**PEER COUNCIL**

**MEETING AGENDA**

**June 20, 2023 | 2 to 3:30 p.m.**

**33 members**

1. **Welcome** (Faeth Jackson)
* Welcome!
* Pride month/Icebreaker
	+ 2SLGBTQIA+ Mental Health Advocates
		- Kay Lahusen
			* Helped declassify homosexuality as a mental illness with the American Psychiatric Association
		- Audre Lorde
			* Wrote essays on the importance of self-care as a black feminist queer mother.
		- Juan Acosta
			* Attended the White House’s first Mental Health Youth Action Forum
		- Blair Imani
			* Has a web series “Smarter In Seconds” that teaches people about important concepts regarding mental health, the queer experience, and social justice.
1. **Review of Meeting Summary** (Sten Walker)
2. **Council Updates** (Sten Walker)
* Our first co-chairs:
	+ Mary Jo O’brien (MH)
	+ Robert Forte (SUD)
* New Seat: Isaac Lara (MH)
	+ Graduated from UC San Diego with a Master’s in Global Health
	+ TAY Focused
	+ Did a lot of research on the role of peer support in mental health and created a peer support program at UCSD
* Representatives to attend other councils to be assigned soon
1. **Future of the Council Discussion**
* How would people feel about a biannual in-person/hybrid meeting?
	+ General consensus seems positive toward hybrid quarterly or biannual council meetings. The possibility of shadowing the California Behavioral Health Planning Council Meetings was also brought up if the hybrid meetings were quarterly. <https://www.dhcs.ca.gov/services/MH/Pages/CBHPC-PlanningCouncilWelcome.aspx>
* A half-hour social/discussion time before each meeting?
	+ General consensus seems positive
* What would you like to see from the webpage about this council?
	+ Many different ideas were brought up.
		- Making sure that our mission statement is displayed for everyone to see.
		- An up to date log on what is happening in advocacy for behavioral Health in California
		- Updates on Council movements
		- Creating a monthly/quarterly newsletter
		- Contact Us form where you can email/call and get in touch with a live person
1. **SB43/CARE Court Discussion**
* Anita Fisher
	+ Background
		- Director of education at NAMI for 10 years. Under that program, oversaw the development of the career pathways and behavioral health program. Appointed by governor Newsom to be on the state council on criminal justice and behavioral health
		- A family member has lived with serious mental illness for the last 22 years
		- Presents the NAMI family to family course
	+ Anita’s Stance
		- Advocating for better treatment for those who have the most severe mental health issues
		- Due to anosognosia and a voluntary only system, not everyone is getting the help that they need
		- Care Court isn’t a perfect solution but it has already improved since the legislation was first introduced. Right now, this is a starting place.
			* Everyone should have a voice in how this is implemented.
		- Due to past experiences hearing family feedback in support groups, it seems like SB43 is something that is needed.
* Josh Roberts
	+ Background
		- Born and raised in South Africa.
		- Previous involuntary hospitalizations due to mental health struggle.
		- Worked with NAMI San Diego to work with treatment resistant individuals.
		- Working with CALMHSA to help write the next peer support specialist exam
	+ Stance
		- CAMHPRO is advocating against SB43 and CARE Court
		- Due to previous experiences, has seen that forcing involuntary help puts people off the behavioral health system in general.
		- Agrees that Care Court could be a starting point or a work in progress, however, implementing it might just make things worse.
		- This legislation is scape-goating the mental health population in order to address homelessness and crime. The negative symptoms are a societal result.
		- If we approve these measures, it’s the beginning of a slippery slope toward more authoritative measures.
		- If we listen to peers and those who deal with mental health illnesses, it can help everyone.
		- Anosognosia is defined in the DSM 5, however, how we understand it has changed overtime.
	+ Josh’s Potential Solution
		- With extra funding in behavioral health, peers could be hired to help work with affected clients. This extra funding could also help the creation of more soteria houses.
* Q & A
	+ Question: How will Care Court address people living with dementia who may experience severe mental health symptoms?
		- *Anita’s Answer: San Diego is one of the pilot counties launching Care Court on October 1st. I’m not sure of the exact mental health qualifications for Care Court but I do know that someone cannot randomly get a person who deals with a mental health disorder and put them into the system. There are a list of checks and balances written into this legislation. They will be represented by an attorney and patient advocates.*
	+ Question: Is Care Court similar to drug court, but for those who have mental health challenges?
		- *Anita’s Answer: There is a behavioral health court as well and Care Court will work along those lines. There will always be legal representation for the people affected, however, I don’t know exactly what it will look like.*
		- *Josh’s Answer: In my experiences in behavioral health court, I’ve dealt with all the judges and attorneys getting paid from the same source. This means that they all knew each other and there was a common worldview between all the people involved. It made it harder for me to vouch for myself. I’m not saying that this is how Care Court will be. It’s just a worry of mine. I think a way that it could work is if we specifically had peers as advocates for those affected.*
		- *Anita’s Response: I’m pretty sure that is a new update to this legislation. The HHSA stated that the individual can appoint who represents them. It’s not automatically a family member. With all of this, this is not a long term solution.*
		- *Peer 1 Response: I have a family member who deals with severe mental issues and I wish that Care Court was something that existed when I was helping them try to get support. The family should be able to have a say in order to help those affected. We have a system similar to this for those who deal with Alzheimer's and Dementia. And the conservatorship model has worked for them. Care Court is for a very specific population and it isn’t permanent.*
		- *Peer 2 Response: Anita, I work the warmline and I hear from family members all the time. From what I hear, Care Court will only affect those with schizophrenic psychosis. Is that correct?*
		- *Anita’s Response: When someone is unable to make a decision about their own mental healthcare, Care Court will be an option. I don’t think it’s specifically a schizophrenic diagnosis. I know that other mental health conditions have types of psychosis that might be able to qualify for Care Court.*
		- *Peer 2 Response: Regarding SB43 and conservatorship, when you put someone on a conservatorship, you’re taking their rights away. They don’t have the right to vote, where they live. From what I understand, there are now 27 categories of people who can now declare you or petition the court and get you into a conservatorship. The big issue that I’m seeing is not that people have these conditions, but that people can’t get help from services. We need to push funding specifically into treatment. I completely agree with Josh’s comment about needing more Soteria houses. I have a vision where we take these abandoned apartment buildings that you see around San Diego, and we turn it into a place where you can teach job skills and how to take care of oneself.*
	+ Peer Comment: I appreciate all the perspectives shared. As a person with lived experience who is also a parent, I understand the love and desire to help that family members have. However, anytime we are taking away someone’s autonomy we have to be really careful. It’s very easy to take those rights away and very hard for someone to regain them. If we need to do this, people with lived experience need a voice in how this is implemented.
	+ Peer Question: I work in patient care and am also a peer. With my research, I’ve learned that SB43 is having those affected go into care centers. Do we even have the infrastructure for this or are we going to be providing these care plans with people still living on the streets?
		- *Anita’s Answer: It’s in my understanding that those affected will have a say in their care plan. It is client centered. Perhaps crisis houses will be our answer. When I look at this plan, I’m not reading it as everyone’s going to be placed on a conservatorship. This is very short term and those affected will have to work a program in order to regain that autonomy.*
1. **Advocate Highlight** (Faeth Jackson)
* Advocacy Training
	+ Next training: June 30, 2023 2:00-4:00 PM
* Advocate Highlight
	+ Faeth Jackson
1. **Community Updates Feedback Forms, Applications, Conclusion** (Sten Walker)
* Community Partner Updates
* Feedback for what you would like to see
* Segment suggestions
* Constituency suggestions
* Any suggestions!
* Thank you, and we look forward to hearing more from you next month

Next Council Meeting:

July 18, 2023 2:00pm – 3:30pm