



  
**CONTRA COSTA  
MENTAL HEALTH COMMISSION**

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MENTAL HEALTH  
COMMISSION**

1340 Arnold Drive, Suite 200  
Martinez, CA 94553

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[cchealth.org/mentalhealth/mhc](http://cchealth.org/mentalhealth/mhc)

Current (2022) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Laura Griffin, District V (Vice Chair); Diane Burgis, BOS Representative, District III; Douglas Dunn, District III; Gerthy Loveday Cohen, District III; Leslie May, District V; Joe Metro, District V; Tavane Payne, District IV, Rhiannon Shires PysD., District II; Geri Stern, District I; Gina Swirsding, District I; Yanelit Madriz Zarate, District I  
Candace Andersen, Alternate BOS Representative for District II

**Mental Health Commission (MHC)**

Wednesday, July 6<sup>th</sup>, 2022, ♦ 4:30 pm - 6:30 pm

**VIA: Zoom Teleconference:**

<https://cchealth.zoom.us/j/6094136195>

**Meeting number:** 609 413 6195

**Join by phone:**

1 646 518 9805 US

**Access code:** 609 413 6195

**AGENDA**

- I. Call to Order/Introductions (10 minutes)**
- II. Public Comments (2 minutes per person max.)**
- III. Commissioner Comments (2 minutes per Commissioner max.)**
- IV. Chair Comments/Announcements (5 minutes)**
  - i. Review of Meeting Protocol:**
    - No Interruptions
    - Limit two (2) minutes
    - Stay on topic
  - ii. August MHC Orientation Topic will be an “Introduction to the MHC”**
  - iii. Mandatory membership on at least one standing committee (two in the case of Executive Committee members)**
  - iv. Welcome newest Commissioner: Gerthy Loveday Cohen, District III**
- V. APPROVE June 1<sup>st</sup>, 2022 Meeting Minutes (5 minutes)**
- VI. “Get to know your Commissioner” – Cmsr. Tavane Payne (5 minutes)**
- VII. Update on Commission Membership and open seats, Angela Beck, Exec. Assistant (5 minutes)**
- VIII. Update on Site Visits (5 minutes)**

**(Agenda Continued on Page Two)**



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.



## **Mental Health Commission (MHC) Agenda (Page Two)**

Wednesday, July 6<sup>th</sup>, 2022 ♦ 4:30 pm - 6:30 pm

- IX. DISCUSS and VOTE on Quality of Care Committee Motion regarding applications for the Behavioral Health Care Infrastructure Program (BHCIP) and Community Care Expansion (CCE) grants (15 minutes)**
- X. REVIEW/DISCUSS letter to the Board of Supervisors regarding the Justice System Committee motion for a State-level Director of Conservatorship (15 minutes)**
- XI. REVIEW progress on Mental Health Commission 2022 goals (10 minutes)**
- XII. Behavioral Health Services Director's report, Dr. Suzanne Tavano (15 minutes)**
  - Update on applications for BHCIP grants
- XIII. Adjourn**

### **ATTACHMENTS:**

- A. MOTION: Quality of Care Committee Motion for the Behavioral Health Care Infrastructure Program (BHCIP) and Community Care Expansion (CCE) grants, June 16<sup>th</sup> Quality of Care Committee Meeting Vote**
- B. Letter to Board of Supervisors (BoS) regarding the Justice Systems Committee motion for a State-level Director of Conservatorship**
- C. Mental Health Commission 2022 Goals**

**Mental Health Commission**  
**Proposed Motion(s)**

**Agenda Item VI (Comments)**

**Meeting Date: June 16<sup>th</sup>, 2022**

**Motion regarding BHCIP and CCE grant applications:**

Toward the goal of capitalizing on an historic opportunity to build infrastructure essential to the delivery of mental health services in Contra Costa County, the Mental Health Commission advises the Board of Supervisors to require Behavioral Health Services to apply for all relevant Behavioral Health Community Infrastructure Program and Community Care Expansion grants, that Behavioral Health Services meet the deadlines for the grant applications, and that all necessary resources are made available to and employed by Behavioral Health Services to write the most competitive grants possible.



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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.

## **Topics to Focus on During 2022**

### **Mental Health Commission, 2021 Retreat, 11/3/21 Survey Results**

\*Note: Topics (in the form of goals) from 2021 that are incomplete but relevant committee is still actively working on will remain in place and 2022 topics will be added to these 2021 topics.

- 1. Advocate for the full implementation of parity in health insurance coverage such that mental health expenses are covered at the same level as physical health expenses (66.67%)**
- 2. Evaluate mental health services in K-12 public schools (e.g. Wellness in School Program) (61.11%)**
- 3. Evaluate where per capita funding for mental health services is being spent within the county (50%)**
- 4. Advocate for ending the permanently legal financial discrimination that disallows Federal Medicaid payment for treatment provided by Institutions for Mental Disease, e.g. hospitals, nursing facilities, or other institutions with more than 16 beds (the IMD exclusion) (50%)*
- 5. Advocate for a transparent and data-driven assessment of community mental health needs, beginning with the consolidation and sharing of data that is already collected (44.44%)*
- 6. Evaluate the availability and adequacy of mental health services for traditionally under-served populations (e.g. teens, Veterans, persons of color, certain ethnic groups) across all county districts (44.44%)*
7. Advocate for providing free mental health medications and services for the homeless population (38.89%)
8. Understand the policies and impact of the new California Advancing and Innovating Medi-Cal (Cal AIM) improvements across the Medi-Cal system (33.33%)
9. Advocate for improved transportation options for people with a mental illness to mental health services, resources and events (27.78%)
10. Advocate for the creation of mental health support groups for participants who all have the same diagnosis, with or without facilitation by a therapist (27.78%)

11. Assess the mental health needs of victims of human trafficking and advocate for needed resources (22.22%)
12. Ensure that the MHC provides full community representation (22.22%)
13. Advocate for ADA access and services for mental health facilities (16.67%)

**Major 2021 annual goals or topics initiated during 2021:**

- \*Advocate for funding of housing, services and programming for the 60 75 IST (Finance Committee topic)
- \*Assess the existing Lanterman-Petris-Short (LPS) Act Conservatorship program and advocate for essential improvements (Justice Committee)
- \*Continue to advocate for an adequate number of in-patient treatment beds (placements) in county-accessible mental health residential facilities (Quality of Care Committee)