

Approved: March 18, 2010

Santa Cruz County
Mental Health Board Meeting Minutes

February 18, 2010

Facilitator: Joan McVay, Chairperson
Recorder: Linda Betts
Staff Ex-Officio: Leslie Tremaine, Director Mental Health & Substance Abuse Services
Meeting Location: Museum of Art & History, 705 Front St., Santa Cruz, CA

Regular Business:

Meeting Commenced: Joan McVay called the meeting to order at 3:00.

Roll Call: A quorum was present for any action items that need Board approval.

Members Present: Ann Andrews, Barbara Bentley, Denise Ostlund, Ginny Gomez, Guy Grant, Joan McVay, John Laue, Linda Wilshusen, Maria Correia, Supervisor Neal Coonerty, and Robert Ackerly

**Members Absent
Excused:** N/A

**Members Absent
Unexcused:** N/A

Guests: N/A

Minute Review: Date 1/15/10: A motion was made by Ann Andrews and seconded by Linda Wilshusen to approve the January 2010 minutes. The motion passed, minutes were approved.

Guest Introduction / Announcements and Public Comment:

- Introduction of new MHB member, Maria Correia. Maria has lived in Santa Cruz County for 30 years, has a son who has been a client of mental health services for 10 years, and was trained by NAMI, "Family to Family Peer," to represent and assist our bi-lingual residents.
- Sylvia Caras acknowledged the County of Santa Cruz for their high ranking in the State for all County Health Departments.
- Linda Wilshusen announced her resignation as a member of our Santa Cruz County Mental Health Board, to be effective following the March 18, 2010 meeting.

Standing Reports:

- Board of Supervisor Report – no information at this time
- Mental Health Director Report – Leslie Tremaine
 - There are continued concerns regarding our budget and planning for the upcoming fiscal year. Initial multi-phased planning for our '10/'11 budget is underway. The County has provided guidance as to what we can expect in local funding. The draft budget will be available for public review, and the BOS for discussion and review in April. We are going into our third consecutive year of major reductions, with instructions from the County to expect another 20% reduction in

County funds (this figure does not include the loss of matched dollars from federal funding). We have to consider our mandates and impact on direct services/clients first, and look at how we can safeguard our service capacity, leaving some core infrastructure to build back from. The BOS is working on budget principles. Once we have moved beyond County planning, then we will do a second phase of State-related budget planning for the fall.

- o MHA funding threat – Proposal to back fill gaps in the Mental Health State budget by diverting \$450M of MHA money. If \$7B of federal funding is not available, an additional \$800M would be diverted from MHA. This does not take into account tax related revenue losses for MHA. There is nothing truly “reasonable” left to do given the projected losses. We welcome the public’s input and recommend advocacy groups communicate to their legislature that any cuts to mental health will cost the community dollars and quality of life; diverting MHA funds is not a wise choice. ACTION: Linda Wilshusen made a motion to send a letter to our governor and the state legislature, signed by the MHB, stating our concerns for the budget and MHA diversion. Joan McVay seconded and the motion was carried.
 - How much money can Mental Health expect to be reduced in their budget? Rama – We don’t have complete information to share at this point.
 - Ann Andrews shared that the CA Assoc. of Marriage/Family Therapists are currently carrying out a campaign to call the State Legislature and ask them not to divert MHA funds. They were very appreciative and agreed it was an important issue.

Town Hall Meeting – Psychiatric Health Facility:

- Donna Ramos was introduced as our facilitator for the Town Hall Meeting. Donna shared she is grateful to the Mental Health Board for creating this opportunity to speak with everyone about what is proposed here. All comments received today and the Town Hall meeting on Tuesday, February 16, 2010, will be recorded to ensure we get your complete thoughts. Supervisor Neal Coonerty agreed that it is very important to hear clearly how the community feels.
- Background information provided by Rama Khalsa, Health Services Director. The Dominican Behavioral Health Unit, in partnership with the County, opened in the early ‘80’s. The master agreement has been extended in phases. That contract was due to expire on 7/20/2010. Throughout the nation units are closing due to financing, staffing requirements, and regulations. As a result of these pressing issues, Dominican let us know early that they would not be continuing the service, but would work as a partner during a reasonable transition through 2013. Dominican has committed \$5M (to be dispensed in the amount of \$1M per year for five years) to help smooth the transition. The first phase includes the development of a building, preferably in Mid County. The second phase is to consider what the program will look like. What best fits the community needs for people in crisis? We want this facility to be convenient, easy to access, and helpful/positive. This includes learning and building from family and consumer experiences.
- Leslie Tremaine said the facility would be a 16-bed freestanding unit. We anticipate a different licensing level/care (psychiatric health facility); many counties have already shifted to this model. Standards will be more flexible in terms of staffing. It is important to hear from people who have walked this path. We want to learn what is working and what is not, and how can we make this a better resource. We want people to feel supported in this type of environment and offer a variety of treatments, including holistic options. The facility needs to be culturally responsive and be able to deal with the needs of co-occurring drug/alcohol and mental health problems, with an environment that is respectful of people.
 - Question: What is the basis when someone from this county is put in the DBHU then transferred to another county? They are taken from their family/support system. Per Leslie Tremaine, generally, an individual is sent to another hospital when the unit is temporarily full or if the individual is conserved from another county. If moving to another level of locked care we may seek specialized services elsewhere.
 - John Laue: Why reduce the number of beds (from 28 to 16)? Concerned we will have more serious cases. Per Pam Rogers-Wyman, have experience for some time now at 16 (do have overflow contracts with other facilities).

- Terry McKinney: Why can't we use the \$5M from Dominican for other things besides construction? Per Rama Khalsa, Dominican knows we do not have the money to build and because they do not want people to always just go to the ER, they have a vested interest in assisting the County with a new facility. The \$5M is considered "construction" money. We are also working with congressional delegation to help with funding.
 - George Cavallo: Does this facility need to be locked? Rama – we could not guarantee everyone's safety if not.
- **From the MHB members:** From those of you, who have had experience, consider, "If I could have changed any part of the experience or what happened after, what would it be and what would have been better treatment." These could shape activities in the program. It is our goal to respect and honor all we hear and we are committed to hear all voices

Town Hall Comments - Tuesday February 16, 2010

- 1) Ginny Gomez. Can you take the hundreds of clients we have in adult services and show me how they have improved? I'd like to see that. I talk to a lot of people every day and it seems like - I don't know, how much does it cost to go to the hospital? It costs about \$1000/day. I was just thinking if we think about the Prop 63 - think out of the box, think of something new that we haven't done before. I really want our community to be a model - I think we all want it to be a model so I really think we need to start listening to people, like Sylvia, who have been through this. She has a lot of wisdom. I really want to hear more about what Sylvia has to say. I want to hear more what the clients have to say. I'm really excited about Williamson is doing bringing the families together. But there are a lot more people out there that I want to connect with. I really want to do more outreach to the community. I can be anywhere and talk about mental health and someone starts sharing their story with me. I find that all the time. It's exciting and it's sad, and I'm learning a lot. It's much more interesting than when I went to UCSC because you're really right out there and you're learning a lot. I see high rate of recidivism and I see a lot of suicide and I have a lot of concern for that. I just like to see people get quality care. In the school system, when the kids aren't doing good, they'll give them a voucher and say let's go to another school and see what they can do for you there. Maybe we should look at how much money. Like my son...how have you been in the system, where are you now and what would have helped in between? Because I look at my friends who have been at the places and they've been there a long time. I just want them to get quality care. We want everyone to prosper. Now if you're in the system you're not always going to prosper because you're stuck. And they don't move...like in the educational system. We want people to go at a certain pace. And in the mental health system, I just see people getting caught up in it like a spider web. They don't always move ahead and it's really sad.
- 2) I'm Martina O'Sullivan and I'm the Director for Community Engagement at Dominican Hospital, but from 1989 to 1997 through that period, I was the Behavioral Health Director for Dominican Hospital. We have been engaged in a process for 2 and a half - three years to come to understand what's best in the next iteration for acute behavioral health services here. And although the service will not be on site at Dominican we do indeed plan to be very much connected with the County as they are involved in this venture to do whatever. June 30th of 2010 it will be 30 years that Dominican Hospital has been providing the services. And I can tell you for those eight years that were predecessors and the ones that came after me, that what was most important was the patients who were there. It's a hard thing to be in a place where the doors are locked. And every staff that was there recognized that. They recognized that this was more than just a job. There were some very challenging experiences during the process, but they had to be because it was a process. People did leave there better than when they came in. It's really our hope and our belief that working towards a Psychiatric Health Facility will

continue that legacy of what we've done. There were during the course of treatment, there were psychiatrists, and nurses, and occupational therapists. There were dual diagnosis groups and all of that. And I'm really heartened and happy to hear that all of that will continue because people need so many different approaches to heal. That's what we're really about here...that whatever comes next will be certainly all that people need while they're on this journey.

- 3) Kathy Kilpatrick - I'm a school nurse at PVUSD. I serve Watsonville High School and several other schools. I'm a team leader for the nurses and I've been involved for most of my ten years with the District with the Multidisciplinary team which assigns students to counselors and I also have dealt with students in mental health crisis and have had students come back to school who have been in mental health facilities. Again, the lack of mental health resources for our youth in the community is worse this year than it was last year, of course. The prop 63 process was very frustrating for me because even though the second part was targeted towards early intervention and prevention and the actual process was not accessible to people who work in schools and we didn't get much out of it as near as I can tell. If this facility is not going to serve children and youth as a hospital facility I would hope there would be something incorporated in to the set up so there would at least be a place where families could go to get assessments for their children who are in acute crisis. I've dealt with kids who have been - they may be only 1/2 a bed a day - when they're in crisis and they're going from hospital to hospital - like they're hospitalized one time in Sacramento, another time in Fremont, another time somewhere else in the middle of the desert. When they're separated from their family, when they're separated from their peers, all they do is escalate - they get worse. I have one girl who started out obviously really depressed and ended up swallowing razor blades. Then one day, she showed up at our school. She was in a half way house and her parents who had educational rights for her wanted her back in school. Then all of a sudden here's this girl who had been too sick to be in school just landed on our door. There just needs to be some user transition. There needs to be a way for evaluation and support - someone we can reliably call upon as part of this facility. That's something we desperately need in our community. We need it in a way that our local police can access it. Even as it is now, our local police will not transport a child to Dominican because it's not in their realm. We have children in our public schools who live in Monterey County and every time there's a mental health issue we have to figure out whose jurisdiction it is. There needs to a way to make that simpler and more clear-cut. If there's any way to have a local psychiatric facility help with that. I remember back when we talked about having the one stop shop and find out what the resources were. I would say just fold that in. The way it is now it is not serving our children and youth adequately.

Comment: Ginny Gomez. Someone at the Women's Health Center - she's a physician assistant and has been there a long time. I said, "What do you do with the children with mental health issues?" She said we work tri-County. If the children want to be seen by someone in Monterey, Santa Clara, Santa Cruz, we do that. That's what I was told. That would be nice if we did that for adults too. I found someone I like in Monterey. That's a great thing. There are a lot of people working with children in Santa Cruz. We aren't getting that down here?

Response: Kathy Kilpatrick. I haven't heard of any tri-County program that we've been able to access.

Question: Reporter. Could you discuss the crisis evaluation service? Is that like the 211 service?

Response: Leslie Tremaine/Martina O'Sullivan. It's the same as the service we're providing now. Basically, we're assuring that the least restrictive care is being given. So people would come in would be going through a rapid evaluation to make that determination. It would be less than 24 hours.

Question: Reporter. So, a potential patient could call up and say I'm having a certain problem and the service would guide them through steps needed to accommodate them?

Response: Leslie Tremaine. The observation setting as it is now is on the behavioral health unit. They would have to come there. It's not a conversation by phone. Basically, it's when people are in an acute psychiatric crisis or they've been picked up by law enforcement because of something about their behavior that might seem to indicate some danger to themselves or someone else. Then they're taken to be evaluated. That evaluation service is to help determine - is it necessary for them to be in an inpatient environment or perhaps can they have their crisis be stabilized somewhere else. It's kind of the equivalent of going to the emergency room. You might not end up being hospitalized. Someone would evaluate what you need. It isn't a place where you would go for routine services. We in county mental health facility have staff that work with Pam who provides the same kind of general information, guidance, when we get contacted on a non-emergency basis. If someone is in acute crisis and they are the equivalent of going to an emergency room then that what the psychiatric emergency evaluation service is for.

Pam Rogers-Wyman. Generally people call and say I'm having a crisis. Their behavior triggers someone paying attention to whatever is going on. Or they themselves feel a huge sense of distress. Over 40% of people who currently go to the evaluation at Dominican behavioral health unit are self-presenting. They're bringing themselves in. They know they are in crisis and are having some kind of emergency. Dominican for almost 30 years has been there and people know that service is available. They know they can walk in and have an evaluation and know they can someone to talk with and have an evaluation. Family members bring people in. So people do arrive with a psychiatric emergency by law enforcement part of the time, but certainly not all of the time. People are presenting voluntarily for that support and help.

- 4) My name is Len Lefano. I'm the chief deputy in the Sheriff's office. I run the jail system. We're the de-facto mental health bed source in the County. It's not a business we want to be in, but whether it's a person's first psychotic break or someone going off their meds or what Pam is describing having an acute crisis where they're drawing attention to themselves. They're picked up by law enforcement - they've either committed a crime or they've done something that the peace officer will bring them to my facility. They may go to BHU first or they may go there later, but I would urge the Board and also as you start framing this process that you look at it systemically so you can nip it in the bud before it happens, i.e. keeping people on their medications, training in the community so people don't panic when they see maybe what they would call bizarre behavior...to recognize things so it's not a law enforcement problem. Our toughest population in the jail system are the mentally ill. To try to keep them alive, to try to stabilize them, so once they go out the door, they go out with a plan so they don't have to detox them when they come back. So recidivism is a big problem and we would like to see that go away as well. I was one of the people bringing people to Dominican Hospital since 1984 as a street deputy. The cycle goes over and over and over again. Whatever we can do with this new system to help break that cycle in any way possible, I'd be for.
- 5) Mental Health Board member. Our mantra is housing first. Well, I think our mantra should be housing first, medications last. Especially if we could get something with the children. I've seen so many things organically, physically, that affect people's minds....lack of Vitamin B, parasites, first vertebra out. If we're looking for something holistic, start getting those kids all taken care of right away...you would have a whole lot less trouble. Exercise, proper food. You'd be surprised how many people you could steer away from that with just having the proper care early. I would like to see in the BHU a chiropractor, especially one who does first vertebra, National Upper Cervical Chiropractic Association. I'm telling you when that is out - I just had an accident two years ago and mine was so far out and I was really not doing well. I was suicidal from it. These kids have a million ways for their Atlas to go out. That's one simple thing. What if we had a place where we incorporated all that kind of stuff? Helped people get their vitamins back and vitamins alone isn't going to do it. And then in the end see if they really need the

meds. It might take three months working with them. Because it takes awhile for nutrition and things to work on your body. I don't really have an agenda, but I have a dream. I'd like to see a healthy county and not be under the realm of pharmaceuticals. Some people will have to and some people want them. Maybe we could reeducate them - not have the mentality that normal people take a pill. Let's get rid of that mentality. Normal people take care of themselves.

Ginny Gomez. I want to add to that too. I went to the Alternative Conference - every year they have this conference and people come from all over the Country. One of the things they mentioned four years ago is that we have a lot of people with mental health problems because of celiac disease, which is the inability to digest properly. There are other ways we could look at. I hear people say, "Just take your meds and go away." When you fix a car. If it's a Ford car, you need to use Ford parts. It's very simple. What does this person need? What if we evaluate them a little more than what we're doing. I think we need to give people the respect we give everyone else. We need to evaluate them in a better way. I don't really think we do proper evaluations. Nutrition certainly plays a part. I teach summer school here in Watsonville and the kids are always hungry. I look at the lunches and I'm thinking..... So how is this for the kids? They come to school, they're hungry. We all bring food together and we share. Everybody wants a pencil they value their education. They not only want to learn, they want to eat. Nutrition - how important it is in the school system. Yes, I just think to tell them to take a pill and go away, we're not really looking at serious side effects. If you're going to live 25 years less when you're in the mental health system, would you want to do that for anybody in your family? I don't think so. Would you want to do that for any of your animals? I don't think so. We don't want to do that to human beings.....

- 6) Dominican staff. I don't disagree with the holistic effect, but a different aspect to that for manic depressives, is that the longer their first episode goes, it bodes worse for the rest of their lives. So, we could be treating a bi polar person having their first break and going for all kinds of alternative routes and doing that person a huge disservice for the rest of their lives because we let the first episode go untreated for so long. So if there could be a more efficient way of diagnosing

Ginny Gomez. I hear you. I know one little slipper doesn't fit on everybody. If it works for somebody, we should do it, but I always think we should have options because any of us can have good insurance and you want the best. We're spending a lot of money and what are we getting.

Dominican staff. I haven't heard anything about a vendor. My understanding is that a vendor is involved in this facility in some fashion.

Rama Khalsa/Leslie Tremaine. We would be doing a competitive process a year and a half before it opens. There are some wonderful treatment programs out there. Because of being government we always have to do a competitive process.

So they develop the program themselves? the vendor does?

You can shape the program through the RFP; the Request for Proposals will have specifications for the types of services we're looking for. That's why we're soliciting the input now and that will help us shape up a request with certain specifications. Then we will review, through the kind of process Rama is talking about, the proposals we receive from potential vendors. That's a fairly standard process. This just helps to inform what we want to put in those specifications for the RFP.

Dominican staff. The employees will be employees of the vendor?

Response. Rama Khalsa. They will probably hire locally because that's what most people do.

Dominican staff. Will the vendor employ them or will the county employ them?

Response. Leslie Tremaine. This will not be a county run service. We will contract for this service.

Mental Health Board member. Will the Board be voting or having great input on who we choose?

Response. Leslie Tremaine. Where we're needing your help is in clarifying the program so we can insure we get the best. The Board finalizes and approves the contract. The staff do the review of the various proposals and make recommendations about the most responsive proposal received based on the kinds of criteria we've set. We do that process for the really large contracting done by the County. The Board finalizes the approval of the contract.

Facilitator. Board of Supervisors or Mental Health Board?

Leslie Tremaine. I'm talking about the Board of Supervisors.

Mental Health Board member. No, I'm talking about the Mental Health Board. I think that would be a good thing for us to have a lot of input in some way or another so we don't just get the same kind of....it would be just really interesting to get some of the holistic stuff. I just want to comment on your stuff...sometimes the pharmaceuticals are needed right away, but then we need to talk temporary and not...try to nip it in the bud so they're not on it all forever and ever.

Dominican staff. Yes, if possible. I've told many a patient that if I thought Vitamin B6 would fix your wagon, I'd be working for a place that only served vitamin b6.

- 7) I actually don't live in this community. I'm working to conserve folks in this community and my intention was not to speak. However, I am also a family member and one of the things certainly I couldn't advocate any stronger to have peer providers as part of the program...integral 24 hours/day. It makes an incredible difference in the level of compassionate care, which is provided in the course of treatment. I'd also have family partners involved whether they're family after hours having a family partner as part of this program makes an incredible difference. The other thing that hasn't been mentioned is the environment - having a home like environment. The softer the setting the easier the landing as far as we can tell, and the likelihood of returning is much less. It's very difficult to go (although many people do it) from a medical setting into a lower level of care or home. So if you can be in a setting where you have some of those same things from home and incorporated that level of comfort is tremendously important in the healing process.
- 8) Reporter. What kind of oversight will there be for the company that will be doing this work?

Leslie Tremaine. I would say in general, we will be responsible for developing the contract and for managing and monitoring the contract. We do with any contractor we work with. That's actually what we do now in our relationship with Dominican. Pam's job involves being there every day of the week - 5 days a week. We also review every petition that's being made about who's being hospitalized, whether they were an appropriate level to be hospitalized, and to authorize the payment. We will continue having all those same kinds of functions: daily presence on the unit, authorizations, review of any questions about the acuity of people being hospitalized. It's been a very very close partnership and we would expect to continue that. We have now for example a monthly operational meeting with Dominican administrative staff. I would expect to continue to have that administrative level of contract monitoring as well as daily presence in the treatment environment. It's just a really close relationship and I don't see that changing. The collaboration is very close. The staff have known each other for a number of years and I would think that one of the reasons we can be comfortable with the services Dominican is providing is because we're so involved. Particularly with the new provider you would want at least that level of scrutiny about how the program is running. (Acute Services Managers - Pam's role is the day-

to-day monitoring of our relationship and our collaboration with Dominican and she will be crucial also in the development of this new program with whatever contract manager we have.

- 9) Kathy Kilpatrick. I am the daughter and the sister of two people with chronic mental illness. My exposure to locked facilities was such that when I went to nursing school you had the choice of the State hospital, the locked ward at Sacred Heart Hospital, or the Greyhound bus station...and I picked the bus station. That's where I did my psychiatric nursing rotation. The key things that you brought up are the steps up and the steps down. It sounds like this is an acute care facility, but it's not like where my mother was for five years at Napa State Hospital. So there must be a step beyond this. And my brother who just had a medication failure after many successful years on lithium. All of a sudden he turned blue and his lithium was withdrawn and his life totally changed. So what are the steps down, which is what you're talking about? Once somebody no longer needs what I assume would be short term psychiatric hospitalization, are they going to be able to come back to the same place for their groups and for their transition, what are the options that are available to them? So if you're calculating 16 beds I would assume you're only talking about short-term care and there are people who will need more long term care. Possibly nursing home care or whatever. I don't even know what happens to people with in chronic mental facilities these days because...

Pam Rogers-Wyman. It is a continuum, you're exactly right. There is a step up and a step down. The inpatient is for that patient in crisis kind of an entry point, but then you do decide, do they need a longer period of time to stabilize. Then there is a process of conservatorship where individuals go to a locked level of care before you get to Napa state hospital. There's an intermediate level of locked care and these two ladies here represent that level of care. In this community part of what we did was we build community resources with our crisis residential program. El Dorado is what we use for step down from the hospital. It's what we use for people to return to their previous level of functioning where they can be there for a longer period of time. And so we have steps into longer more supervised care and more community based settings. And that's back to how we need only 16 beds as opposed to Dominican when it opened was 28. There were years ago in the mid 90s when I was crisis supervisor we would be full. Very easily in the mid 90s all 28 beds would be full. That's not been the case for the last number of years, in part because we have alternative sites the community.

Kathy Kilpatrick. So the question that goes with that is if a psychiatric patient does not have a family that is skilled and effective in advocating for them, who provides the continuity?

Response. Leslie Tremaine. If I could just intervene, I am hearing comments in your questions. I welcome you turning them into direct comments that we pay attention to those issues.

- 10) Guy Grant. I've done a lot of advocacy work on the behavioral unit for people and a couple of meetings ago I suggested the behavioral unit of the future be represented in three sections. The first section would be the heavy-duty cases, when they are a harm to themselves, or others and that would be handled in a totally separate part of the facility. The second batch of people who aren't quite there can have a place to go but not be traumatized by seeing this heavy stuff. So there's separation between those two. Then the third section would be a revolving door to the unit for people that have some psych problems that they're managing whether its through medication or other types of programs. And there would be a revolving door, which would separate that section and the second place that I mentioned, which is separate from the first one. The other big thing that came to me recently as a big emergency is the client that needs to go into the unit, has no advocacy representative that can be called. Because if this client has had some bad experiences with medication and doesn't want to continue on that, there's not an advocate in place that would let the staff know that. That person might be put on medication that she's already transmuted out of into a more healthy thing. So the big thing that's needed is an advocacy union where an advocate can be called 24 hours a day to meet the person that's either being brought down by the police or the family or any

other way to really be there for this person. In some cases the family can't be there so this person could be manipulated however the staff wanted to manipulate this person. I'm saying this in a good way - I'm not saying in a bad way, but certainly an advocate that could be called would be a real progressive answer to a lot of people that don't know what's going on and that they won't be caught up in a psych med regime that would bring them down to a worse place than they already are. Anyway, those are the two issues that I'd like to see put in.

- 11) Dominican staff. The case coordinator system will still be in place. The patient will still have their case coordinator, right? So I think of them as the advocates. I think we're just taking the comments and this is something Guy sees as needing to be stronger. So, like a transient person comes into the area and presents to the unit. Well, actually these advocates that are in place aren't all the time available to be with that person so a 24-hour advocate union member would certainly be there to help that person make the transition.

Ginny Gomez. Yes, Davie and George can't always be there. And then I noticed when I visited the Fremont hospital I didn't notice any number you can call on the wall. They just wanted you to know who their star employees are. I think it's really important that someone is in a unit that they know how to reach.....if I look at a visual and I don't like it, how is the patient able to connect with that graphic design to read it and know who to call for help. 99% of the time people didn't know they could call a number to get some help. I'm on the Comm board and I know what's going on in all the other Counties and I am here to advocate for what's going on.

Town Hall Comments - Thursday February 18, 2010

- 1) Hello, I'm Carol Williamson. I'm representing the Santa Cruz chapter of the National Alliance on Mental Illness. I'm president. Our membership cares very deeply about the closure of the Dominican Behavioral Health Unit. It's a loss to us and we're concerned about what happens next. We all feel strongly about the need to keep people safe. My own son took his own life and there are times in these illnesses when people need to be in a locked facility in order to be kept safe. So I personally feel very strongly that we need to replace what we had with at least as good as what we had. We're looking forward to being involved in the operation and helping make it an environment that is conducive to recovery and welcoming to family members and has facilities that allows us to train family members how to cope with illnesses. I think our County is receptive to hearing our voices on these things. I can't overstate the need for a facility to stay in our County. We need to visit our loved ones - they have visiting hours twice a day and they need us to visit and it would be very hard to do that if they're placed out of County. So we look forward to working with the County on making this the best opportunity possible.
- 2) I sympathize with anybody who has had a loved one that contemplated suicide. They need to be separated and analyzed and all that. But the drugging itself. I've read book after book. It's a slow death. It's not a good quality of life. It's not good for each organ in the body and it's a slow death. So take your pick...to do psychoanalysis or just drug people, drug people. Street drugs, oh terrible street drugs, oh, marijuana. These are the worst drugs ever. It's only surfaced my interest in the mental health system because of my friendship with somebody who comes here. I remember a long time ago what I went through for 48 hours, just 48 hours. But I'm not the type of person to be a chump and take it. I took them to the 9th Circuit Court of Appeal and we won the appeal. Lies on the records to protect the hospital. Lies and all this toxic stuff that we're putting in these people's body for management, control, and maintenance. Psychobabble. As if these professional people really know what the hell they're talking about. It's disgusting. I have a book I brought with me if anyone wants to see. The racism, what they did to black people, lobotomy, in the 20s and 30s. What really gets me - and I'll tell you this - is the people, well-meaning people, that get involved in the psychiatric community and staff and

don't know the history of psychiatry in this country. The fascism behind closed doors that goes on and 48 hours was enough for me. They know they made a mistake, they did everything to protect the hospital, and still I got the better of them. And I'm proud of myself.

- 3) My name's Sylvia Caras. I live under a label of psychiatric disability. And I'm going to follow up what the prior speaker said with some facts. In reference to what you were talking about before, IMD stands for Institute for Mental Disease. MHSA money is only allowed for voluntary services. And we're only required in County to have an evaluation facility. We are not required to have a locked ward. Most of the experts who are creating definitions of mental disorders and standards for the best way to treat them receive money from pharmaceutical companies. Everything I'm about to say has a citation. Most of it is from Federal sources, government sources. Three quarters of funding for NAMI, the nations voice on mental illness comes from the pharmaceutical industry. That's from NAMI's 990 report to Senator Grassley. Users of anti psychotic drugs have an increased risk of cardiac death (from NIH). Drug abuse and other mental disorders are both caused by common factors, such as underlying brain deficits and early exposure to stress or trauma. Studies consistently confirm a 50 - 80% prevalence rate of sexual and physical abuse among persons who later acquire diagnoses of mental illness. (That's from NASMHPD) People who were diverted through a mental health court did not experience reductions in psychiatric symptoms. Our State here is proposing plans to establish systems that facilitate integration of behavioral and physical health. But psychiatric ghettos in the unincorporated areas are re-entry barriers. Peer run crisis and respite services are an alternative. Please consider what is the social role of people who cope with mood swings, fear, voices, and visions. And what are our relational responsibilities and where are our communities and networks. It seems inadequate to suppress us and consider us treated. This model is rooted in paternalism and profit. Santa Cruz should do better than that. I have some handouts and I would like to talk again if there is time.
- 4) My name's Terry McKinny and I was actually president of the Mental Health Board at one point in time and been actually involved in Prop 63 since its inception. My son has mental health and developmental disabilities. And I've been trying to advocate in the mental health arena for quite some time now and I can't express how disappointed and frustrating and close-minded it's been. It's been an absolute horrible experience. On the flip side, my son is in the developmentally disabled community and I don't have anything but praise for their processes, on how they work with people and then the performance outcomes. I really didn't even want to come because I don't think my three minutes is really going to amount to a hill of beans. But I did want to support Sylvia because I think she is giving some very strong and very productive alternatives. And I think that if we were not in this artificial environment where we're limited to three minutes, I think she could present some really good alternative treatment options that would be a lot more productive. So I wanted to give you some props. I gave Ginny Gomez a ride home the other day and she gave me this hat. And this is what her son is doing in Willowbrook. And I'm like thinking, well, this is really nice, but if you were to look at this person's hopes and dreams, if you'd have told him, "Hey, what am I going to be doing 10 years from now?" Is knitting hats, is that what we want our children doing in this system? And he's in a good facility. He's getting great care, good care, but this is not where people should be going. My son eventually made it over to. He had 10 psychiatric hospitalizations. They wouldn't let us do any alternative health care and finally the San Andreas Regional Center pulled him out of that facility and put him in a crisis home. In that crisis home, it wasn't a locked facility. There was two clients in this home. He had a 1:1 aide. They went from 8 - 10 anti psychotic medications down to 3. They replaced those with behavioral interventions. The whole DD process is aimed at behavioral interventions first and psychiatric interventions, or psychotropic medications second. They also worked with the parents. This is an example of his IPP plan. This would be similar to the client service plan. What I wanted to point out is - because there's a lot of talk about alternative medications here. The SARC partners with parents to come up with a plan. Because

you're not going to go from a crisis facility to living in your home again if you don't cooperate with the parents or caregivers or whoever. I want to point out the very first thing on this plan is called 'things to know about me and who I am'. And that says, who is Steven, what's he going to grow up to be. Is he going to grow up to do knitting hats? No. And so he wants to get married and have three kids and live in the community in Half Moon Bay. So his life now is here's his goal, here's where we're going. And the second thing are his hopes and dreams. These are his hopes and dreams. They're not mine they're his. And his caseworker makes sure that this is where we're going with his plan. It's not, so he's nervous so let's blast him with Prozac. It's hey, let's put him on Vitamin B1, and he's still on anti-psychotic medications. I'd like to get him off, but if they can do behavioral interventions first, and psychotropic medications second, it makes things a lot better. I'd like to give another example of quality of care the Regional Center gives their clients. This is Steven playing soccer - 2009. There's a friend of his here, Michael, who lives in Half Moon Bay and they were both stuck in the mental health system, repeat offenders, in and out of the hospital 10 or 15 times. He was also a regional center client. When Steven went to Stockton to that facility I told you about, they paired him up with his friend so he went to the facility with a friend. So they're dealing with relationship issues. It's not so let's throw him in a facility because it's the cheapest one. It's really a full-fledged package and it's where the mental health community might be taking care of the physical needs of a person, but then that's it. How many times would you see someone paired in a facility with their friend. This is where Steven is going. Look at the outcomes of this. As a parent I am totally supportive of the dd process. I am totally support of the SARC process. We work as a team and everybody has an equal say in that team and I'm totally happy with what this is. So what happens with that? When it goes to supporting volunteer efforts, I'm right there. Here's another example of what's going on in Half Moon bay. It's a supportive living environment that has no government funding. It's going to be completely supported by parents and a local business so profits from the business part will go towards support of the living environment. This all came about because parents were working together with the system, the SARC, the Golden Gate Regional Center, working with parents, then they can go through an incredibly good environment because they're working together. And I don't see that happening at all in mental health. My last note, this whole process...Prop 63 was passed because the mental health system was broken. And what happened was the mental health staff went behind closed doors developed a plan and that was it. That was the only option. Prop 63 was voted on the change that. You would have workshop, community input, clients, all the stuff that Sylvia is trying to accomplish right now. She would have an opportunity in a workshop environment to create those options and then the whole plan would be presented to the community like it is now. And then you would have buy in from all these people. That didn't happen this time. The County is reverting back to their old ways. This was a two-year process plan that was created as far as I can tell. And I didn't see any clients, or family members involved in this planning process. It was staff from Dominican hospital and staff from mental health. And there's nobody else. Where are the parents, where are the clients? And now we're stuck having a public comment period limited to three minutes a person and I think that's wrong.

- 5) I'm Ron Sessions and I have an interest in being here from two counts. One, I have a very close family member that has been treated for a number of years and the comments regarding holistic treatments versus more of the pharmaceutical approaches touch me very deeply as well. I have some very strong opinions about that which I don't have time to share, but in general, I agree with you in terms of the results I've seen. The second reason I'm here is because I'm an architect and one of the things I specialize in is health care facilities. I want you to know that the whole industry, the whole development of health care industry has been shifting to more of a patient empowerment system. In fact when we design buildings that are to be health care facilities that's one of the major things we consider as well as providing a facility that will facilitate the various treatment options that we can anticipate now as well as things that will happen in the future. What I want to say is that I want to encourage some of you that have concerns about the types

of treatments that might be coming in a new facility. I want to let you rest easy. You have more than three minutes. You have the rest of your lifetime to state your opinion. The facility that you'll get whether I'm involved or whether another health care architect will provide for more options. There's no question of it. The point I want to make is maybe have you start thinking about the focus of this meeting. The focus of the meeting is actually what's going to happen in the transition. Treatment and all the things that have been said about that is dialogue that needs to be ongoing. Mental health professionals are learning more and more about various treatment options and trying more quote experimental things that are going to be less experimental as things go on. But, the actual transition from the building that they have to a new facility building and a new facility, I think that's something that's going to happen and that's going to benefit your concerns. I just wanted to say that. If you have any question you want to talk with me about after, I'd be glad to be available.

- 6) My name's Norma Page and I have two boys who've had terrible problems with their brains. Three, actually, one has epilepsy and he has to take medication all the time so he won't have seizures. One of them, like some people here, hates the idea of psychiatry and medications. He lives with us and he spends most of his mornings from 4 on yelling and bellowing about the conspiracy psychiatrists and torturers. The third one had a psychiatric break and after going in the same direction as that brother decided he would get treated. He was treated at Dominican's Behavioral Health where his friends were allowed to visit him with their guitars. He took his fiddle in there. He played his fiddle. He went on to El Dorado where his friends came with their concertinas and played with him. And he has now fulfilled a dream that he has always wanted to have by going to Ireland. And he plays his fiddle there. He still takes his medications. Maybe they'll both die more or less at the same time. I know which life I'd rather have.
- 7) So, I've been thinking about this because I have two children who have problems with mental health. Most of it has been because they have experimented with drugs in their teens. And that put them over the edge. Plus they were very sensitive, there was family stuff, plus there were probably genetic tendencies. Who knows? But my son did end up on medication after I think he had meth in the middle of the 90s when it was very strong. It's very hard for me to talk about it. It looked like nothing was going to help him. His prognosis was terrible then all of a sudden, he would not stay on drugs because he was a star soccer player and a very smart chemist student and electrical engineer. He basically decided...he was just out there. Nothing was happening with him. He was having one breakdown after another. Something came into his life that gave him a sense of purpose and usefulness and he got on tract...without drugs. But this summer - this is 15 years ago - he had another - it looked like a break. I went to help him. He has three children. I did not know what the outcome was going to be. It was very chaotic. He totally focused in on one thing - supporting his children and going along with his wife and moving. He did it. He got a full time job and he never went back on medications. But that's not the way this society gives help. If it hadn't been for my aiding, this wouldn't have happened. He may have another break. He's susceptible. My daughter chose to go with the medical model. Some people won't agree with this. But it does cover up symptoms. It results in a total dependence on drugs and ongoing care. It's very expensive. It's very costly. It's very detrimental to the human being toxic load in their liver and different organs. When my daughter was on anti-depressants for years, she wasn't able to grieve when her father passed away. So when her father passed away, about a year later, she was feeling so good, after being on anti-depressants for 7 or 8 years, not questioning anything because it seemed to be the right way to go. She had a breakdown because finally when she got off medication was able to grieve. She had no support. Nobody knew that was coming. She has continued to go off of medications a couple of times and she has had three breakdowns. She's back on medication. It's a very difficult scenario. But I do know when I go to Dominican I've tried to bring massage therapists in and they're, "Oh, no, you can't do that here." and there's a lot of problems in doing things that are healing and helpful. For example, 25% of the total could be the medical model of

medicine because I see its necessary at times when a person's way out there in a psychic limbo and they cannot be reached. It's sometimes the only way that I see. There might be other ways but I don't know what they are. At that point, once they are able to communicate and they're back, grounded again, all these things can be done for grounding. My son is now a successful mechanic. He had never touched a car before his breakdown. He didn't go the electrical engineer, or chemist, or soccer route, but he's a fabulous mechanic. So people can be trained after they've had a breakdown. I've seen psychiatrists who have diminished the human being because of the breakdown. They have not treated them as an equal. They look down at them. And I see a lot of you looking at me and saying yes, please continue. And it's a disgusting thing and it has to be stopped. I'm very passionately angry about this. Because my son was able to say, even to my father who never loses his balance and has a lot of control and he's very successful. "You are controlling me." My dad said, "You just make sure you take those drugs for the rest of your life because you have a biochemical imbalance." Well, why do you have a biochemical imbalance? Whatever has happened to cause it - not people with epilepsy or diseases that are truly genetic. There's not 100% certainty what causes psychological breakdowns. Neuroses, psychoses, the myriad amount. There's therapy, there's yoga, there's massage, there's getting in touch with yourself as a good human being because you feel low self esteem and you're extremely vulnerable when you've been on medication. You're so vulnerable you are colored by whatever environment you're in. You're like a leaf that blows off a tree. If you end up in a dirty pond and lot of people who care about money and their own problems and aren't really there for you, you'll end up colored by that. If you end up in a very beautiful pond, you have some hope. I would love to see a facility that encompassed gardening. There's a beautiful garden by Dominican and you know who does the gardening? The people who are working - the psychiatrists, the psychologists, the social workers, not the patients, not the people that need that. Everyone needs it, but do the patients have their own house to garden? No, but they need a place where they can garden. There can be organic fruit trees, compost, people helping them and then 25 % bridging the skills so maybe a place where they can sell things they're actually doing - painting ceramics, fruit, vegetables and putting it back into the society.

- 8) My name's Wendy Shea and I'm a student at San Jose State and I was actually here to pretty much observe. I do have an interest in mental health. I have my own mental health history and basically just thinking in general about the comments about what has worked and what hasn't worked. I just want to share my perspective. In August 2008 I've struggled for my own mental health issues for probably about 15 years and I've always just kept quiet. I've dealt with it with my family, with medication and hiding in my room. And so, I finally got to a point where I broke down and I reached out for help. I went to the Behavioral Health Unit and basically my screening assessment process consisted of "Are you going to kill yourself today?" I said, "No." Here's three numbers. Give them a call. And that was it. That was the whole entire intake, the screening process, and everything. By the time I left there, I was so devastated and humiliated for even speaking out or reaching out that I did feel like killing myself. It was the most horrific experience. That I spoke to a psychiatric nurse and she didn't have the time of day. And so, my request in looking at this new facility is really bridging the gaps, taking a look at everything everybody else has mentioned about the alternative options and the holistic. They're all great. I think they're all wonderful, but my point is to really come up with a participatory evaluation process where people can be involved and improve the assessment and screening intake situation so that people are identified and people who may not be appropriate to come into the BHU at that critical moment are at least linked up with resources that are out there so they're not sent to go home alone and deal with this on their own. Try to get them linked up to services throughout the community, something that's beyond the doors of the behavioral health community. So they can get the help they need. In a new facility, even things like taking comments from folks and getting them really involved in the whole evaluation process and having peer educators and things like that. I think it could be really helpful. At this point I'm still struggling. I'm

still trying to get services and get connected but the thing is I'm a very out spoken person and I know there's a lot of people who are not. And if I feel like I had a hard time accessing services I can imagine the tens of thousands of people who go around quietly and don't get help. My emphasis would be on really involving the community and getting those assessments done and finding out how we can bridge those gaps so people don't go out and kill themselves.

Since you were so transparent about your admittance, one of the questions I had was sometimes there's a fair amount of urgency. If there were a volunteer person that was a mental health advocate that could come in and have a more in depth interview. Do you think that would be helpful?

Absolutely, I was given I believe three telephone numbers one of which I did call when I got home and it was disconnected. It was not even a working number. The second one was not taking any new patients at this time. I didn't even call the third one.

So it could be someone who could actually sit down with you.

Yes, I think it's critical. Especially in the work that I'mI'm working toward my masters in public health and I work with communities and people not under such serious circumstances but yes, I definitely believe in linking people and getting them connected. I would never imagine treating anyone the way I was treated. OK, you're not going to kill yourself - later. It was not a good experience. It left a bad taste in my mouth and I just know there are a lot more people out there that could get help and are not getting it. But I think that's a great idea...having some person involved that can screen a little more thoroughly...take things seriously. I had a total breakdown. I was not even able to get there myself. I had family members take me in. It was very urgent. It was welling up for a long time. Issues with medication were involved. My family didn't know what to do with me. And honestly I didn't either.

9) I'm a little shaky. My name is Dawn Whitaker. I've been working in mental health for about 6 years and I'm also a consumer. I've been pretty open and transparent about that. I guess what 's been striking me is that I kind of want to emphasize the need for balance. You can find facts to support about any position. I know people get really passionate about, you know, their cause and they're going out and finding a lot of facts to support it, but I think we need to keep in mind that each person is different, each client is different. And some people you know you may have some people who might respond well to non medical treatments and then you have, probably if you looked at it on a curve, I think that a larger percentage of people are going to be responding to, depending on their symptomology, the medication. I think it's important to kind of balance those two things. Also, I guess I want to talk a little about my experience at the unit. About 10 years ago, I was hospitalized for depression and anxiety. I was a little disappointed about my experience on the unit. Now I have a lot of perspective I think about what workers have to go through, funding, lack of time. I think when I was a consumer and not in mental health, I went there and I thought it was going to be a place where I would go and there were going to be therapists available all of the time, and there was going to be art therapy and somehow I would come out of it at quite a higher level of functioning and feeling better. I think what I didn't get at the time is it's kind of like a holding cell to keep people safe. I think the question is really going to be, given funding constraints and time constraints, do we want to keep it like that, do we want to change it a little so there's a little more emphasis on therapy rather than just being watch over people. That's my comments.

10) I'm kind of nervous. I'm grateful that we could put our comments on line because I did write something and send it in to you. But I've been moved by what people have said to share an experience I had at the end of last year. I've been involved in the mental health community for about 34 years. I have family members who have diagnoses and I've been involved with NAMI and it is really the education we've received from NAMI and the

support and advocacy have really helped my family members and my family on the road to wellness and recovery. In December my 23 year old son went to the camp for substance abuse rehab and it was my first experience in the world of addiction. When we were there in the intake, they recommended that the family attend a family weekend program. So my husband and I attended a three-day program up in Scotts Valley where they brought in a medical doctor whose specialty was addiction, they brought in therapists; they showed us videos. We learned about addiction and how we could cope with it as a family. Because it was so new to us, it was fresh. This information was really important to us. There were times during the weekend when the patient was with us. We were with other families. We made connections with people who were going through the same thing. And I would really like to see something like that happen in this new facility. I have worked with NAMI teaching the family-to-family classes and I have seen the importance of education right at the beginning. When a family is experiencing the mental illness of a loved one, most times it's an entirely new experience. And they don't know what to do. But if you give them education and support and make them feel like they're not alone, then they can get through it and they can support the people that they love and those people can get on the road to recovery.

- 11) Sylvia Caras. I only spoke two minutes before. And many people went over three. I'm really concerned that there are so few clients' voices in this room. And frankly, I'm not strong enough to carry the whole client load on my own shoulders. I don't know where we are, whether we're all drugged into submission or what's going on. It's all well and good to hear families. The needs of families are tremendous. Those aren't the primary people involved. Those aren't the people who are going to be in the beds. And those people aren't here speaking and I don't know where they are. I have a challenge. We have a mental health administrator who is knowledgeable and a skillful innovator - one of the best in the country, and a health administrator who excels in understanding funding streams and using them to our advantage. You all know that I believe this PHF is a tragic waste of the opportunity crisis provides. The County is broke, the State is broke, the feds are broke, everybody's in economic distress. The BHU is closing and what are we doing? Building another locked ward. This plan I think is a lemon. And I'm in the process of swallowing the bitterness, and I think we could go on to make lemonade. On the handout I gave you, I have put a plan, opposite - of we're not bed's, we're clients, and we don't have damaged brains that are dangerous. We have voices and we have civil rights. We haven't yet been included in this process at all...at all. Which is because of Ginny's advocacy. Bless Ginny and Robert, and Terry and Guy coming forward we're having at least this opportunity for input. This should be transparent, transparent, not opaque. Clients involved from this point forward with site planning, with the design, with the contractor choice and with oversight. Thank you everybody for coming and if any of you know more client voices, please have them start coming to the mental health advisory meetings. Suggest that we move these meeting down town, get more people who have lived this experience directly, who are going to be in those beds that we're talking about building, here to talk about their own experience.
- 12) Terry McKinney. I just also want to point out that I hope this conversation and this decision making process is also open to the issues of children. As of right now all children under 18 are sent out of county. That's just the way it is. There are no in-County psych facilities for kids at all. Everybody's sent out of County. I would hope there's parity between children's services and adult services. And the other point I'd like to make out too is that we do need balance. There is probably a need for a locked facility, but I'd also like to point out 7th Avenue is a locked facility. It has 90+ beds and probably only 10% or 15% of those beds are in County residents. 10 or 15 beds out of 90 are being filled by Santa Cruz residents. So there's plenty of locked facility capacity at 7th Avenue. And the other point on that too is why are we importing clients into this county with our current budget situation.

13) Robert Ackerly. 95% of all mental illnesses and diseases is due to the lack of vitamins and minerals. Doctors try and drug 700,000 people a year. Caffeine kills 20,000 people a year. Illegal drugs kill 4,000. Marijuana has never killed anybody. Alcohol and tobacco are killing over a million and a half. The air and the water are killing the most. Again their focus on drugs and all this and are not looking at the hospitals. Federal reserve bank and private organizations takes our money, charges us interest, creating debt. Since inception in 1913 they've funded every war we've had - both sides - Standard Oil furnished both sides with the chemicals to fly the planes. Rothchilds funded every war since Napoleon. If you look on you \$5, \$10, \$20, \$50, and \$100 bills. Fold them in half where it says in god we trust and put them together you can see the destruction of the twin towers. If you look on the front seal in latin you see New World Order. Roosevelt's seal that he put on there, if you put a double pentagon on there it'll say Masons. They're working us big time. They're under investigation right now under the new American world order that nobody knows about. So you're not going to get any funding. This whole thing is set up by the CIA, the mind control, shock treatment versus compassion, reaching out and embracing everybody. There's a thing to take away our constitution, bringing foreign troops on our soil, we're all under investigation for treason under the Regal Act. Our justice system is compromised. So we need to take our assets in this county and not give them any more and create what we want here and not react to their thing. But that's on a whole different level. So you people who are drinking coffee, if you're not taking holistic, naturopathic stuff, you're not going to heal. You can go see Dr. Randy Baker right here in this county and he can heal any of this stuff. And they give you IVs of vitamins that by-pass your digestive system because we don't store it. Blocking out the sunshine so we're not getting our vitamin D, our crops aren't. So this is a conspired thing by Turner and Rothchild and those people to eliminate 90% of the population. In fact they've stated this over and over and it's public record. You can go to the George stones and it's written on the pyramids. So we can sit here and play candy coated fu-fu or we can get down to the facts. What are we going to do and how are we going to heal our community? Not just our mental health people, but our veterans. They're spending \$15 million processing one guy in mental health facilities up and down the coast. I got all the facts. \$15 million putting him in these jails and these lockdown facilities. And it's not helping him. He's been saying I want naturopathic healing and they won't give it to him because they're working for the pharmaceuticals. NAMI is under investigation right now for racketeering and taking bribes from pharmaceutical companies.

14) Ginny Gomez. Well, the first thing I'd like to say is I would like to copy all the comments and I'd like to review as a Board and for the clients to hear the conversation at the meeting in Watsonville and here. And I do appreciate everybody coming because it's going to take all of us working together. You know we will have to, when I took everybody to - we had the opportunity to go -the California Network of Mental Health Clients and there were eight of us - people who had never had the opportunity to go. We are not where we could be and I believe that we need to educate and empower people. As a community we need to educate, we need to know more about the medications, the serious side effects. We're not really told; we're not really given information so we can know what will happen. It is true. I've talked to people all the time and they've told me they've had to have operations and how the medication has affected them. It really dumbs people down. You know, if it works for you, do it. We need to have the opportunity to have quality of life. It's from one drug to another. If it works for you and you have that choice, but you have to have the choice. We had the Mental Health Fair, we did it because we heard about suicides and we really wanted to have a place where people could come and hear about other alternatives to medications. I went to the memorial of a few people - one of my close friends committed suicide. So it was really difficult over the holidays to see what people go through. And I've had family members being in the hospital, taking the medications. It's really, really serious. And I guess what I want to say is everyone wants quality of care; we want quality of life. The organization, COPA - how can you prosper if you're not given the opportunity to move ahead. You know, we have a lot of places here that are more like holding storages. We want to really

move ahead and help people with each step so when you go through a transition when you're a teenager and you may have an addiction. But you need to be supported and not given a medication to dumb you down. You need some cognitive therapy and some other ways to work with people to help them. I guess a few years ago when I got on the Board, Paula Comunelli had the Mental Health Summit. She wanted to change things. She wanted to bring everybody together. Let's all get together to talk about housing, health care. What can we do to make a difference? Let's tell our stories and we're telling our stories and the truth comes to the top. The truth always comes to the top. People want better choices and better care. I want to work together with everybody right now and always. We always need to work together. At the Health Fair, we had psychiatrists come from out of the area. And they said we're doing both. We're offering western medicine and alternative. So I want to see – Prop 63 says let's stop doing what we've been doing. Let's think outside the box, let's do things we haven't done before. Client and family members – get your records and review them and see if that's what you want. Understand what you're taking and ask questions.

- Joan McVay; we welcome your emails, written letters and continued input. Motion to adjourn John Laue seconded the motion.
- **Adjourned 5:00 p.m.**