

**MENTAL HEALTH COMMISSION
JUSTICE SYSTEMS COMMITTEE MEETING MINUTES
April 18th, 2023 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Committee Chair, Cmsr. Geri Stern, called the meeting to order at 3:35pm <u>Members Present:</u> Cmsr. Geri Stern, District I, Committee Chair Cmsr. Pamela Perls, District II, Committee Vice Chair (Lft 4:38pm) Cmsr. Gina Swirsding, District I Cmsr. Tavane Payne, District IV <u>Guest Speakers</u> Lavonna Martin, Director of Dr. Suzanne Tavano, Behavioral Health Services (BHS) Director <u>Other Attendees:</u> Marilyn Cachola Lucey, Deputy Director, ASM Bauer-Kahan & First 5 California Cmsr. Barbara Serwin, District II* Angela Beck Jennifer Bruggeman Teresa Pasquini Christy Pierce (Public Defender’s office) Jen Quallick, (Supv Candace Andersen’s ofc) Lauren Rettagliata *off screen/nonparticipatory due to quorum restrictions</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS: NONE.</p>	
<p>III. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> (Gina Swirsding) Speaking on behalf of West County and the Children living in our District. Federal Glover’s District V, in Antioch, we have received funding that they are going to improve (in the schools) and help with mental health. The main issue in our area is regarding trauma. It is a huge concern for me because a lot of our kids that end up in Juvenile Hall have experienced trauma. There are diagnoses of severe PTSD (post-traumatic stress disorder), they have a tendance toward revenge, plus there are issues of bullying, etc. I would like to know more about the numbers of youth in juvenile hall from west county and east county, the diagnosis as many have issues of trauma. I would like to have Steve Blum update us on a regular basis. Still upset about the ranch closing. 	
<p>IV. COMMITTEE CHAIR COMMENTS:</p> <ul style="list-style-type: none"> I spent, at least 2 hours this weekend, going over the Department of HealthCare Services (DHCS) website regarding the MediCAL Waiver and it is clear that there were hundreds and hundreds of pages to comb through. Frankly my eyes just glazed over. It was way too much information and so many details. I feel that if our role to is to advise the board of supervisors (BOS) and others in behavioral health services (BHS), we need to be better informed on this informed on this aspect which is going to become very important and front and center for a lot of treatment in our county. I think we need a workshop on this. It is 	

<p>HUGE! There are so many aspects to it and limitations and caveats. I was very overwhelmed and concerned.</p>	
<p>V. APPROVE minutes from March 21st, 2023, Justice Systems Committee meeting:</p> <ul style="list-style-type: none"> • Cmsr. Gina Swirsding moved to approve the minutes as is. • Seconded by Cmsr. Tavane Payne <p>Vote: 4-0-0 Ayes: T. Payne, P. Perls, G. Stern, and G. Swirsding</p>	<p>Agendas/minutes can be found at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DISCUSS Behavioral Health Bridge Housing (BHBH) Program work in Los Angeles (LA) County and its implications for Integration with Care Court in Contra Costa County (CCC) with Lauren Rettagliata and Teresa Pasquini</p> <p>Teresa spoke briefly about her family/son’s lived experience and the need for bridge housing; however, due to HIPAA privacy laws, a portion of the testimony has been left out of the minutes. I thank you, Cmsr. Stern for recognizing the need to learn all of this because there is so much information and it does make your eyes glaze over and when you have a child that is dependent on these waivers and this system, it is really a challenge.</p> <p>(Lauren Rettagliata) I am glad that Lavonna has joined us, because she knows probably more about housing than anyone here. Teresa and I know housing for those with serious mental illness (SMI). This is where Bridge Housing may not be the answer, just like Teresa stated, it is not going to be the answer to someone with serious addiction problems, along with psychosis and delusions. They are going to need much more support that is being envisioned through bridge housing. Our county is really, pretty much on top of this right now. Thanks to behavioral health administrations getting Roberta Chamber’s Indigo project, along with Kira (working with her on this). They are keeping us on the right track, as far as Bridge Housing and what we will have. We are getting approximately \$20m (\$5m can be used in the construction and/or the purchasing end of it) then \$15m will be used for the supportive services and administrative end of it. This is only for a three year period.</p> <p>What you need to do as a commission, is that you have to become very familiar with the care court legislation. It is up on the web (Leginfo) read, print out that document and you will learn what is in that document as far as what care court is envisioning, as far housing. When you see that bill, you’ll see the largest paragraph (largest section of that bill), is devoted to housing. Every single bit of that housing falls under H3 and into our coordinated entry system. Almost all of it, except for the ability to put people in adult residential facilities (ARS), were we supply a patch through MHSA (Mental Health Services Act), but the majority of housing in our County does go through that coordinated entry system. Also in that bill, you can see it speaks to housing for those who are recipients of Care Court. The Veterans. That is a whole other system. There are other systems at play beside the county system here. There is a veteran’s system. There is also privately insured systems. People who are insured by Kaiser, Summit, John Muir. How our county insure itself, that as Mental Health Commissioners, it is not just the county, you have got everyone under your auspices. How are you</p>	<p>Documentation on this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

going to call and ask for the other (those privately insured) that their insurance companies are also providing the type of housing they need, if they do go to Care Court and are deemed need that.

There is an element to Bridge Housing that has to do with Forensics (Marie Scannell) and is something need you all need to know about. *(Lauren spoke to the BHBH Slide show presentation from Roberta Chambers, which will be presented to the Finance Committee on Thursday April 20th).*

Bridge Housing is a small piece to the housing. Bridge Housing is for three years and is a good and substantial amount of money to ensure the services are in place. That is where the commission is going to need to become most familiar with. I'm sure the county is working really hard to do that, to ensure the services needed are there. The actual finding out what type of housing they are looking at and it is pretty much, open for purchase and old hotel, master leasing, but this money can also be used for vouchers. Remember, though, once the money is spent on a voucher, that housing is no longer in our inventory. There is master leasing and also the tiny houses. I know, at one time, Lavonna was working on the tiny house program (tiny homes) and their mostly lengthy discussion was on how these tiny homes (in Los Angeles) were going to be placed on a property that was also a shelter run by a community-based organization, that way those in the tiny homes would have 24/7 services attached because the shelter had people on site 24/7.

If you take Bridge Housing funds and place people in scattered sites, there is no one there for them on a 24/7 basis. Those are things that our county needs to think about. It wouldn't necessarily have to be tiny homes, but what are we going to ask our county to do as far as making sure those in this very precarious position (those waiting for permanent supportive housing to become available) how are we going to ensure they will be able to sustain themselves in this permanent supportive housing? Teresa spoke to her family situation, as well as mine. Once my own family member was placed with an FSP, within two years he refused to answer the door. There is not much anyone can do. It took almost 15 years and several death threats to myself and other administrators in the county that he was finally conserved. People should not have to get that sick, not be allowed to get that sick, before something is done to intervene. There are so many opportunities now and feel confident we are on some strong footing as far as bridge housing, but the question we need to ask is where/what is happening to our BHCIP (Behavioral Health Continuum Infrastructure Program) funds, and we will know that soon. And how do we merge all these things together so that we are doing the very best we can? How do we bring MHSA funds to supplement and pull down more federal participation funds?

What we need to do as citizens and commissioners is hold their toes to the fire and think harder and outside the box.

(Teresa Pasquini) Lauren and I are both on the steering committee for BHCIP with Cmsr. Griffin. I think Dr. Tavano explained she was going to expand that into this BHBH process. Lauren and I have been at two meetings for that process. I did not listen to the webinar yesterday but did view the slide show the other day. We (as stakeholders) did provide input what was best for our county. April 28th is the deadline to submit.

The message is we want to leverage the BHCIP programs that we will hopefully connect on with everything on the BHBH slides.

(Lauren Rettagliata) Responding to question in chat: So that you understand Housing that Heals is not an either or situation, it is and both. We understand that Housing First works for many but not all. Those with severe addiction problems, psychosis/delusions, and severe and persistent mental illness, they may at some point need more than Housing First. Housing First allows them to continue to use the drugs or other substances and it does not mean they have the right not to open the door and say no to the person checking on them. The one thing spoken about on the BHBH, they did place it in the Housing First. I believe, when in an ARF, it is structured (part of the agreement) that you lose your right to stay if you use drugs. It is in the agreement. I am sure in a lot of master lease situations that you must sign an agreement not to use drugs. It is the enforcement that is the issue.

They spoke to measuring success in Bridge and any housing program. We need to structure to ensure those licensed social workers and clinicians working with the behavioral health population that have persistent and severe mental illness know how to use the measuring tool used by the coordinated entry system so those in most need get first crack at housing. They also spoke (at BHBH) as to how they will be devising a tool to measure successful outcomes of those once they are in housing. These are things that are very important tools for our county to have in their 'tool chests' because you have got to know the outcomes in order to improve on those outcomes.

Comments and Questions:

- (Cmsr. Payne) At one point you said they allowed drugs and then you said they don't and have to sign a contract to say they can't. Did I get that wrong? (RESPONSE: Lauren Rettagliata) If they are placed in Housing First, the principle is they will house them first. The fact they are addicted and are using, they may continue to in some of the places they are placed in. I am not an expert in this. The webinar I attended, they were speaking to having the vending machines that dispense clean needles and having access to Narcan. This is a very scary thing to hear, yet many people want to move with the Housing First – rapidly house and then see what can be done in Care Court by the judge to where they must receive treatment is not an option but mandatory.
- (Cmsr. Stern) They have a dilemma because there is so much pressure to provide housing/get those off the street. There was a quote by Supervisor Rafael Mandelman in the paper the other day (*SF Chronicle*, 4/13/2023: <https://www.sfchronicle.com/sf/article/sf-transitional-housing-homeless-17894084.php>) stating the City is "woefully short" of long-term placements for people with severe mental illness, such as locked facilities and lower-level residential care. This remains unaddressed because it is harder and more expensive. Now, in a perfect world I think people would want those to be treated first and graduate/transition to housing but the pressure to get people off the street is a competing issue that is pushing this. It is hard to do both at the same time. Not enough money, not enough resources, not enough land...there is not enough space in the community where people will want a treatment center 'not in my back yard'
- (Cmsr. Payne) I also don't think it is prudent. You can't house first and bring in people that are still using when you have others that have already advanced to a stage where they are not using and in treatment

and suddenly there are others bringing in substances and allowed to be using. It is not fair to those that have moved past that.

- (Lauren Rettagliata) That is something that is well above my pay grade. Decisions have been made already. We are dealing with Housing First and it has worked for many. So, when it comes to our county, how are we going to make it work for those that it can help and then have the alternative where people get the treatment before placed out into scattered sites where it is too tempting for them? We are, as a county making good headway and wise choices. How do we keep doing that?
- (Christy Pierce) I just wanted to put forth a few thoughts about moving forward in terms of the committee to look at, questions for the BHBH and how it gets structured. My perspective as a public defender, making sure the process to apply, and whatever the logistics are put into place is really streamlined. I feel our AODS does a really good job getting people quickly screened and referred. I think some of the other programs we have set up (AOT, Mental Health Diversion) the process is cumbersome and very time consuming, very long (unnecessarily so) and you lose a lot in that delay. So, one of the key things I hope you would be looking for in this BHBH that Contra Costa can set it up in such a way that it is streamlined, smooth and fast as possible transition, similar to AODS. Just one thought from my perspective that I wanted to put out there.
- (Lavonna Martin) <ZOOM Connection poor> Just to talk a bit to Housing First. The importance of Housing First is making sure people don't have to jump through hoops to get housing. We want to ensure that those in the throws of their addiction or suffering from mental illness that they have the ability to have the stabilizing factor of housing that often times will be beneficial in helping them address the other things that really need to be addressed in order for them to be successful. I want to ensure you all understand it isn't housing people and walking away. It really can be applied to every housing model out there. BHBH can be Housing First and get them the services they need at the level they need them in order to support them completely in order for them to be successful. It is an opportunity and that's why in Housing First you absolutely can have rules around substance abuse and security. We absolutely can enforce that you lose your housing if you don't follow those things. Housing First has nothing to do with certain conditions of housing. It is about getting someone in under four walls that is adequate safe housing and wrap every possible service around them in order to be successful. Sometimes that works much better in a psych-based program. So if you have a program that other people/staffing on site, it is much easier to support people in their sobriety because of the actual configuration of that housing. That is good. We need that.
We also need type of housing that is scattered site and is good for those individuals that perhaps don't do well in congregate wards or shared spaces, so they can also have the same opportunity. Yes, that might be a risk (not opening the door) but is really incumbent upon the case manager to ensure they have developed a good relationship and sometimes it doesn't work. We have found with scattered site housing programming, we have found that 96% has been successful for two years and then looking at beyond five years, it is 80%. All in all, when we can provide individuals the housing they need, even in a scattered site, it works. But what do we do about the other 20%? And then the that

<p>never got the chance? They need another housing model. It doesn't mean Housing First doesn't work, it means their housing model applied to that Housing First approach might need to look different. Every possible housing model out there, lets make sure if the housing is available, let's get them off the streets. This is the housing opportunity now and work to get them into the housing model they need. These are all things that are a part of Housing First. We need to build.</p> <p><in chat, re: Tiny Homes> We have most certainly gone down the path of Tiny Homes. We think it is a fabulous opportunity and yes, the county tried to partner with the city of Antioch to deliver 60 tiny homes. COVID hit and we had to put a pause on that. Now the City of Antioch decided they would not extend the time, even though we lost that time due to COVID. So we lost the opportunity but it doesn't mean we are stopping to find the opportunity. That model would have been an \$8m plan, so we would still have needed to come up with those funds. That does not include operating costs. We are still looking. There is also working with communities (and I am sure you have heard of "Not In My Back Yard" groups).</p>	
<p>VII. ACTION ITEM: Determine Committee's questions and recommendations to submit to the BHBH Advisory group</p> <p>The BHBH Advisory group must submit by the end of the month, which is why the presentation to the Finance Committee is happening on Thursday.</p> <p>All questions should be directed to Cmsr. Griffin and Cmsr. Serwin in order to be submitted to the Indigo Group for that meeting.</p>	
<p>VIII. REVIEW Behavioral Intervention Unit model in North Dakota jails and process to apply in CCC Detention Centers, with a brief summary of Capt. Jose Beltran's interview with Cmsr. Geri Stern</p> <p>I put this on the agenda is because I heard a discussion on how the jail system in North Dakota has behavioral intervention units that take the place of solitary confinement. I became interested on how our jails were dealing with this. I reached out to Captain Beltrane and he stated there is NO solitary confinement in our jails. So I asked how do you deal with any with BH issues and are aggressive. He indicated those inmates are evaluated by a mental health professional and given treatment and/or intervention that are appropriate. If they are too difficult / violent, they are evaluated by a psychiatrist and given medication or other interventions to settle them down but they do not put them in isolation rooms.</p> <p>In the jails, not the prisons, there are no solitary confinement cells or isolation as in the past.</p> <p>Comments and Questions:</p> <ul style="list-style-type: none"> • (Teresa Pasquini) I just want to speak to the massive improvement in our jail system. I just find it hard to believe there is no solitary and that everything is completely humane. I am just going to suggest that one persons opinion isn't necessarily the same as the inmates opinions. There was a prison lawsuit for a reason. (Cmsr. Stern) I would be happy to pass along any questions regarding this to Capt. Beltrane. We have had a tour in both Martinez Detention Facility (MDF) and West County 	

<p>Detention Facility (WCDF). We are not able to talk to the inmates and get specific information on the other side. I am open to more tours and possible interviews. We have toured both recently and it was very clean and beautiful. It has all changed.</p>	
<p>IX. DISCUSS conservatorship questions (See Attachments A-C)</p> <p>(Cmsr. Stern) I have spent some considerable time on research on this because there was another discussion regarding revisiting the request for a Conservator Oversight for the state. I found out that if a family member has a complaint about a conservator, the initial feeling is there is no one to go to but we have been informed, they are supposed to be referred to the court investigator. The complaint then goes to the court and the office of the public guardian. I do not know if that system works that well. I don't know if the family member that came to the meetings explored that procedure, but that is the procedure that is supposed to be followed. I found out the Office of the Public Guardian has to submit statistics quarterly to the Department of Health Care Services (DHCS), unsure of what the stats are? How many conserved, where they are?</p> <p>I did confirm there is no central database in the state where a hospital or jail can call to determine if someone who has been booked or admitted is a conserved individual. That would be with the expressed intent of letting the persons conservator know their whereabouts. I did speak with Capt. Beltrane again, he said in regard to people admitted to the jails, that sometimes mental health clinicians know at intake that inmates are conserved but sometimes it takes some time to find out if they are in a conservatorship because they are in process as it takes time to move through that process, it may not be finalized. It is on a case by case issue and is complicated to explain. The inmates conservator is the one that contacts the public guardian in Contra Costa County (CCC) of the inmates whereabouts; not the sheriff or the facility's mental health clinicians. There is no way for a clinician to ascertain status unless it is already in the chart or they are told by a third party. David Seidner told us last year that he wanted to let us know the Justice Committee did make a difference because they were contacting the conservatorship office at least once a week by email to let them no individuals were in jail and conserved. I asked Capt. Beltrane if that was still happening and he said no. He didn't think so, not every week. It is not happening and we need to bring that up again. Communication is imperative. If someone is in jail and conserved, there needs to be communication.</p> <p>One more thing, Matthew Luu is no longer with the office of the Public Guardian and is now at the hospital as of last week. No replacement is known. Linda Arzio is still there but about to retire.</p> <p>Comments and Questions:</p> <ul style="list-style-type: none"> • (Teresa Pasquini) David Seidner is no longer with CCC. Can you inquire who is in that position? (Cmsr. Stern) I will have to ask Lavonna Martin. 	

X. DISCUSS Justice Systems Committee Goals for 2023

- (Cmsr. Perls) The one comment I wanted to get in for this, as we had to skip this last meeting is the article regarding the state closing the youth prisons and moving the responsibility down to the county. One of the comments made was these individual youth offenders, a high percentage had severe mental illness (SMI) and behavioral needs. One of the things the commentator was concerned about is that these were the top at risk and most in need and were the counties going to be ready to serve them? I thought that would be a good way to not only bring in the detention and the youth problem, but to also wrap in some of the things that (Gigi Crowder) brought up about disparities because so many of the disparities. She was speaking about both youth and adults. The reason I brought this up is that one of the things I think that would behoove us (there are so many issues) but it is current and would jump in the face of the Board of Supervisors (BOS) there is not much fundings.
- (Cmsr. Swirsding) There has been a lot of cuts, they closed the ranch and it really helped a lot of kids. <The Ranch has been closed and it was not because of funding, it was not enough population to keep it open>
- (Cmsr. Stern) This speaks to what Cmsr. Payne was speaking to earlier, what has happened to the Juvenile Justice System (JJS), what is their plan?
- (Cmsr. Payne) We need to know what is going on, their plan? So that we can direct the BOS where to fund. We need to know how to fund the process before finding buildings. Goals—to get the process down.
- (Cmsr. Stern) we will work on getting a speaker for JJS
- (Cmsr. Swirsding) They have groups (at the Ranch) taking them out of that, where are they, do they have groups? They have specific unique needs that are far different from main population. They are able to speak to peers so they do not feel so alone. Are they having the same services.
- (Cmsr. Perls) these are suggestions and we will discuss more. One more I would like to add in to the mix, Care Court. Gov. Newsom taking away Mental Health Services Act (MHSA) funding by 30% for Care Court.

XI. Adjourned meeting at 5:02 pm