JUSTICE SYSTEMS COMMITTEE
MEETING MINUTES
January 26, 2021 – FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Chair, Cmsr. Geri Stern, called the meeting to order @1:33 pm Members Present: Chair - Cmsr. Geri Stern, District I Cmsr. John Kincaid, District II Cmsr. Kira Monterrey, District III Members Absent: Cmsr. Gina Swirsding, District I Other Attendees: Cmsr. Laura Griffin, District V Cmsr. Alana Russaw, District IV Cmsr. Barbara Serwin, District II Angela Beck Jennifer Bruggeman Rebekah Cooke Gloria Hill Jessica Hunt Daniel Huovinen Teresa Pasquini Jill Ray, Supv. Candace Andersen's Office Stephanie Regular, Public Defender's Office Lauren Rettagliata	Meeting was held via Zoom platform
II. PUBLIC COMMENTS: None.	
III. COMMISSIONERS COMMENTS: None.	
IV. APPROVE minutes from the Justice Systems Committee Quality of Care Committee Joint meeting of November 24, 2020 meeting: K. Monterrey moved to approve the minutes as written. Seconded by J. Kincaid. Vote: 3-0-0 Ayes: G. Stern (Chair), J. Kincaid, K. Monterrey Abstain: 0	
v. DISCUSSION of Conservatorships. Linda Arzio, Conservatorship Office, Behavioral Health Systems – Not available. (Geri Stern) Questions posed to Stephanie Regular, Public Defenders Office regarding Conservatorships: • (Geri Stern) If you could jot down any ideas that come to mind that are challenges, problems, or road-blocks will patients be able to be judged appropriate setting up an LPS conservatorship. <**RESPONSE**> I can't speak to the issue of roadblocks for a patient to be judged as an appropriate candidate. Usually once the public guardian files a petition, it is usually granted. The problems we see relate to the filing of the petition. Some problems for individuals who are in custody: Investigations can take months. The conservatorship office typically requests at least 60 days, if not more.	

Consequently, mentally ill people wait for the investigation to be completed. Oftentimes the court will release the individual due to excessive delays. When this happens, the individual ends up on the street or at CCRMC. Even when taken to CCRMC, there is no guarantee the individual will be admitted. If not admitted to CCRMC, they do not always contact the conservator of the release.

- (Geri Stern) Has there been a mechanism put in place? How is that working? <**RESPONSE**> No. The court is now putting on the order that the individual is either conserved or pending conservatorship. I spoke with the sergeant in charge of transportation and did confirm the court order is going with the person to the hospital and is getting handed to the hospital (they are receiving the order). I have also asked the court to start faxing the order directly to CCRMC to ensure they have the order. Even so, within the past month, I had a client released back to family with an active restraining order and the conservator was not contacted before release. I was notified my client was released and reached out to the public guardians office to let them know, they were not notified so that they could have come up with something for her, other than a taxi home. Although, we have put in steps. We did follow up and did our best to provide information to CCRMC regarding pending or active conservatorships; however, it still does not seem to have made a difference.
- (B. Serwin) You do not know were the ball was dropped, right? <**RESPONSE**> I know that different conservators approach the transports from the jail to CCRMC differently so, some conservators will reach out to CCRMC and let them know one of their conservatees is coming, others do not. What I do know is that CCRMC should have been on notice the individual was conserved and didn't know the conservator prior to release (or it was the voicemail.
- (Geri Stern) Is there any requirement for the fact that they are on an LPS conservatorship to be put into their electronic record so that everyone has knowledge of that? <**RESPONSE**> I am not the person to answer that question. (G. Stern) It seems to be an obvious answer that it should be at the top of the chart that this person is conserved and this is the name of the conservator as the contact person. Why isn't that happening?
- (Theresa Pasquini) I am so alarmed/concerned regarding the level of miscommunication and ongoing conflicts around conservatorship, regardless of whether you are in the jail, streets, family home. This is unacceptable. It is unacceptable that doctors don't respond to the MHC, it is unacceptable that we don't have anyone from the conservators office here. We need answers as a community as to what is happening with the program. The answers we are getting are not what is really happening. I requested two years ago that our county do a deep investigation into our conservatorship program and the process, not to lay blame, but to understand the gaps and correct the problem. I feel the MHC needs to take an aggressive approach on this because people are dying. I have information I shared with the MHC because I wanted them to have it as an educational piece. It is unacceptable. There needs to be some elevation from the commission on tracking these issues. When I hear that someone has been released to a parent that has a restraining order? That is not okay and someone needs to be held accountable.
- (Geri Stern) How can it be that when someone is finally conserved, that it is not on the medical record for all to see when they are admitted to PES? <**RESPONSE**> Your best avenue is the person that didn't show up to the meeting today (Linda Arzio). There has been a lot of frustration with the conservators office and why it isn't working. Maybe that is not the person to speak to? (G. Stern) I reached out to Jan Cobaleda-Kegler and two judges in the conservatorship court to try to get them to show up for at least 20 minutes to answer some of our questions, neither would offer me time, they were too

busy. I pressed the clerk and asked if they would call, could have a list of questions to speak to them directly and relay the answers back to the committee (full calendars/no time). Maybe this is a court order, the court has to state in the order that when a person is conserved, it goes on their medical record at the top. Maybe it needs to come from the judicial angle.

- (Lauren Rettagliata). From the number of calls I received from fellow family members (like myself); I end up passing them off. The conservators office and how it operates in our county has such large problems to address, Linda Arzio and Jan Cobaleda-Kegler may not be able to solve all these issues. Three years ago, there was a Value Stream Mapping. We need an intense corrective look at how the conservators office can be made to operate to benefit those who are conserved, to protect them and their families. These are some of our most ill people. It is bigger than the MHC, but when the MHC can do is notify the top people in our county that this is something that needs immediate attention. What is the answer? What is it going to take to get it corrected? It took a court order to get our jail corrected. What is it going to take to get our conservatorship office corrected?
- (Geri Stern) Linda and I spoke for about an hour, and she agreed there is a lot of problems. The basic problem is there aren't enough beds and end up discharging people too frequently to the street or inadequate programs. We came up with a thought. There is an empty facility on the corner of Appian Way and Mann Drive (the former Doctor's hospital in Pinole) that is just sitting vacant. It is still zoned as county hospital with over a hundred beds. I called the City of Pinole's Director of Planning to inquire how difficult it would be to re-open that facility. It would have to go through a number of procedures, but it is not impossible. I wrote a letter to John Gioia yesterday asking him to bring attention to the need for more beds, for lack of care, being discharged repeatedly. So many conservatorship issues. I hope he responds. It is a huge issue and it is going to take so much money and planning.
- (Barbara Serwin) So many issues that come across are communication issues. Where is the disconnect? Who is dropping the ball? What are the roles involved? What are the connections and what needs to happen, but who or which role is not having the connection? Is there a missing position? Where is the gap?
- (Theresa Pasquini) The conservatorship office is under Dr. Suzanne Tavano. It is overseen by Jan Cobaleda-Kegler, Adult Program Chief. Everyone in the conservatorship office reports to Jan. There are multiple layers that intervene: the hospital, the jail, public and private insured clients and the constraints around that issue. This is a problem in Contra Costa, but it is also a problem across the state and it is an unfunded mandate. Conservatorship is a huge important issue. There is also probate conservatorship is huge, as well. Beds are important, but the conservatorship office is not being managed properly. This is the public forum for people to come to and there is no one here representing that office to address this.
- (Stephanie Regular) One of the questions I would hope the commission propose to the conservatorship office is regarding the contracting affects. One of my colleagues printed out a list of all the facilities in the state of California, as well as list of the number of those facilities Contra Costa contracts with. It is a very small number of the list of facilities actually available. While it is a state-wide problem, it is not an every county problem. I hope the commission looks into expansion with the facilities we contract with.
- (Barbara Serwin) It seems like a very simple question to ask. Who do we pose the question to? <**RESPONSE**> Suzanne Tavano.

- (Geri Stern) Who do we contact / who is responsible for Value Stream Mapping? <**RESPONSE**> Anna Roth. This needs to be posed to Anna Roth and Dr. Suzanne Tavano.
- (Geri Stern) What does everyone think about having Linda Arzio speak next month? Is it beneficial? Yes.

VI. DICUSSION on Diversion. Dr. Jessica Hamilton, West County and Martinez Detention Facilities.

Questions posed to Jessica Hamilton regarding West County and Martinez Detention Facilities:

- Issue with dispensing ADHD treatment medications at Orin Allen Juvenile facility ('Ranch'): How is this handled in the adult jails? Is it not a problem as a result of better nursing staff there? (John Kincaid/Barbara Serwin both posed this question). <**RESPONSE**> Probation is not involved in the prescribing treatment regiments to youth at Juvenile Hall or Orin Allen. This is an independent function of Behavioral Health and Health Services. If youth were previously on an ADHD Medication, or if one is prescribed in the probation setting, this medication is dispensed as ordered. Youths who require frequent medication or dosing for a higher level of treatment are housed in Juvenile Hall. (B. Serwin) When informed of the response given by tour facilitator from Orin Allen, Dr. Hamilton stated that was wrong, but it might have been there was no nursing staff to dispense the medication and that might have been the reason. If someone is housed at Juvenile Hall, they get their ADHD medication, there is no attempt at Behavioral Modification to treat ADHD.
  (J. Kincaid) Was the implication there was an unfilled position? <**RESPONSE**> (Daniel Huovinen) The inability to administer ADHD medications (any psychotropic medications) at Orin Allen is due to the lack of 24-hour nursing coverage. Detention Medical is best suited to respond. It is being worked on to allow stable youth on those certain medications to be at the Ranch, but it has to do with medical coverage, not lack of staffing it is the way the model is set up.
  (B. Serwin). What is the difference between staffing vs. 24-hour nursing? <**RESPONSE**> (Daniel Huovinen) The Ranch is not set up for 24-hour nursing; Juvenile Hall is. Ranch nursing hours are 7:00am-3:00pm Monday through Friday. No weekend nursing staff. There is a list of psychotropic meds not allowed to be administered without nursing on the weekend. These individuals are kept at Juvenile Hall or placed elsewhere.
  (B. Serwin) The youth at the Ranch (context – we were in the recreational room) told there was no secure storage facility for the medications that was accessible to the recreation room and during those hours there was no one there to administer. (J. Kincaid) This was a probation officer speaking to us. They can dispense certain medications, but cannot dispense psychotropic meds and did not have storage for this, as the were not authorized to dispense anyway. (G. Stern) It was also stated they wanted to help them learn different for correct behavior (CBT). <**RESPONSE**> (Daniel Huovinen) To be clear, anyone prescribed these medications gets them and are not kept from getting them. They are housed at Juvenile Hall. (J. Kincaid) ADHD Medications are psychotropic medications and it was our understanding that any youth that can manage their symptoms without medication are able to be housed at the Ranch. Our concern is that they were deprived the program(s) available there at the Ranch because of their treatment plan. (B. Serwin) That was not the issue. It was the understanding that there are kids with ADHD at the Ranch and be in the recreational room and not being given their medication, the officer we spoke with specifically said the need to learn these Behavioral Modification Skills as it is but they are not psychiatrists to prescribe that as treatment.

(G. Stern) Unfortunately we don't have an answer beyond what was given and we do not have the numbers of those currently at the Ranch. Nor are they going to open any time soon. There is a definite conflict of information. (Theresa Pasquini) This is another example of children that are the most severely ill not having access to anything except a cell. I am grateful you went on this site visit. My understanding is they are closing the Ranch and everyone is going back to the Hall. (Jill Ray) No, there is a comprehensive planning process going on with the Juvenile Justice Coordinating Counsel, especially with the Department of Juvenile Justice kids coming back to a redesign how we handle Juvenile Justice to get as many kids back to the community as possible and only house those that are really a danger to themselves and others.

- How about Methadone or other medical treatments for substance dependance such as opioids? Is Dr. Hamilton/the sheriff the health authority for methadone treatment, or do they use a contractor now? <**RESPONSE**> We offer medication assisted treatment for those with opioid use disorder. Patients are screened at intake for substance use disorders. We offer induction of buprenorphine as early as intake to treat opioid withdrawal. Buprenorphine and naltrexone are offered for maintenance treatment within the facilities. For those who are having trouble taking their medication daily, we offer a long-acting injectable form of buprenorphine called Sublocade. We are not yet a designated opioid treatment program, and thus cannot offer methadone maintenance treatment. We can treat pregnant patients with opioid use disorder with methadone and we can prescribe methadone for medical reasons other than opioid use disorder. We contract with BayMark to offer a methadone taper to those who come in on methadone. After this taper, we offer buprenorphine or naltrexone for maintenance.
  Patients who are on a form of medication assisted treatment are referred to our county Choosing Change program for follow-up after release. Prescriptions are sent to patient's pharmacies when discharged.
  (J. Kincaid) It was my question, I used to administer the program in the county and we were the designated health authority but they went back to a contract model and still are but with a different contract. It has to be approved by the federal government, lots of criteria and easier to contract. The treatment plan (these medications) is widely-used for these purposes and successful for most people to manage withdrawal symptoms. (Jill Ray) Just to add this, there has been an internal working group that includes a judge who is concerned with what was happening within our detention system with treating those with substance use disorders. This group includes community members, as well as key personnel in various departments discussing how to better improve. We had someone from Alcohol and Other Drugs (AOD) and a contractor to do warm handoffs for those being discharged. That person retired, so we now have funding through AOD, as well as a revamped substance use disorder program which is part of their program that (sort of) mirrors more of a 12-step support / recovery program to help those people need that assistance. Key critical component is being handed off to a program or services after release, as that is where they fall off the track. They get released, state they are going to a program and do not show up. This person actually is there upon release and drive them to the program.
- I am interested in the status of the planned architectural changes to M module; what are they and how will they improve delivery of treatment/services? <**RESPONSE**> Detention health leadership was consulted regarding the planed architectural changes to M module. Per Assistant Sheriff Steve Simpkins, construction is in progress with an estimated completion date of February 2022. (Jill Ray) I have asked Steve Simpkins, when he has the plan, if he could run it by the Mental Health Commission (MHC) and he was agreeable to do so. It was in the preliminary stages when this first came out and included in the budget update today, and may be close to ready to come

to the MHC to show the plan. This was all as a result of a lawsuit, so some is dictated by the settlement agreement.

- How is mental status routinely monitored for those on psychotropic meds throughout the facilities? <**RESPONSE**> Mental status is assessed at every visit with both psychiatry and mental health clinical staff. This is documented in psychiatry and mental health progress notes in the electronic health record. Psychiatry determines a track level of care for individuals receiving mental health services. The frequency of visits (and therefore these assessments) is clinically determined by the psychiatrist at each visit and is reflected in the track level. We document our recommended follow up interval in every note. We take a multidisciplinary approach to monitoring patients. Housing deputies, nursing staff, physicians, psychiatrists and mental health clinical specialists are in regular contact. Team members will contact a MHCS to evaluate an individual when is a significant change in the individual's mental status is identified. Multidisciplinary case conferences are held for our patients with more acute needs. All members of the care team may recommend escalating the track level of care of frequency of visits and monitoring at any time. (B. Serwin) How 'Regular' is regular for services? (G. Stern) to reach out to Dr. White/David Seidner regarding regular visits.
- What are the current procedures for seclusion and restraints in each facility, and how will they change with the modifications to M module? Will there be similar changes in booking? <**RESPONSE**> Detention Mental Health is currently in the process of improving upon the clinical restraint and seclusion workflows. Clinical restraints and clinical seclusion are one of several treatment interventions that addresses an individual's agitation while incarcerated. The treatment team with our Custody partners will collaborate to exhaust the less restrictive de-escalation tools before intervening with clinical restraint and/or seclusion. Psychiatry places orders for clinical restraint or seclusion. The psychiatrist may also consider the use of emergency medications in the event that the individual's agitation is not responding to other treatment options and there is a clinical crisis. Please contact the Assistant Sheriff regarding the use of M Module for programming or information regarding Custody workflow's such as booking a newly arrested individuals. (J. Kincaid) It is still not clear what they are doing. I think they have more authority now for some medication, whereas in the past they did not. Maybe the need is less now. There was discussion of the restraint chair, safety room concept was not as popular. There was in booking and one In M Module, maybe that is all going to be reconfigured? (G. Stern). Dr. Hamilton has a standing meeting on Tuesdays, so it will be unlikely we can have her attend our meeting but if you would like to create follow up questions, and I will get those to her.
- (Geri Stern) How is Dr. Hamilton involved with planning for the new building and programs at West County? Are they all on hold, or what is the status now? <**RESPONSE**> (Daniel Huovinen) Per Assistant Sheriff Simpkins, progress in on track as scheduled with the West County Reentry and treatment housing facility. Detention health leadership has been involved in the architectural planning of the facility and will continue to partner with Custody in the development of programming. (Jill Ray) There is another update on this. It is estimated to be open in 2024. There have been a couple delays. Construction costs bloomed and needed to reconfigure the project to fit within the funding available and are in the final stages and expecting the final approval on the request for proposal (RFP) from the state. At the same time, there are three different contractors appropriate for this job lined up so they are ready to go as soon as the RFP is released and get a quick turnaround for that job. It is anticipated 2024. (G. Stern) That is re-entry and treatment housing (after they are discharged from the detention center)? (Jill Ray) No, this is an actual mental health and separate substance use disorder treatment facility. It is a locked facility in West County, which is currently a medium facility, but this is a

maximum facility project so that those people that really need some really intense mental health and substance use disorder treatment have a bed available in a locked facility to be able to get that treatment. It is also offering a very robust visiting center for families, which allow touch visiting for those who are allowed to have that (where now a parent can't have their child on their lap during a visit). It will have approximately 96 beds. It is for those who have been incarcerated and identified as having a mental health and/or substance use disorder and need more intensive treatment, rather than just placing in jail on medication, it is actually a treatment facility. • Are the staff informing the female inmates of the availability of menstrual cups? Has this information been put in the welcome pamphlets or on the bulletin board? <**RESPONSE**> Female patients are informed of the availability of menstrual cups through posted signage and verbally by clinical staff. **Questions and Comments:** • (Stephanie Regular) I do have a question for Jill regarding the individual who is doing the transports to the treatment programs. Is that through Center for Recovery and Empowerment (CORE), or something else? (Jill Ray) It is something else entirely. The Reentry Success Center was setting themselves up to provide transportation directly to a place, not just anywhere. There has to be a destination, to a program and get people connected with case management and whatever services are needed. This kept coming up and the Office of Education (OED) offered some funding to allow AOD to get another person in and are in final stages of hiring someone who is AOD, but funded through OED funds to provide this position which is so critical in getting people connected to services. AOD offers substance use disorder (SUD) programming and services. There are evaluations done through the Game Plan for Success (GPS) program that offers a variety of programing, one being DEUCE (Deciding, Educating, Understanding, Counseling and Evaluation). That is where the OED was going to work with our AOD to develop a more robust program, which they have been working on this year (hampered by COVID).	
VII. Adjourned at 3:04 pm	