



CONTRA COSTA
MENTAL HEALTH
COMMISSION

1340 Arnold Drive, Suite 200
Martinez, CA 94553

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cchealth.org/mentalhealth/mhc

**Mental Health Commission
Justice Systems Committee Meeting
Tuesday, July 26th, 2022, 1:30-3:00 PM**

Via: Zoom Teleconference:

<https://zoom.us/j/5437776481>

Meeting number: 543 777 6481

Join by phone:

1 669 900 6833 US

Access code: 543 777 6481

AGENDA

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. Chair comments**
 - **New committee members and possible meeting schedule/time change**
- V. APPROVE minutes from the June 28th, 2022 Justice Systems Committee meeting**
- VI. RECEIVE Status Update on Behavioral Health at the Juvenile Detention Center, Steve Blum, LMFT, Program Manager, Contra Costa Mental Health and Probation Services**
- VII. DISCUSS and generate a list of the data we would like Detention Health to collect on Mental Health Diagnosis in the Detention Center (see email attached) for our future Zoom meeting with Detention Health.**
- VIII. RECEIVE report on Report on Martinez Detention Facility (MDF) Tour, May 24, 2022, Commissioner Geri Stern**
- IX. REVIEW Conservatorship concerns and DISCUSS issues that need to be addressed (see 'talking points' attached)**

(Continued on Page Two)



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X. REVIEW/DISCUSS letter to the Board of Supervisors regarding the motion for a State-level Director of Conservatorship

XI. Adjourn

ATTACHMENTS:

- A. Talking points**
- B. Email Response from Lavonna Martin dated June 8, 2022**
- C. Report on Martinez Detention Facility (MDF) Tour, May 24, 2022**
- D. Letter to BOS re Justice Systems Motion: State Level Conservatorship Director**
- E. Motion and Vote Tally re: State Level Conservatorship Director**

Justice Committee Meeting
Tuesday June 28, 2022
Agenda Talking Points

Agenda Item VI

Commissioner Barbara Serwin's letter to the Board of Supervisors in light of Suzanne Tavano stating to Jen Qualick (that our Motion is not helpful to appoint a Director of Conservatorship). Review letter from Commissioner Serwin.

Agenda Item VII

What happens when a Conservatorship fails?

- Is there a check-up after the first week, then the first month and then every quarter for the first year?
- What happens if it is obvious that support was removed too soon?
- Allowing the person to have to completely re-enter the process puts the person in very dangerous situations.
- What is the "Stepdown Process" when released from Conservatorship?
- Where does a family go for advice on Conservatorships?
- Can we find a way to fund the office of the Public Guardian? It's an unfunded mandate. How do we fund it?

Having a "Stepdown Process" that enables the safeguards of Conservatorship to be re-established quickly will enable someone who has been conserved to quickly re-enter secured treatment.

Agenda Item VIII.

What use of data can we agree upon now that Detention Health has agreed to collect "some data on Mental Health Diagnosis in the Detention Center

Agenda Item IX

Commissioner Douglas Dunn's topics:

For persons who were on Conservatorships (T-con or 1-yr. Renewable) and were not doing well and there was no other civil locked facility place temporarily for them, MDF was increasingly being used as the "easy button" to location to take and receive such persons, especially for the F and M wards This was according to Lt. Betram of MDF). This at least partially speaks to the 2,000+ Incompetent to Stand Trial (IST) persons "logjam" for beds at CCBHS contracted state hospitals. This also directly speaks to the BHCIP need for a 100 bed multi-level in-county locked Mental Health Rehabilitation Center (MHRC) for both returning:

- Criminal justice LPS Murphy Conservatees (5-7), Misdemeanor IST (MIST--22) and Felony IST (FIST--60+) persons.
- Civil law "Gravely Disabled" persons on 1-yr renewable conservatorships currently at Napa State and Metropolitan State Hospitals (at least 20 persons) plus the other 100-130 Civil law T-Con and 1-year Renewable Conservatees currently in out-of-county contracted facilities.

Agenda Item X.

What is the status of the Juvenile Detention center? Steve Blum, the new head of Juvenile Detention, has been invited to next month's meeting.

RE: Letter to those who care about Behavioral Health in our County Jail System

Lavonna Martin <Lavonna.Martin@cchealth.org>

Wed 6/8/2022 3:49 PM

To: Geri Stern <geristern@gmail.com>

Cc: Rajiv Pramanik <Rajiv.Pramanik@cchealth.org>; Suzanne K. Tavano <Suzanne.Tavano@cchealth.org>; Anna Roth <Anna.Roth@cchealth.org>; lesile May <may.leslie@ymail.com>; douglasdunn1@outlook.com <douglasdunn1@outlook.com>; Joe Metro <jmetro3@icloud.com>; Yanelit Madriz Zarate <yanelitnz@berkeley.edu>; Gina Swirsding <gdm2win@me.com>; Laura Griffin <nynylag@att.net>; Angela Beck <Angela.Beck@cchealth.org>; David Seidner <David.Seidner@cchealth.org>; jen.quallick@bos.cccounty.us <jen.quallick@bos.cccounty.us>; Candace Andersen <candace.andersen@bos.cccounty.us>; John Gioia <john.gioia@bos.cccounty.us>; Supervisor Diane Burgis <supervisor_burgis@bos.cccounty.us>; Jill Ray <jill.ray@bos.cccounty.us>; tcpasquini@gmail.com <tcpasquini@gmail.com>; Lauren Rettagliata <rettagliata@gmail.com>

Good afternoon, Commissioner Stern.

Thank you for your email. Contra Costa Health shares the Commission's desire to ensure incarcerated individuals with behavioral health issues receive the care, treatment, and community support they need prior, during, and after they leave our detention facilities. We will review your requests for information and determine whether there is information we can provide in response, consistent with our legal obligations and technological capabilities.

Warmest regards,

Anna Roth, RN, MS, MPH
Health Director

Suzanne Tavano, PhD
Behavioral Health Director

Lavonna Martin, MPH, MPA
Deputy Director

Lavonna Martin, MPH, MPA
Deputy Director
Contra Costa Health Services
(925) 957-2671
www.cchealth.org

From: Geri Stern <geristern@gmail.com>

Sent: Tuesday, June 7, 2022 5:43 PM

CC: Rajiv Pramanik <Rajiv.Pramanik@cchealth.org>; Lavonna Martin <Lavonna.Martin@cchealth.org>; Suzanne K. Tavano <Suzanne.Tavano@cchealth.org>; Anna Roth <Anna.Roth@cchealth.org>; lesile May <may.leslie@ymail.com>; douglasdunn1@outlook.com; Joe Metro <jmetro3@icloud.com>; Yanelit Madriz Zarate <yanelitnz@berkeley.edu>; Gina Swirsding <gdm2win@me.com>; Laura Griffin <nynylag@att.net>; Angela Beck <Angela.Beck@cchealth.org>; David Seidner <David.Seidner@cchealth.org>; jen.quallick@bos.cccounty.us; Candace Andersen <candace.andersen@bos.cccounty.us>; John Gioia <john.gioia@bos.cccounty.us>; Supervisor Diane Burgis <supervisor_burgis@bos.cccounty.us>; Jill Ray <jill.ray@bos.cccounty.us>; tcpasquini@gmail.com; Lauren Re agliata <re agliata@gmail.com>

Subject: Letter to those who care about Behavioral Health in our County Jail System

Dear Fellow Commissioners, Supervisors and Supervisor Staff, and Other Colleagues Who Are Concerned With Individuals Involved With the Justice System That Have a Mental Health and/or Substance-Abuse Diagnosis:

I'm writing as Chair of the Justice Committee of the Contra Costa County Mental Health Commission regarding the collection of psychiatric/substance abuse diagnosis data from inmates at the West County and Martinez Detention facilities.

I have exchanged several emails with Rajiv Pramanik, in the IT Department of CC Health, regarding the collection of this data. Dr. Pramanik is not inclined to give an opinion on how to obtain the data without the inclusion of the Director of Detention Health. Therefore, I am including members of the Mental Health Commission and my Supervisor, to make a case for why this information is needed.

A couple of weeks ago, a group of Mental Health Commissioners and Board of Supervisors' staff visited the Martinez Detention Facility. We asked questions about the psychiatric evaluation process at intake, including the question of whether diagnoses are tracked. A Board of Supervisors staff member stated that this information is in the "electronic record". This was very surprising and exciting to hear.

For over two and a half years, the Justice Committee has been requesting that someone collect the diagnoses of those who are being admitted to the county jails and placed in the Behavioral Health modules. We want to know what types of psychological issues are driving people to either commit crimes or decide to commit a crime to get shelter or treatment.

Unfortunately, my Committee has been given many reasons why Detention Health cannot accommodate our request, including the catch-all reason of privacy issues. Now we know the data exists and we know that it is documented electronically. Since we are asking for data in aggregate, there are no privacy issues. **There should therefore be no legitimate reason why this data is not being provided.** Having other priorities is not a reason to deflect and ignore this request without being given a time when this information can be provided.

Diagnosis data is needed to obtain a clearer picture of what types of diagnoses are prevalent, which clients would have perhaps avoided ending up in jail if they had been Conserved or received appropriate treatment, and the bigger picture, of how we can better serve our citizens outside of the jail system. Without data, we have *nothing* to go on except hear-say and circumstantial evidence of the types of diagnoses that are most prevalent.

We are all aware that the office of the Public Guardian is an unfunded mandate, that there is not enough housing, and there is a substantial lack of in-patient psychiatric beds in our community and in the State. While these issues are being addressed with new funding, we still don't have any data on where this money could be better focused.

There seems to be a plan to build more housing, and create more treatment centers, but we don't know where the money should be directed because *we don't have the data*. If for instance, it is discovered that many of these individuals should have been Conserved prior to being incarcerated, *then we have a stronger case for directing more resources to the Office of the Public Guardian*.

With actual data, we can bring to our legislators concrete information on how to better address these issues rather than defaulting to building more treatment modules inside the jails. If we are ever to begin to fix our overwhelmed Mental Health system, we need to have the data that shows what are the most common causes of individuals landing in jail in the first place.

I am proposing a Zoom or Town Hall meeting to reach an agreement on our way forward leading to the collection and analysis of this critical data. With the resulting information in hand, we can build a road map that explores more deeply why and how individuals with a mental illness and/or substance abuse problem are entering the jail system, where they are coming from, and where and when they need treatment. Ultimately, it will inform more effective approaches to reducing entry into the Justice System and reducing recidivism.

Thank you and sincere regards,

Geri Stern

Chair, Justice Committee

Commissioner, District 1

Contra Costa Mental Health Commission



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Report on Martinez Detention Facility (MDF) Tour May 24, 2022

The following questions were posed and answered by Lt. Jose Beltran regarding the facility. All persons on the tour were tested for Covid-19 prior to entry into the facility and tested negative.

1. How many inmates are booked every month at MDF who have a Behavioral Health/Substance abuse Diagnosis?

Per medical; an estimated 50 inmates a month with a Substance Abuse Diagnosis, and estimated 25 with a Behavioral Health and Substance Abuse Diagnosis

2. How many inmates are in your F module and are any of them suffering from Mental Health disorders?

There are approximately 47 inmates currently on F-Module (males and females). Estimate 39 inmates on F-Module have a Mental Health Disorder.

3. What is the module that houses female inmates?

West County Detention Facility (WCDF) houses general population and other security classified female inmates not requiring mental health services. F-Module and M-Module house female inmates with Mental health disorders regardless of their security classification.

4. How many female inmates do you typically have per month.

We have a monthly average of 20 female inmates at the MDF and 60 at WCDF.

5. When will M-module be ready for occupancy, and will inmates be allowed to get fresh air outside for recreation?

M-Module opened to inmates in April (2022) and is currently occupied with 16 inmates (13 males / 3 females). All inmates in the housing unit have access to the recreational yard (open air) during their free time out of their cells.

6. Which inmates are transferred to WCDF after they are booked at MDF? How long do they typically stay before they are transferred? Are there any criteria you use for transfer to WCDF?

Inmates that are considered minimum or medium security, Protective Custody, and Female Inmates are housed at the WCDF. General population (GP) inmates and Female inmates are typically transferred within 24 hours of being booked. Protective Custody (PC) inmates complete quarantine for 10 days at the MDF prior to being transferred to the WCDF. Inmates housing is determined based on charges and history.



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7. Are the female and male inmates on F- and M-modules separated or do they cohabit together?

The females and males are separated. Our policy prohibits cohabiting of males and females. There is a physical barrier (walls) with a door separating the male cells from the female cells. Males and females are also not allowed out of their cells together at any time.

In general, the facility appeared clean and well managed. Inmates we saw on all units appeared to be under control. We were taken on a tour of the “sobering unit” as well, and given tours of rooms where inmates could be monitored for DT’s or Suicidal ideation. These areas were clean and appeared to be maintained in a hygienic manner.

Respectfully submitted,

Geri Stern, District 1 Commissioner

Chair, Justice Committee
CCC Mental Health Commission



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July 1, 2022

Dear Board of Supervisors,

I am writing to you as the Chair of the Mental Health Commission (MHC) to bring to your attention a motion that was passed by the Commission's Justice System Committee on February 22, 2022 and by the full Commission on March 2, 2022. The motion requests an addition to the Board of Supervisors (BOS) legislative platform that will introduce oversight of *Lanterman-Petris-Short (LPS) conservatorships at the State level by the establishment and funding of a State-wide Conservatorship Director. My purpose is to urge you to support the motion and to forward it to the BOS Legislative Committee for consideration.

MOTION

Here is the motion:

"Advise the Board of Supervisors to add to its legislative platform the goal that the State appoint and fund a Statewide Conservatorship Director, whose job it would be to provide uniform guidelines to all counties in the state, under which all counties would operate and conform. The position should be funded and mandates that the State require of the Office of the Public Guardian should be funded."

The motion was passed by the MHC unanimously, 12 to 0, with no abstentions.

RESEARCH

This motion grew out of a year-long evaluation by the MHC's Justice Committee of the Contra Costa County Conservatorship Program in 2020-2021. The Commission was already very aware from Commissioner personal experience and from experiences shared by family members and care-givers in the community that there were serious challenges to obtaining, monitoring and safely exiting conservatorships. The Committee decided to evaluate the County's Conservatorship program when it heard testimony regarding the tragic story of yet another family failing to obtain a conservatorship for their young daughter who was gravely disabled from mental illness and who had a concomitant physical health problem that also needed to be addressed immediately.

The evaluation was conducted through interviews with staff from departments involved in the Conservatorship process (Behavioral Health Services, the Office of the Public Guardian, the Public Defender's Office) and families and other care-givers. The only group that the Committee did not speak with was the Judicial Court that oversees Conservatorships or County Counsel (judicial staff



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could not be scheduled despite multiple attempts to reach them). The Committee was able to get different constituencies in the room together, possibly for the first time, which resulted in very fruitful conversations.

Research culminated in a presentation by Dr. Alex Barnard from New York University on his 2021 comprehensive and authoritative analysis of the state of Conservatorships in California entitled: *Absent Authority: Evaluating California's Conservatorship Continuum*. Dr. Barnard's research showed that the challenges of Contra Costa's Conservatorship program were to be found in counties all over the state. Dr. Barnard recommended fixing the over-arching problem of an "Absent Authority" by establishing a state-wide position for overseeing all Conservatorship programs.)

FINDINGS

A major finding of the interviews and group discussions was the near unanimous belief that the County's Conservatorship system is inadequate, if not deeply flawed. There were the constant themes of a lack of communication, coordination, accountability, consistent policies and procedures, recourse for families who are not receiving adequate care for their loved ones, and an overwhelmed system of care deeply impacted by the lack of appropriate placements (treatment beds) for conserved clients. Staff were ready and committed to do their part but they were failed by the system structure.

The County system, moreover, exists within a broader system of counties that provide our County with placements. Without an inventory of suitable placements, Contra Costa County must place ALL of its conserved clients out of county, which introduces yet another layer of problems. The process of finding placements for Contra Costa clients in another county, monitoring these clients, and discharging these clients is tremendously challenging. The Committee learned that incomplete communications and information transfer across county systems often leaves providers, conservators, family members and conservatees in the dark. They often lack information about a client's status as a conservatee, a client's mental health history, and what would be appropriate discharge plans. Clients are sometimes discharged without the Conservator even being notified. Imagine the breakdowns that occur when two counties must coordinate but don't have compatible communication, policies and procedures, data tracking, mandates and authority, and other critical infrastructure for supporting conserved clients.

The fundamental drivers of these deep and systemic problems are primarily 1) the lack of a state-wide oversight role with responsibility for the success of county Conservatorship programs; and 2) the lack of explicit state or federal funding for county Conservatorship programs. Without a state-wide authority for county Conservatorship programs, there won't be the common infrastructure, regulations, and best practices in place to ensure successful programs. Without adequate funding to fully staff departments involved with coordinating and managing Conservatorship programs, the promise of providing treatment and care to the gravely disabled will not be met.

There are, of course, other issues that torpedo Conservatorship programs. There is a severe lack of appropriate placements; insurance companies have decreased reimbursements to providers to the extent that providers switch their businesses to more profitable opportunities; lower profitability results in the common occurrence of conservatees being pushed out of their placements before they are ready, then decompensating and ending up back on the streets or in jail; providers have too much control over who they accept, cherry-picking the easiest conserved clients to deal with; there is inconsistent interpretation of what the criteria is for granting an LPS conservatorship; and more. Granted, it is a complicated picture.

RECOMMENDATION

The place to start, however, is at the top. A funded, state-level position that oversees Conservatorships in California is the first step. This role must provide accountability and responsibility for putting all of the elements of a successful Conservatorship administration into place. This position can make the case for the essential funding of the county Conservatorship programs.

People really do die when they can't get or keep a conservatorship in a timely way, or when their conservatorship fails due to faulty communication, incomplete information, or an inadequate placement. Please join the Mental Health Commission in advocating for a California State-wide Conservatorship Director.

Thank you for your consideration.

Sincerely,

Barbara Serwin,
Chair, Mental Health Commission

and

Commissioner Geri Stern
Chair, Mental Health Commission Justice Systems Committee

*Lanterman-Petris-Short (LPS) Conservatorship is the legal term used in California which gives one adult (conservator) the responsibility for overseeing the comprehensive mental health treatment for an adult (conservatee) who is gravely disabled (as defined by the subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008 of the California Welfare and Institutions Code.

**February 2, 2022 Mental Health Commission Meeting
Agenda Item VII: MOTION**

Advise the Board of Supervisors to add to its legislative platform the goal that the State appoint and fund a Statewide Conservatorship Director, whose job it would be to provide uniform guidelines to all counties in the state, under which all counties would operate and conform. The position should be funded and mandates that the State require of the Office of the Public Guardian should be funded.

Cmsr Moving to Approve: Cmsr. Leslie May

Cmsr Second Motion: Cmsr. Graham Wiseman

Vote:

Chair- Cmsr. Barbara Serwin, District II	Aye
Vice-Chair, Cmsr. Laura Griffin, District V	Aye
Cmsr. Candace Andersen, District II	Aye
Cmsr, Douglas Dunn, District III	Aye
Cmsr. Kathy Maibaum, District IV	Aye
Cmsr. Leslie May, District V	Aye
Cmsr. Joe Metro, District V	Aye
Cmsr. Alana Russaw, District IV	Absent
Cmsr. Rhiannon Shires, District II	Aye
Cmsr. Geri Stern, District I	Aye
Cmsr. Gina Swirsding, District I	Aye
Cmsr. Graham Wiseman, District II	Aye
Cmsr. Yanelit Madriz Zarate, District I	Aye

Votes: 13-0-0

Abstain: None

Notes/Future Action: