



The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

**SPECIAL MEETING
OF THE CRIMINAL JUSTICE COMMITTEE
Tuesday ♦ October 27th, 2015 ♦ 1:00 pm-3:00 pm
1340 Arnold Dr., Ste. 200, Large Conference Room, Martinez**

AGENDA

The Mental Health Commission respects your time, and every attempt is made to accurately estimate when an item may be heard by the Commission. All times specified for items on the Mental Health Commission agenda are approximate. Items may be heard later than indicated depending on the business of the day. Your patience is appreciated.

Criminal Justice Committee Mission Statement: To work through families and interagency collaborations to ensure that individuals in the criminal justice system are given respect, dignity and human rights.

I. 1:00 Call to Order/Introductions

II. Public Comments

III. Commissioner Comments

IV. Announcements

V. Dialogue regarding the care and treatment of consumers incarcerated at Martinez Detention Facility. *Possible Action Item*

1) Submitted by Commissioner Louis Buckingham, Chair of Criminal Justice Committee

On August 25, 2015 an inmate housed at the Martinez Detention Facility committed suicide, by hanging himself. There are questions that need to be answered. Was he on a suicidal watch? What was his classification at the intake unit after booking? Was he assigned to M Module?

2) Submitted by Commissioner Barbara Serwin, Member of Quality of Care Committee

- At present, the Contra Costa County Martinez Detention Facility booking and Mental Health clinical staff do not have access to quality, timely mental health history, diagnosis and treatment information needed for correctly identify and treat inmates with mental illness. Currently it is difficult to piece together a useful mental health record from disparate, unconnected county information resources. The process is patchy, tedious and slow and the resulting mental health profile is often incomplete and inaccurate. The fact that county Mental Health Clinic records are still paper files adds greatly to this problem. There are serious, negative consequences that routinely occur when inmates with mental illness are not correctly identified or do not receive proper treatment. When will



county mental health history, diagnosis and treatment information be digitally integrated and available 24-by-7 so that detention facilities can effectively identify and treat their significant population of inmates with mental illness?

3) *Submitted by Commissioner Duane Chapman, Member of Criminal Justice Committee, Vice Chair of the Commission*

- Are the Martinez Detention Facility services set up to provide comprehensive mental health and psychiatric programs to deal with the increasing population with severe psychopathology and impairment?
- Shouldn't standards of care of psychiatric disorders be respected in the MDF setting as they are in other community provider settings?
- Shouldn't inmates have access to the same standard of treatment consistent with the principle of equivalence?
- Is Contra Costa County willing to allocate sufficient budget and manpower resources to meet the needs of mentally ill and substance-abusing offenders?
- Are elected officials and county administrators willing to take a serious look at the criminal justice process to determine how to refer mentally ill arrestees and offenders to various treatment programs?
- More and more people with serious mental illness are entering the criminal justice system. The criminal justice system is being overwhelmed by the burden of providing humane care and management for persons with mental illness. This could be an historic opportunity to change by improving the efficiency and effectiveness of both systems. By agreeing upon a common goal and forming joint ventures to solve problems traditionally viewed as competing, the two systems can make a difference in the lives of hundreds of thousands of persons who suffer mental illness and associated criminal justice involvement. When is this going to happen?

4) *Submitted by Commissioner Gina Swirsding, RN, Member of Criminal Justice & Quality of Care Committees*

- A. What is the psychiatric treatment for a patient in the Martinez Detention Facility system?
- How often does the patient see a psychiatrist? Once a day, once a week, once a month?
 - How often does the patient in jail have talk therapy to a certified psychiatric trained staff (like a psych. Tech.), psychologist, and social worker? Once a day, once a week, once a month?
 - How often does a patient see a medical doctor for their medical needs? Once a day, once a week, once a month? Or a nurse, under a doctor's care?
 - Are there group sessions with other patients in the jail? How often?
 - How often do you check on the patient?
 - How do you respond to a patient in a crisis situation, for example crying in their cell?
 - How do you monitor patients on special diets especially like patients on an MAO inhibitor? Diabetic? Allergies?
 - How often do you monitor the patient blood pressure on MAO inhibitors and medications that lower the blood pressure?
 - How do you care for patients in jail who can't care for themselves? Like taking a shower, brushing teeth, etc. Who cares for them -- CO, staff?
 - Who takes care of public areas? Housecleaning?
 - What state organizations yearly inspect conditions within the jail? Medically? For cleanliness?

- B. How do you take care of patients in jail on intense suicide watch?
- Do you have one-to-one staff-to-patient ratio?
 - Do you place patients in isolation?
 - Do you chemically restrain them?
 - Do you put patients in five point restraints? How often do you release the restraints? How long do you keep the restraints on?
 - How do you monitor restroom visits?
 - How do you feed and give fluids to patients in restraints? How often do you meet these needs?
 - What are the practices of intense suicide watch? Are the inmates ever stripped of all clothing in jail—or in placed in holding facilities at municipal holding cells?

5) *Submitted by Commissioner Lauren Rettagliata Chair of the Commission*

- We know that seriously mentally ill patients should not be held in solitary confinement or cell confinement without therapeutic intervention occurring regularly throughout the day. Holding a seriously mentally ill patient under these conditions is harmful. We also know that the physical jail configuration makes delivery of therapy and treatment almost impossible. What can be done?
- Inmates in M Module and some inmates in D Modules are held in their cells for over 23 hours and at times up to 47 hours in their cell. What can be done to stop this situation?
- Will a task force charged with correcting this situation be formed? Can sanitary conditions and levels of personal care be improved at the Martinez facility? What about adequate mental health intervention that inmates suffering with a serious mental illness now receive? Can it be improved as well?

VI. Next Steps

VII. 3:00 Adjourn Meeting