal, and treating them as a suicide risk can be more harmful than helpful.

Of those I spoke with, all felt regret in seeking help.

"I left feeling worse than when I went in and had no real follow-up plan. I was given some suicide phone numbers and told to follow up with county," said Jason R., who also told me that he currently does not have a working cell phone, making hotlines useless.

There seems to be a severe lack of preventative services and the care feels like punishment once a crisis occurs. If those seeking help run risks of being placed on an involuntary hold in a center that cannot provide care and will result in a substantial medical bill that they can't afford, are we offering actual help or are we giving good cause for those in need to avoid seeking treatment and assistance? ♦

Reality Check is a new column that will run periodically to shine a light on systemic failures in a variety of arenas that were created and designed to help, but often do not. If you would like your story to be considered for a future column, write realitycheck@vcreporter.com.

## ict aides now regular

es into positions that didn't exist," Vaca said. But campus assistants repeatedly told trustees that their jobs are not only important to children's health and safety, but to the families depending on them.

"We all have bills, we all have responsibilities, I myself am the breadwinner for an elderly mother of 86 years," said Yazmin Gomez, adding that she has been a coach, nurse and counselor to children.

"We're more than just yard duties. We are the front-liners of the district, because we're there in battle every day for these kids," Gomez continued to applause. "If anything would go wrong, the first ones that would go down is us."

CSEA Vice President Efrain Cazares said OSD was misinterpreting Assembly Bill 2160, the recently passed state law that prompted Vaca to recommend layoffs.

"The change to the education code was to benefit these people, not lay them off," said Cazares, adding that campus aides are important liaisons between the community and the school district.

Community leaders and activists, including Daniel Chavez, A.J. Valenzuela and Francine Castanon, were among the speakers against the layoffs.

The meeting also drew attention from elected officials, with City Councilman Bert Perello and a representative of State Sen. Hannah-Beth Jackson's office also attending the meeting.

O'Leary said later that State Superintendent-elect Tony Thurman, who wrote AB-2160, even called OSD Superintendent Cesar Morales after the meeting to clarify the intent of the law.

Morales said in a Thursday email to trustees that administrators will meet with campus assistants and union leaders to work out the details of grandfathering in campus assistants.

"There is no doubt about it, our campus assistants have always been and will continue to be valuable contributors in the operation of a school and in being difference makers in the lives of our students and community," Morales wrote.

"I understand this time has been full of anxiety and unknown elements associated with the transition for our campus assistants," Morales continued. "Please join me in reminding our campus assistants of how valuable they are to the OSD family." ♦

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— Yazmin Gomez

## Separate and Not Equal

### How California's Mental Health System Discriminates Against People with the Most Severe Mental Illness

#### Executive Summary

Our state is at risk. Our once unchallenged preeminence in treatment and civil rights for individuals with mental illness has been tarnished as our treatment laws and mental health system have not kept pace with the complex needs of our most severely disabled individuals with mental illness.

Instead, certain names and events are etched into our collective memory: Aaron Bassler and the Fort Bragg killings; Kelly Thomas, beaten to death on Fullerton streets; and young Laura Wilcox murdered with two others at Nevada City's Behavioral Health Department.

Every tragedy seen in headlines is but a shadow of thousands more tragedies that go by quietly and unnoticed. Each is underscored by a common denominator: untreated severe mental illness.

Schizophrenia, clinical depression and bipolar disorder are brain disorders.\* People with these severe mental illnesses come from all backgrounds and walks of life. Most recognize they have a mental illness and participate willingly in treatment. Many have a biologically determined inability to recognize, or consistently recognize, they are ill. Linked to frontal lobe dysfunction and brain abnormalities, they decline or fail to consistently engage in community mental health treatment. Instead, they revolve through short term hospitalizations, incarceration, homelessness, or—too frequently—tragic victimization, violence or death.

The LPS Act designed to govern involuntary civil commitment to psychiatric hospitals in California, reflects the then current political, legal and social ideas of the 1960s when it took effect in 1969.

Our society and its mental health treatment system seem to have lost sight of the basic purposes of the LPS Act and the high expectations and disciplined effort needed to attain them:

- To end inappropriate, indefinite, involuntary commitment
- To provide prompt evaluation and treatment

\* For more information on brain disorders see Appendices starting on page 29, particularly the article by Cameron Quanbeck, MD.

- To safeguard individual rights
- To protect mentally ill individuals from criminal acts
- To guarantee and protect public interests

The LPS Act became the Magna Carta of civil rights for those individuals who are well enough to respond to treatment in a voluntary mental health treatment system. For others, the intervening 45 years since the passage of the LPS has represented increasing neglect and despair:

- Suicide: 15% of people with untreated or undertreated mental illness kill themselves.
- Homeless: 33% of homeless people have an untreated mental illness.
- Arrest: 20% of incarcerated inmates in both jails and prisons have a mental illness.
- Victimization: People with a mental illness are at least three times as likely to be assaulted or raped compared to the general population.
- Violence: 10% of all homicides are committed by individuals with a mental illness.
- Death: People with a mental illness die 25 years earlier than the general population.

Statistics show only the surface of the difficulties we face. Beneath lies a tension between hope, frustration and reality. But, the depth of reality is apparent.

- ✓ Being in the community has not been a solution for all people with severe mental illnesses.
- ✓ Involuntary treatment and coercion have increased through criminalization.
- ✓ Piecemeal legislative revisions of due process within the LPS Act may have had an unintended consequence of preventing quick and effective access to treatment or release.
- ✓ The incarceration of mentally ill individuals has risen dramatically since state hospitals starting releasing individuals to the community.

Prompt treatment and equal protection sometimes requires tough decisions. What is needed is reform that assures that the most severely disabled among us receive treatment in a system that recognizes the reality of mental illness and the scientific knowledge behind it.

Clearly, it's time. We can no longer tolerate neglect.

## Summary of Recommendations

Following is a brief summary of recommendations contained in this report. Discussion is included in associated Problem Statements and Recommendations in the following sections of this report.

**Recommendation #1:** Define “Grave Disability” to address the individuals’ capacity to make informed consent to treatment and assess their ability to care for their health and safety.

**Recommendation #2:** Adopt concurrent legal processes to determine probable cause for hospitalization and capacity to refuse medication in one hearing.

**Recommendation #3:** Conform initial acute care hospital certification periods to 28 days, renewable for 28 days. Consider less restrictive alternatives to hospitalization at each hearing or upon renewal of holds.

**Recommendation #4:** Establish criteria for an LPS conservatorship to be “grave disability” as defined under Recommendation # 1 of this report. Establish conservatorships by clear and convincing evidence. Revise procedures to allow for efficient application and due process for conservatorships applied for from community settings.

**Recommendation #5:** Authorize an additional 90 day certification to continue acute care hospitalization for individuals who meet the demonstrated dangerousness standard in WIC 5300, with a right of appeal. Provide notice of application for impending post certification commitment under WIC 5300 to County District Attorneys and Public Defenders 30 days before expiration of the 90 day certification. Commitment should be for one year, renewable, with the relevant historical course of the individual’s illness considered during the trial, and demonstrated danger established by clear and convincing evidence.

**Recommendation #6:** Adopt a statewide standardized form to record the historical course of a person’s illness.

**Recommendation #7:** Develop local systems of interagency coordination to ensure timely transportation and placement in facilities appropriate to the person’s needed level of care.

**Recommendation #8:** Ensure Medi-Cal definitions for voluntary and involuntary hospitalization are consistently defined, monitored and applied. Appeals should be conducted by a neutral third party.

**Recommendation #9:** Prioritize services to the most seriously disabled adults with a mental illness whether those services are needed on a voluntary or involuntary basis in the community or a hospital setting.

**Recommendation #10:** Implement Assisted Outpatient Treatment (Laura's Law) statewide.

**Recommendation #11:** Expand mental health courts in all jurisdictions and increase the capacity and utilization of current mental health calendars statewide.

**Recommendation #12:** Conform local emergency response capability in each county under a legislative framework that requires standardized training for all designated response entities.

**Recommendation #13:** Set uniform state custodial standards for who can generate a 5150 hold and clarify who can enforce, release or continue that hold.

**Recommendation #14:** Ensure statewide uniform application of the Lanterman Petris Short Act to achieve equity and equal protection for all consumers statewide.

### LPS and Recovery

Since the passage of the Mental Health Services Act in 2004, California has sought to increase the services delivered by the voluntary community-based mental health system. It has been a positive development that helped many engage in treatment and provided a wide array of community supports necessary for full recovery and a return to a productive life. Yet tens of thousands of other individuals with serious mental illness are unable to engage in their mental health treatment within that structure. This document seeks to provide recommendations that will provide assistance to these individuals with serious mental illness who are coming to harm in our communities, are revolving through our criminal justice system, are homeless, receiving only short-term crisis care in emergency rooms or repeated hospitalizations in the few acute inpatient facilities that still remain.

# AB 1971 (Santiago & Friedman)

## Gravely Disabled

### Bill Summary

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AB 1971 expands the definition of “gravely disabled” to include medical treatment, if the lack or failure to receive that treatment may result in substantial physical harm or death.

### Existing Law

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State law defines “gravely disabled” as a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter (WIC § 5008 and HSC § 1799.111).

WIC § 5150 states that when a person, as a result of a mental health disorder, is a danger to others or himself/herself, or is gravely disabled, a peace officer, county professional, a mobile crisis team, may take a person into custody for 72 hours for assessment, evaluation, crisis intervention, or placement for treatment in a facility designated by the county.

WIC § 5250 states that an individual may receive intensive treatment related to their mental health disorder or impairment of alcoholism for not more than 14 days after an evaluation has been made by a psychiatric nurse.

WIC § 5350 provides that a court may order a conservator to be appointed for a person who is gravely disabled as a result of a mental health disorder, so long as the condition of gravely disabled is proven beyond a reasonable doubt.

### Background

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Conservatorship is a legal term referring to the legal responsibilities of a conservator over the affairs of a person who has been deemed “gravely disabled” by the court and unable to meet his or her basic needs of food, clothing, or shelter. The purpose of conservatorship is to provide individualized treatment and supervision.

On October 31, 2017, the Los Angeles County Board of Supervisors approved a motion jointly authored by Supervisors Kathryn Barger and Mark Ridley-Thomas that directed the County’s Department of Mental Health (LADMH) to work with county agencies, mental health advocacy groups, civil rights organizations, and other stakeholders to develop legislative recommendations to tackle the growing number of homeless deaths in Los Angeles County. Numerous mental health professionals and advocates voiced support and participated in the effort.

### Need for AB 1971

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According to local data, there is an increased death rate among the homeless population in Los Angeles County. A significant number of these deaths were due to preventable and/or treatable medical conditions such as cardiovascular disease, pneumonia, diabetes, cancer, cirrhosis, severe bacterial infection, and other treatable conditions. Although these numbers do not indicate whether or not the deceased homeless individuals suffered from mental illness that impaired their willingness to seek care, Los Angeles County has seen a 28 percent increase in homeless individuals suffering from a mental illness from 2015-2017.

Currently, state law fails to address the needs of those with a mental illness that are unable to provide for their urgently needed medical treatment. Often times an individual's mental illness acts as a barrier to them accepting such medical care. Unfortunately, these individuals are at the highest risk of dying on the streets. Leaving people on the streets that are mentally ill and in need of medical attention to become severely ill and less functional is inhumane.

AB 1971 will change the definition of "gravely disabled" to consider urgently needed medical treatment as a basic human need when assessing an individual's need for conservatorship or need for a 72 hour hold while maintaining all statutorily protected safeguards and civil liberties.

### Support

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Los Angeles County (Sponsor)  
California Psychiatric Association (Co-Sponsor)  
Steinberg Institute (Co-Sponsor)

### Opposition

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None on File.

### For More Information

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Marilyn Limon  
Assemblymember Miguel Santiago, AD53  
916-319-2053 | [Marilyn.Limon@asm.ca.gov](mailto:Marilyn.Limon@asm.ca.gov)

## NOTES

Added later:

*This bill would, until January 1, 2024, expand the definition of "gravely disabled" for these purposes, as implemented in the **County of Los Angeles**, to also include a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for **medical treatment**, if the failure to receive medical treatment, as defined, results in a deteriorating physical condition that a medical professional, in his or her best medical judgment, attests in writing, will more likely than not, lead to death within 6 months, as specified.*

# COUNTY OF VENTURA – BEHAVIORAL HEALTH ADVISORY BOARD ACTION PLAN

OBJECTIVE TITLE: Advocate for increased services to the older adult population (60+)

SPECIFIC OBJECTIVE: Establish Geriatric Inpatient services

Ascertain updated and detailed data re: suicidality in this group of individuals

KEY INDICATORS: 1. Inpatient services for adults 60+ years old available

2. Written report summarizing local findings re: suicidality presented to County

3. \_\_\_\_\_

ACCOUNTABILITY: \_\_\_\_\_ TARGET COMPLETION DATE: \_\_\_\_\_

	ACTION STEPS	START DATE	COMPLETION DATE	ACCOUNTABILITY	ACTION STEP: ON TARGET	DELAYED*	STATUS
1.	Gather information to understand rationale for exclusion of adults 60+ from HPC/IPU						
2.	Research inpatient options available to adults 60+ in other counties/states						
3.	Gather data on factors that suggest isolation and/or depression in older (60+) adults; for example, where are they housed? access to technology?						

DRAFT

\* Explain project delays in status column, revise target dates as required, and state actions required to overcome/remove obstacle(s).

	ACTION STEPS	START DATE	COMPLETION DATE	ACCOUNTABILITY	ACTION STEP: ON TARGET	DELATED*	STATUS
4.	Partner/link with other initiatives in county addressing suicide to compile data and explore service options						
5.							
6.							
7.							
8.							

**DRAFT**

\*Explain project delays in status column, revise target dates as required, and state actions required to overcome/remove obstacle(s).

## IF:

## SEEK:

Stress

- Feeling overloaded/overwhelmed
- Restlessness
- Tight muscles
- Feeling nervous

### Self Care

- Use WRAP Plan
- Eat regular, well-balanced meals
- Breathing exercises
- Practice good sleep habits
- Exercise on a regular basis
- Go to the Wellness Center (805) 653-5045 or TAY Tunnel (805) 240-2538

Increased Symptoms

- WRAP Plan not working
- Have increased symptoms
- Have increased fears
- Feeling out of control
- Having crying spells
- Having suicidal thoughts

### Resources

- Call your doctor/clinic
- Ask help from family & friends
- Talk with a trusted friend, family member or counselor
- Suicide Prevention Lifeline 1-800-273-8255

Escalating

- Anxiety/depression/symptoms are increasing
- Mood swings are increasing
- Difficulty with concentration
- Unable to sleep or sleeping too much
- Having medication complications

### Mental Health Provider

- Call your doctor/clinic
- Visit Urgent Care/ER

Threat

- Engaging in dangerous or risky behaviors
- Experiencing erratic/escalating behavior or mood
- Feeling unsafe

### Ventura County Behavioral Health Crisis Team

1-866-998-2243

24 hours / 7 days a week

Immediate Danger

- Threatening to harm/kill yourself or others
- Physically assaultive or destroying valuable property
- Gravely disabled
- Have a weapon and intend to use it

### Call 911 immediately

- Request a CIT (Crisis Intervention Team) Officer

## Si:

## Intente:

Estrés

- Se siente abrumado / sobrecargado
- Inquieto
- Músculos tensos
- Se siente nervioso

### Cuidarse a sí mismo

- Use el plan de bienestar (WRAP)
- Coma comidas bien balanceadas a horas regulares
- Ejercicios de respiración
- Practique buenos hábitos para dormir
- Haga ejercicio regularmente
- Vaya al Centro de Bienestar (805) 653-5045 o a TAY Tunnel (805) 240-2538

Incremento en los Síntomas

- Plan WRAP no funciona
- Han incrementado síntomas
- Ha incrementado el miedo
- Se siente fuera de control
- Tiene episodios de llanto
- Tiene ideas suicidas

### Recursos

- Llame a su doctor/clínica
- Pida ayuda a familiares y amigos
- Hable con un amigo de confianza, familiar o consejero
- Línea directa de Prevención de Suicidios 1 -800-273-8255

Escalando

- Ansiedad/depresión/síntomas están incrementando
- Cambios de humor están incrementando
- Dificultad para concentrarse
- No puede dormir o duerme mucho
- Tiene complicaciones con las medicinas

### Proveedor de Salud Mental

- Llame a su doctor/clínica
- Vaya a la Sala de Urgencias, Clínica de Emergencias

Amenaza

- Participa en conductas peligrosas o riesgosas
- Experimenta comportamiento o carácter errático/ se intensifica
- Se siente inseguro

### Ventura County Behavioral Health Crisis Team Equipo de Ayuda en caso de crisis

1-866-998-2243

24 horas al día/7 días a la semana

Peligro Inmediato

- Amenaza dañarse o matarse a sí mismo o a otros
- Es físicamente agresivo o está destruyendo propiedad de valor
- Gravemente discapacitado
- Tiene un arma y la intención de usarla

### Llame al 911 inmediatamente

- Solicite un Oficial de CIT (Equipo de Intervención en Situaciones de Crisis)

 **NAMI Ventura County**  
**National Alliance on Mental Illness**

# Golf Tournament

Victoria Lakes Course

March 15, 2019

7:00.....Check-In

8:15am.....Shotgun Start

2401 West Vineyard Avenue

Oxnard, CA 93036

*Live Auction!*

*Silent Auction!*

**Make A Hole-In-One And Win A Brand New Chevrolet Car!**



**HOSTED BY:**  **NAMI Ventura County**  
**National Alliance on Mental Illness**



To register please visit our website!

[www.namiventura.org](http://www.namiventura.org)

For any further questions please call David Deutsch  
(805)641-2426

*NAMI Ventura County is a 501(c) (3) Non-Profit Organization, Tax ID Number: 77-0037450*

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