

MINUTES

Thursday, November 20, 2003

First Steps Meeting Room

5:30 p.m.

1. Call to Order

In the absence of Chairperson Laurie Dennis, Board Secretary Alma Amaya called the meeting to order at 5:45 p.m., and welcomed everyone to the meeting, including guest speaker Rick Bingham, the Forensic Mental Health Specialist for Sutter-Yuba Mental Health Services.

2. Roll Call

Board Secretary Amaya called the roll and the following Board Members were present:

Charles Clement, Margery Hubbard, Teri Jackson, Kay Joseph, Keith Pinckney and Alma Amaya.

The following Board Members were absent:

Roberta Graham, Vice Chair Terry Single and Chairperson Laurie Dennis

The following Board Members were excused:

Yuba County Supervisor Mary Jane Griego, Sutter County Supervisor Jim Whiteaker, and Patricia Stutte

3. Action Items

- a. Meeting Minutes of October 16, 2003
- b. CALMHB/C Dues for 2003-04

Due to a lack of a quorum the action items could not be considered.

4. Program Presentation

In the absence of the Adult Program Manager, Laura DiBartolo, the Forensic Mental Health Specialist, Rick Bingham, was called upon to review the ConRep Program. The Forensic Conditional Release Program (ConRep) is the Department of Mental Health's statewide system of community-based services for specified forensic patients, he said. Mandated as a state responsibility by the Governor's Mental Health Initiative in 1984, the program began operating on January 1, 1986; with the goal to insure public protection and to provide treatment for offenders in the criminal justice system that have a mental health history.

Referencing information distributed, Mr. Bingham said the clientele served are typically young males (77% are 18-44 years old) with severe mental disorders and who have committed a violent felony. They have moderate arrest histories (5.5 average prior arrests) and most (885) have entered from state hospitals. Many are well known to local mental health providers in their home counties, having been in and out of treatment. Seventy percent (70%) have been served by the community mental health system during the two years prior to judicial commitment.

Continuing, Mr. Bingham said there were generally three types of commitments seen in the program, the first “Not Guilty By Reason of Insanity”, which means that the individual has committed a crime, which is usually fairly violent. At trial the individual is found to be not guilty due to a mental health illness and is sentenced to a state hospital rather than a state prison. If after a period of time, treatment appears to have helped their mental condition and it is thought they could be treated on an outpatient basis under the auspices of ConRep, they are released from the hospital and fall under the supervision of the ConRep program. Currently, he said, he has five clients in his ConRep Program, four of which who fall under this commitment.

The second commitment he said is called MDO (Mentally Disordered Offender). This is a person who commits a crime and is found guilty and sentenced to state prison. In the prison system they receive psychiatric treatment and if they meet certain criteria, can as a condition of parole be released to a state hospital. This person will remain the hospital until either their parole ends or ConRep feels they are ready to be release under the supervision of ConRep. Mr. Bingham said he has one client who falls under this commitment. Currently, he said, there are three different hospitals that have 15 or 16 of his clients, and in all likelihood, there will be 2 coming out under the MDO commitment within the next few months.

The third commitment, which is not seen often, is the “Incompetent to Stand Trial”. This is generally a person who commits a crime and because of a mental illness cannot face the charges are deem incompetent to stand trial, and are subsequently treated in a state hospital. If they are returned to competency in the state hospital, they are then returned to the judicial system.

ConRep clients committed to the ConRep program must agree to follow a treatment plan designed by the outpatient supervisor and approved by the courts, which include a full range of mental health services, including individual and group therapy, collateral contacts, home visits, medication, substance abuse screening and psychological assessments. Furthermore, he said the Department of Mental Health has developed performance standards for these services which set treatment levels and supervision for all ConRep patients.

In concluding his presentation, Mr. Bingham referenced the success rate of the ConRep program, by noting that research has shown that 27% of persons released from state hospital without going to ConRep re-offend within two years. ConRep patients have a very low level of re-offense (6%) and generally demonstrate significant improvement in social support and independence ratings after one year of ConRep community treatment.

Following his presentation, the Director of Mental Health fielded a number of questions, including the types of medication used for ConRep patients; length of time spent in the ConRep Program; and miscellaneous housing issues, among others. In conclusion, the Board thanked Mr. Bingham and Ms. Hoss for a most interesting presentation of this program.

5. Mental Health Director's Report

Client Holiday Party: The Mental Health Director Joan Hoss reported that the Annual Client Holiday Party was scheduled for Thursday, December 11, 2003, from 3:30 p.m. to 7:00 p.m. This event, she said would be held at the Veteran's Hall and subsequently extended invitations to the Board to attend.

Mental Health Initiative: As previously announced, Ms. Hoss said that a Mental Health Initiative was being pursued for the November 2004 General Election. This initiative, if passed, would impose a tax on incomes over \$1 million and provide funds to counties to expand services and develop innovative programs and integrated service plans for mentally ill children, adults and seniors. Subsequently, she distributed information regarding the Mental Health Services Act and noted that while she could not lobby for the initiative, urged the Board to review the materials and the campaign. In response to a question posed by Board Member Pinckney about the timing for promoting the initiative, Ms. Hoss said this campaign came out of the Mental Health Association whose purpose was to educate and advocate for mental health services.

Adverse Outcome Issue: Referencing a recent newspaper article, Ms. Hoss said that while she was not at liberty to discuss the specifics of the issue, did say that she could describe the legal constraints under which Sutter Yuba Mental Health operates. Subsequently she reviewed with the Board the protocol staff follows when evaluating clients who arrive at the Crisis Clinic. In response to questions posed, she defined the difference between a voluntary admission and an involuntary hold (5150); and the protocols and procedures followed when accessing all clients, which included prevalent risk factors, presence, history, and other documentation issues. In response to a question posed by Board Member Pinckney, Ms. Hoss said the processes and protocols followed after any incident is always reviewed following an adverse incident.

7. Public Comment

There was not public comment offered.

8. Old Business

There was not old business discussed.

9. New Business

a. **Board Committee Appointments:** Due the absence of the Board Chair, this subject would be deferred to the January 2004, meeting.

b. Revised Presenter Format: Attention was directed to the newly revised presentation outline which now provided room for Board follow-up tasks.

c. Mental Health Board/Commissions Regional Training Dates in 2004: Reference was directed to the Mental Health Board Regional Training schedule provided. Any Board Member wishing to attend one of the trainings was encouraged to follow-up with the California Institute of Mental Health to register.

10. Announcements/Correspondence

There were no other announcements or correspondence.

11. Adjournment

There being no further business, the meeting was adjourned by the Chair at 4:45 p.m.

The motion was seconded by Board Member Pinckney and carried by a unanimous voice vote of the members present.

Respectfully submitted,

Jean Stump
Executive Secretary