

*** General Meeting ***
Saturday, Sept. 21st, 2019



MISSION STATEMENT: Our Mission is to foster an awareness of issues that facilitates successful advocacy for safe and secure neighborhoods, improved urban services, and a desirable quality of life for current and future San Joseans. To that end, our objective is to provide a forum for communication, social and political interaction to foster understanding of, and working relationships with, government and other community groups, and we want to encourage development of leadership, active community service and engagement.

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- 8:55 am - Welcome & Introductions
- 9:00 – 9:20 am - Councilmember Johnny Khamis Update
- 9:30 - 10:10 am - Panel Presentations
- 10:10 – 10:20 am - Panel Members Q&A
- 10:20-11:00 am – Q&A + General Discussion
- 11:00 – 11:30 – Break, small group conversation
- 11:30 am – 12:15 pm - Business Meeting
- Adjourn

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Argue as though you are right. Listen as though you are wrong.

➤ **Panel Introductions:**

- **Overview of Assist. Outpatient Treatment (Laura's Law)**
 - David Heindel, D10-LC - Chair
- **Laura's Law in Neighboring Counties**
 - Marty Fox, Attorney
- **Medical Perspective**
 - Katherine Decker, RN, Calaveras County
- **Patient Rights Perspective**
 - Megan Wheelehan, Supervising Attorney, Law Foundation

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- Panel Presentation 1-1:
 - Overview of Laura's Law (Assist. Outpatient Treatment)
 - David Heindel, Chair, District 10 Leadership Coalition and a 20+ year resident of Almaden Valley
- ◆ People with Mental Illness & homeless vs. Homelessness mega issue
- ◆ Santa Clara Co.: 25% (2,400+) are "seriously mentally ill" (Source: Results of 2019 Homeless Census)
- ◆ Statewide Report on Laura's Law (Feb. 2019) "A Promising Start" – positive but spotty reporting by Counties
- ◆ New York (Kendra's Law 1989)

More general info at <https://mentalillnesspolicy.org>

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- Panel Presentation 1-2:
 - Overview of Assist. Outpatient Treatment – David Heindel
- ◆ 58 CA Counties – 58 different mental health systems
- ◆ Current System:
 - Lantermann-Petris-Short (1967): Gov. Newsom “open” to re-visiting the law that restricts the authority ... to care for severely mentally ill (May 2019 – source: CalMatters)
 - Emergency Rooms & “5150 holds” 72 hrs. max.– some in jail
- ◆ Laura’s Law - Laura Wilcox: 19 year old volunteer at Nevada Co. mental health clinic, January 2001

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- Panel Presentation 1-3:
 - Overview of Assist. Outpatient Treatment – David Heindel
- ◆ AOT Dem. Project (Laura's Law); signed by Gov. Gray Davis
 - passed 2002; sunsets Jan. 1, 2022
- ◆ Approved in 20 of 58 Counties including Marin, San Francisco, San Mateo, Contra Costa, Alameda
- ◆ Santa Clara Co. Board of Sups.: only at Health Committee
 - Civil Liberties; due process; personal autonomy
 - There are better solutions through voluntary programs & relying on mobile crisis teams (Allison Brunner)

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- Panel Presentation 1-4:
 - Overview of Assist. Outpatient Treatment – David Heindel
- ◆ What is AOT?
 - A court ordered civil commitment to a community-based treatment for someone with a history of treatment non-adherence
 - requires referral: family member, health care provider, others
 - Co. Behavioral Health Director to file a petition with Superior Court to designate AOT – judicial oversight
 - “compel” to receive AOT – max. 90 days - focused treatment
 - can be renewed for another 90 days – 6 months total

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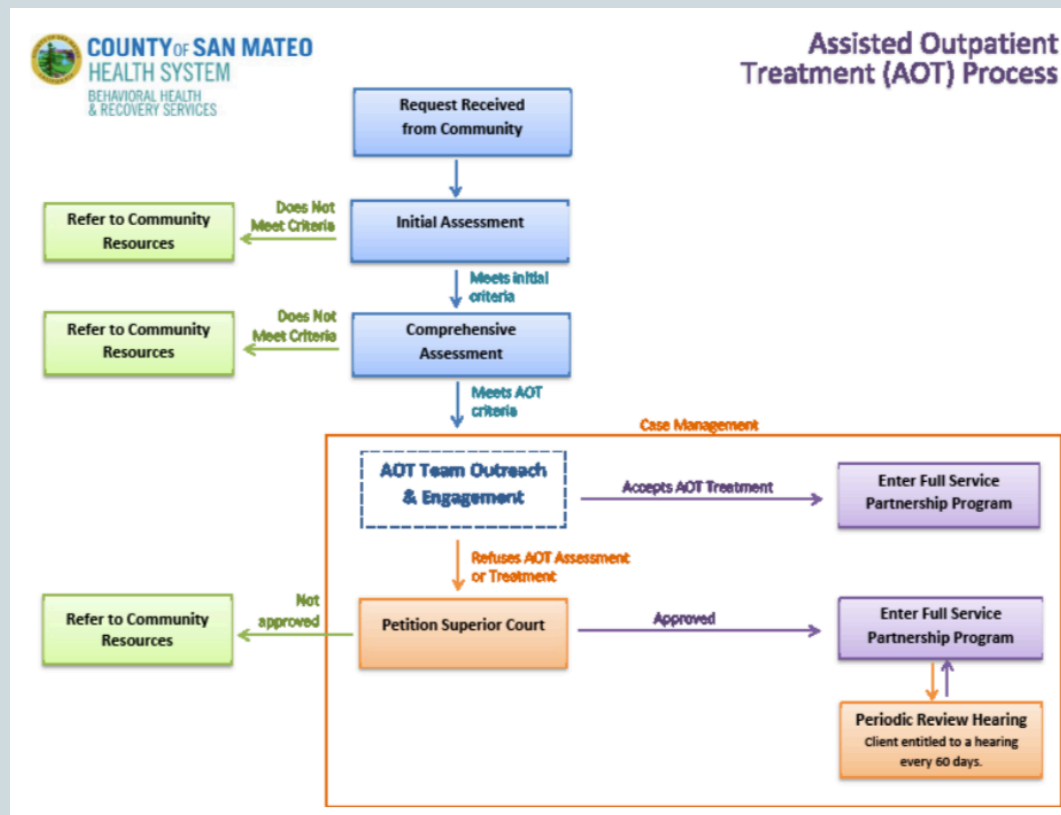
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- Panel Presentation 1-5:
- Overview of Assist. Outpatient Treatment – David Heindel



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- Panel Presentation 1-6:
 - Overview of Assist. Outpatient Treatment – David Heindel
- ◆ San Francisco experience (since Nov. 2015; stats as of 4/21/19)
 - 616 calls, 321 info requests; 295 referrals; 129 participants
 - 16 needed “higher level of care”; 13 in community & 3 in locked facilities
 - mostly white males age 36-45
 - City Report: 86% said “hopeful about the future” - 82% said “treated with respect”
 - SF savings \$400,000+/ month: main savings Emergency Room & Police

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- Panel Presentation 1-7:
 - Overview of Assist. Outpatient Treatment – David Heindel
- ◆ **Anosognosia: a deficit of self-awareness**, a condition in which **a person with a disability is unaware of its existence**. It was first named by the neurologist Joseph Babinski in 1914. Anosognosia results from **physiological damage to brain structures**, typically to the parietal lobe or a diffuse lesion on the fronto-temporal-parietal area in the right hemisphere, and is thus a neuropsychiatric disorder. Phenomenologically, anosognosia has **similarities to denial**, which is a psychological defense mechanism, attempts have been made at a unified explanation. Anosognosia is sometimes accompanied by **asomatognosia**, a form of neglect in which **patients deny ownership of body parts such as their limbs**.

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- Panel Presentation 1-8:
 - Overview of Assist. Outpatient Treatment – David Heindel

◆ Photo.1



the last, the lost, the least, and the looked over

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- Panel Presentation 1-9:
 - Overview of Assist. Outpatient Treatment – David Heindel

◆ Photo.2



San Jose - Santa Clara Street
Sat. August 31, 2019 - 10:10 am

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- Panel Presentation 1-10:
 - Overview of Assist. Outpatient Treatment – David Heindel

◆ Photo.3



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- Panel Presentation 1-11:
 - Overview of Assist. Outpatient Treatment – David Heindel
- ◆ CA SB.1045 (Senator Weiner, SF)- Gov. signed Sept. 2019
 - sunsets Jan. 1, 2024
 - Pilot program: only San Francisco, Los Angeles, San Diego Counties
 - designed to help individuals who cycle in and out of crisis and are incapable of caring for their health and well-being due to co-occurring serious mental illness and substance use disorder.
 - After “frequent detention” - 8 or more detentions for evaluation in the past 12 month period --- many more details & safeguards
 - Weiner - intended to help 50-100 people in SF
 - Apposed by “Disability Rights California” group

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➤ Panel Presentation 1-12:

- Overview of Assist. Outpatient Treatment – David Heindel

◆ Quotes

- S.F. Chronicle 9/1/19 Willie Brown: *“For some people, help may mean a locked mental health facility. For the more volatile cases, we may need to keep people in jail while providing mental health services.”*
- S.F. Chronicle 9/8/19 Willie Brown: *“Once the new centers are set up, we offer homeless people a ride to get some serious help. It would all be voluntary, but if they said “no,” then the city would say “no” to sleeping on the streets. There is a way out of this. We just have to take it.”*

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➤ **Panel Presentation 2-1:**

➤ **Laura's Law in Neighboring Counties – Marty Fox**

Enterprise Risk Management counsel, and civil trial, appellate & criminal practice representing parents of adult children living with Serious Mental Illness including returning war veterans. Former Chief Legal Officer, Special Court-Martial Convening Authority, U.S. Army, Fort Ord, CA; Vietnam War era responsible for AWOL and Deserter Apprehension in the western US.

- ◆ **Why are you here and what do you want to leave with this morning?**
- ◆ **Why are the streets home to persons who speak incomprehensible word salads, eat out of garbage cans and sleep in cardboard boxes?**

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➤ Panel Presentation 2-2:

- Laura's Law in Neighboring Counties – Marty Fox
- ◆ Why are relatives or friends of persons living with untreated mental illness being held hostage in their own homes by the symptoms of a family member or co-habitant's mental illness?
- ◆ Laura's Law = Assisted Outpatient Treatment = Outpatient Conservatorship
- ◆ Intellectual Disability (formerly Developmental Disability) and Mental Illness, why they are different and what does that mean.

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➤ Panel Presentation 2-3:

- Laura's Law in Neighboring Counties – Marty Fox
- ◆ Mental illnesses and Serious Mental Illness (SMI), why they are treated differently, and what role does anosognosia play.
- ◆ Public Health and Public Safety, two sides of the same coin or not?
- ◆ The greatest advocate for the mentally ill in American history, Dorthea Dix.

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➤ Panel Presentation 2-3:

- Laura's Law in Neighboring Counties – Marty Fox
- ◆ Conservatorships, past and present
- ◆ Probate conservatorships of the Estate and Person,
- ◆ Criminal justice system approaches: "Murphy Conservatorship" and Conditional Release Program (CONREP), is it Laura's Law in Penal Code clothing?

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➤ **Panel Presentation 3:**

➤ **Medical Perspective – Katherine Decker, RN**

- Critical Care 24 years; Emergency Room 20 years; SCC Jail Nurse; Home Health Nurse; currently Calaveras Co. Mental Health Nurse; Mother of SJPD Officer Michael Johnson (EOW 3/24/2015), shot & killed by a mentally ill man; former Vice President VEP HOA; "I am on a mission -Advocate for the mentally ill"

◆ **Mental System Break-Down**

◆ **The Delay of Treatments**

◆ **A Case Study from Calaveras County**

◆ **My thoughts: need for a mental wellness center**

◆ **My thoughts: “It takes a Village”**

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➤ **Panel Presentation 4-1:**

➤ **Patient Rights Perspective – Megan Wheelelan**

Supervising Attorney, Patient's Rights unit (SV Law Foundation) designated as the patient's rights office for SCC, Behavioral Health. Graduate of Mills College, Oakland & Loyola Univ. Law School, Chicago. Prior to law school, she worked at a SF homeless drop-in center as a case manager. She has spoken at the state legislature about AOT and presented before the Mental Health Oversight & Accountability Committee.

Assisted Outpatient Treatment



**WHAT IT IS, WHAT IT IS NOT, AND WHAT IS
HAPPENING IN SANTA CLARA COUNTY**

The Law



- Passed in 2002
- Each County Board of Supervisors must approve it before it can be used in that county
- Most other counties around the Bay area have passed it: San Mateo, Alameda, Contra Costa, San Francisco
- Contains protections for consumer rights (explained later)
- Creates a legal process to court order someone to do to outpatient treatment
- Many participants are voluntary

Who is eligible for AOT?



- In order to be eligible for IOT, person who is asking for AOT on behalf of someone must say that the person with a mental health disorder has a history of non-compliance with treatment.
- Non-compliance means either:
 - within 3 years, 2 hospitalizations substantially related to mental health or
 - within 4 years 1 or more serious acts of violence towards themselves or others or threats or attempts to cause serious bodily harm

Who is eligible continued



In addition:

- The person has been offered voluntary treatment by the county mental health department
- The person is substantially deteriorating
- The person is unlikely to survive safely in the community without supervision
- IOT is the least restrictive placement
- The person will benefit from AOT
- The person is in need of AOT in order to prevent the person from deteriorating to the point of meeting the LPS inpatient commitment standards (danger to self/others or Gravely Disabled)
- The person has a mental illness as defined in the LPS Act

How does AOT work?



An AOT evaluation can be requested by one of several people who in a Mental Health Consumer's life:

- Any person 18 years of age or older with whom the person who is the subject of the petition resides.
- the parent, spouse, or sibling or child 18 years of age or older of the person
- The director of any public or private agency, treatment facility, charitable organization, or licensed residential care facility providing mental health services to the person
- The director of a hospital in which the person is hospitalized.
- A licensed mental health treatment provider who is either supervising the treatment of, or treating for a mental illness, the person
- A peace officer, parole officer, or probation officer assigned to supervise the person

How AOT works...



- Before a court order can be made, a mental health practitioner from the county must examine the person, verify that they meet the criteria, recommend AOT for the person, and be willing to testify.
- If the person does not willingly go to be examined, the law says they can be taken into custody for a 72 hour hold for evaluation.
- The individual who is the subject of the petition has the right to know about the petition, to be represented by a lawyer, to be present at a hearing in front of a judge in court, to present evidence, and to call witnesses.



- The AOT program will offer the person voluntary services, and if they agree, then there is no court order.
- If the court grants a petition, the court order will say what treatment plan the person has to follow.
- The initial order is for a period of 6 months which may be extended for an additional 6 months.
- If the person is non-compliant with the order, a hospital hold may be initiated for up to 72 hours.
- The treatment team must report to the court every 60 days on the individual's continued need for AOT.
- The statute allows for the individual subject to a petition to negotiate a settlement agreement on the plan for treatment. The settlement agreement also results in a court order.

What is AOT?



- The law requires that the services be:
- Community-based
- Mobile
- Multidisciplinary
- Highly trained mental health teams
- Use high staff-to-client ratios of no more than 10 clients per team member for those subject to court-ordered services

What AOT is not

- It does not allow for forced medication. Medication may be a part of the treatment plan but in order for it to be forced the person would have to go to the hospital
- It does not allow family members to directly petition the court. The family member can request an evaluation from the county. The county does their own assessment and then decides whether to petition the court.
- It is not conservatorship- people under an AOT order cannot be kept in a locked facility for more than 72 hours without meeting LPS criteria
- It is not the solution to homelessness. County programs serve very few people. San Francisco served around 50 in the last year. LA County is the largest and serving around 100. There are 9,706 unhoused people in Santa Clara County.

AOT service plans

- These services plans are required to include:
- outreach to families whose severely mentally ill adult is living with them
- Coordination and access to medications
- psychiatric and psychological services
- substance abuse services
- supportive housing or other housing assistance
- vocational rehabilitation
- veterans' services

AOT Services Plans



- **The law requires that the service plan be designed to help the person:**
- live in the most independent, least restrictive housing feasible in the local community, and,
- for clients with children, to live in a supportive housing environment that strives for reunification with their children or assists clients in maintaining custody of their children
- Engage in the highest level of work or productive activity appropriate to their abilities and experience.
- Create and maintain a support system consisting of friends, family, and participation in community activities.
- Access an appropriate level of academic education or vocational training.
- Obtain an adequate income.
- Self-manage their illnesses and exert as much control as possible over both the day-to-day and long-term decisions that affect their lives.
- Access necessary physical health care and maintain the best possible physical health.
- Reduce or eliminate serious antisocial or criminal behavior, and thereby reduce or eliminate their contact with the criminal justice system.
- Reduce or eliminate the distress caused by the symptoms of mental illness.
- Have freedom from dangerous addictive substances.

AOT in Santa Clara County



- Discussions at the County Board of Supervisors have been ongoing since the law passed.
- Behavioral Health Services Department Director, Toni Tullys, reported to the board on AOT in 2017 and 2018.
- The BHSD has not recommended implementing AOT in the past
- The BHSD has instead been expanding voluntary services like: the CSU, mobile crisis, more FSP slots, an ACT program, a peer respite program, more crisis rez beds.
- There will be another report delivered on August 22nd to the Health and Hospital Committee
- Because of intense pressure from the City of San Jose related to concerns over homelessness, we think the BHSD will recommend a vote on AOT.

Who supports AOT and why?



- Family members of people with mental health challenges, mental health providers, law enforcement, and other health care professionals often support AOT.
- The services are typically very high quality
- The case manager shows up and responds to family concerns
- It is thought to be less restrictive than hospitalization
- Family members are more involved in the treatment plan and process
- Law enforcement do not want to be the first responders to mental health crises
- The mental health professionals can do a lot of outreach to people who may otherwise not want to go to a clinic or hospital
- It is seen as a solution to “non-compliance”
- Counties that use it are reporting good outcomes for participants

Who opposes AOT and Why?



- Civil rights advocates, peers, the doctor in England who first designed this type of program, and some consumers oppose AOT because:
- It is an expansion of civil commitment, the laws that allow peoples civil liberties to be restricted.
- Forcing individuals to receive treatment they don't want has been shown to create more resistance to outpatient treatment
- It is not necessary to implement an involuntary program because it is the high quality services that produce the good outcomes.
- The law makes it possible for a person to be detained against their will even if they do not meet 5150 criteria (DS,DO,GD)
- The conversations about the law tend to include a lot of stigmatizing ideas and stories
- The law itself was created in response to a very violent act by a person who was actually engaging with mental health services, possibly of a poor quality.

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Business Meeting



- Treasurer's Report, Shiraz
- Prior Meeting Minutes (for Jan, Mar. May, 2019)
- Member / Neighborhood Updates
 - a. Aug. 24: D10-LC Safety Fair (with Almaden Seniors)
 - b. SJ Beautify Grant: #2 completed; #3 awarded
 - c. Liaison with D1-D9 Groups
 - d. Individual Neighborhood Reports
- Next Meeting – Sat. Nov. 16
 - a. Nominations for Membership
 - b. Nominations for Executive Board for 2020
 - c. Discussion of Work Plan for 2020

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- **Business Meeting**



- Proposed 2019 Work Plan & updates
 1. \$5,000 SJ Grant update - Michelle
 2. Safety Faire, Sat. August 24 {date set} – Michelle
 3. Almaden Lake Park, Fourth of July coordination – Michelle
 4. Almaden Lake Park: SCVWD reconfiguration & improve recreational opportunities - Jim
 5. Homeless Non-Profit advocacy– Jim
 6. Branham Lane expansion: crossing access – Marilyn Rogers
 7. Laura's Law – David
 8. Liaison with other San Jose District Groups – David
 9. Improve Outreach – everyone

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- Discuss topics for future meetings
 - a. San Jose Water Co./WRATES: <https://sjwfacts.weebly.com>
 - b. Almaden Lake Park: SCVWD reconfiguration & improve recreational opportunities
 - c. Homeless Advocacy
 - d. Accessory Dwelling Units
 - e. Martial Cottle Park
- Room Clean-up