

**MENTAL HEALTH COMMISSION  
JUSTICE SYSTEMS COMMITTEE MEETING MINUTES  
July 26<sup>th</sup>, 2022 – FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b> Chair, Cmsr. Geri Stern, called the meeting to order @1:34pm</p> <p><u>Members Present:</u> Chair - Cmsr. Geri Stern, District I Cmsr. Gerthy Loveday Cohen, District III Cmsr. Gina Swirsding, District I</p> <p><u>Presenters:</u> Steve Blum Lavonna Martin</p> <p><u>Other Attendees:</u> Cmsr. Douglas Dunn, District III Cmsr. Laura Griffin, District V Cmsr. Barbara Serwin, District II Angela Beck Jennifer Bruggeman Rebekah Cooke Dawn Morrow (Supv. Diane Burgis' ofc) Teresa Pasquini Pamela Perls Jen Quallick (Supv. Candace Andersen's ofc) Jill Ray (Supv. Candace Andersen's ofc) Elissa Robinson (Supv Diane Burgis' ofc) Karlyn Schneider</p>	<p>Meeting was held via Zoom platform</p>
<p><b>II. PUBLIC COMMENTS: None.</b></p>	
<p><b>III. COMMISSIONERS COMMENTS: None.</b></p>	
<p><b>IV. CHAIR COMMENTS:</b></p> <ul style="list-style-type: none"> <li>• (Cmsr. Stern) Meeting time change proposal to move the time change to 3:00pm on the fourth Tuesday of the month instead of 1:30pm to help our new commissioners joining our program make it to the meeting. There has been some discussion that 1:30pm was too early. I wanted to throw it out to everyone because many who are not commissioners (or committee members) attend. I just wanted to have a quick discussion if 3:00pm will work?</li> <li>• (Cmsr. Serwin) The Executive Committee meets at 3:30pm so it would not work.</li> <li>• (Cmsr. Stern) Yes, there was some discussion of maybe moving it up or flipping the two meetings? What was the discussion, Angela?</li> <li>• (Angela Beck) The discussion was to either flip the two committee meetings or find another day to have this meeting at a later time.</li> <li>• (Cmsr. Serwin) Well, it seems flipping the two creates the same problem for a different meeting, so I don't know why that would work, but maybe a different day would be much more feasible.</li> </ul>	

<ul style="list-style-type: none"> <li>• (Cmsr. Swirsding) We have some younger folks in the commission. People that work, we need to accommodate them. It was my suggestion we move the meeting to a different time to be available to some of our new commissioners.</li> <li>• (Cmsr. Serwin) Angela, for your timing, thinking the other days of the week, Thursday is a busy day for you, getting the commission meeting agenda out for the following week?</li> <li>• (Angela Beck) Actually, it is not the meetings that its busy, it is the day prior to the Finance/Quality of Care – and the whole week between these two meetings. The day of the meeting isn't really the problem. If we need them flipped, we can do so, if that is possible. However, if we move this meeting to a different day, possibly Wednesday, it might be fine. There is an extra day.</li> <li>• (Cmsr. Stern) Wednesday at 3:00pm can work. (Angela Beck) my only thought is that all three committees meeting before the executive committee meeting because that meeting is basically administrative and planning for the main commission meeting.</li> <li>• (Cmsr. Serwin) What about Monday? (Angela Beck) Monday might not work so well as far as the administrative side, and the posting deadlines</li> <li>• (Cmsr. Serwin/Stern) Talk offline.</li> <li>• (Angela Beck) If we could move this meeting up to 3:30pm and have the Executive Meeting on Wednesday at the 3:30pm time slot, if that work. That would need a discussion by all the executive committee members.</li> <li>• (Cmsr. Griffin) Do we know for a fact that the members of the justice committee can't meet at 1:30pm? (Cmsr. Stern) Yes, Yanelit has stated it is difficult due to her class schedule and the new commissioners that want to join this committee. We were really happy to get her as a member and I don't want her or anyone to feel they cannot be a member due to the time schedule. (Angela Beck) Yes, and the other two new members want to be on the justice committee and one is not here because she can't be due to the time. (Geri Stern) It would work better for me, it is very challenging in the middle of the day.</li> <li>• (Cmsr. Loveday Cohen) For me too. This is difficult.</li> </ul>	
<p><b>V. APPROVE minutes from the June 26, 2022, Justice Systems Committee meeting</b></p> <p>Cmsr. Gina Swirsding moved to approve the minutes as written. Seconded by G. Stern.</p> <p>Vote: 3-0-0</p> <p>Ayes: G. Stern (Chair), G. Loveday Cohen and G. Swirsding</p> <p>Abstain: 0</p>	<p><b>Agendas/minutes can be found at:</b></p> <p><a href="http://cchealth.org/mentalhealth/mhc/agendas-minutes.php">http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>
<p><b>VI. RECEIVE Status Update on Behavioral Health at the Juvenile Detention Center, Steve Blum, LMFT, Program Manager, Contra Costa Mental Health and Probation Services</b></p> <p>Commissioner Stern introduced Steve Blum with an update on the Contra Costa County (CCC) Juvenile Detention Center. The commission took a tour of the center approximately three years ago, have not heard much about programs, what is going on, what the population numbers are or if it going to close and are excited for the overview.</p>	

(Steve Blum) Whether this building is going to close, I don't know. There is a nationwide move towards de-incarceration, particularly in the juvenile population, so it is likely. As you may know, District Attorney Becton has publicly advocated for Juvenile Hall to close. The decision making around that is at the probation/Board of Supervisor level. If you would like to come back for another building tour, I can help arrange that.

As of Today, the census here is 64 youths. Seven are female, which is higher than it has been recently, except for last month which was somewhat skewed due to Oren Allen Youth Rehabilitation Facility (OAYRF) temporarily relocated due to a COVID outbreak. 64 is larger and the ranch population is back at the ranch, which is making the census a bit greater. As of July 15<sup>th</sup>, 57 youth were receiving mental health services here. 22 were receiving psychotropic medications, which includes sleep meds. Normally, those probably wouldn't be described as psychotropic medications but they are prescribed by a psychiatrist here, so they are listed as such.

Staffing of four (4) mental health clinical specialists who work 9am-7:30pm, working four (4) 10/hour shifts, which is the only way it can work for seven days' worth of coverage. All other hours I am on call. I live in downtown Martinez, so I can be here in 10 minutes. There are three (3) mental health liaisons who work in the regional probation offices (East, West, and Central) and work on referrals for youth who are leaving juvenile hall to either the county outpatient clinics or to programs like Lincoln Family or EMBRACE, which is the former community options for families of youth (COFY). There is also one clinician at Oren Allen, where the census today is also seven (7). There is one family partner based in West County, but helps county-wide to help families navigate what can be a complex system. One psychiatrist onsite, which is the first time in a long time that we have onsite psychiatry. She works eight (8) hours a week here in the building. There is also a new position, Mental Health Program Supervisors and works with me.

The services provided are: individual counseling, family therapy, group therapy, and we recently completed -- some of you may remember the **Libby Madeline Tolerance Trauma Recovery project**, which was a Mental Health Services Act (MHSA)-approved project on the adult side that I was involved in, we brought the same protocol to juvenile hall. We are conducting trauma recovery groups. We have also initiated a partnership with UCSF, they have a juvenile justice lab, we are working with them on two different programs. They are working on a project where caregiver's of youths who are incarcerated can help develop an app that will be a support for caregivers; and in working on the development of this, they will be compensated \$60 per meeting, and in so doing, work on the issues involved that are a concern to caregivers. There is also a program, Extension for Community Healthcare Outcomes (ECHO), it is a chance for clinicians in programs like this to meet with clinicians in other programs to speak to the identified clients and brainstorm ways we can better provide services.

We provide crisis intervention services, suicide assessments are conducted as soon as a youth comes into the building (every youth) and we follow up. We are trying to develop some arts programming during the height of project room key, we put together a journal of poetry, photos, drawings, writings by people in the motels, we are trying to that here for the youth and trying to organize some video related projects.

We are also working with UC Berkeley's Golden Bear Sleep and Mood Disorder Research Clinic on sleep treatment for youth here. Sleep is a big complaint and why I said earlier, in the psychotropic medication category, we are counting melatonin. Many of the youth here struggle with sleep.

**Questions and Comments:**

- (Cmsr. Stern) I would just like to say that it seems like a lot of changes in the last three years. You have added a lot of programs. Way more than they had three years ago. Also the population was very low three years ago, so I am not sure why the sudden spike, but it is very encouraging to hear all of your interesting programs and affiliations with UCSF and other groups. It sounds really great.
- (Cmsr. Serwin) I am guessing the staffing is quite a bit larger, and then the psychiatrist on staff. What led to that?  
(RESPONSE: Steve Blum) Some of the staffing preceded my arrival in this position, which was April 2021 and there were four (4) clinicians then. When I started, there was a leave of absence and other complications and has been a rotating group of four people but the number has been the same since I started. I don't know exactly when the expansion happened. As to the psychiatry, Dr Lewis, who had been here for many years, retired. The psychiatrist that has replaced him, it was something probation urged too. I think it has made a positive difference to have the psychiatrist actually able to meet with youth onsite and also allows her to react quicker if there is a crisis. She is here.
- (Cmsr. Swirsding) I am a consumer myself with sleep problems, too. I think it's really good. Melatonin does help me. My question is regarding service animals. In San Quentin, they allow service animals for those that are in need, even emotional support animals. I have a service dog, which can be expensive, but you can use other types of pets for service animals. The reason I am asking is, with the youth in my area (Richmond, CA), we have used the aspect of working with the parents and the youths that are consumers, about service animals. I have an emotional support animal that helps me physical as well. I have suicidal issues myself and I would never take that step because of my animal. What I mean is that those I have seen that have service animals, including small pets (rats, and other small animals); it is very important to them. The animal is their friend and my question is do you allow service animals into juvenile hall for those that need?  
(RESPONSE: Steve Blum) I am not sure what the history here is with regards to service animals. I do know there are programs what you spoke of in adult facilities with animals where people learn caretaking skills and responsibility. I actually did bring this up. Unfortunately when I brought it up, it was during the worst of COVID and there was hesitation about bringing people into the building that we would need to oversee or set up a program like that but will bring it up again as I think it is a really good idea.
- (Jill Ray) That was great question about the service animals, and Steve, we did used to have a program in connection with our animal services division in the past and you might want to look into that. I wanted to address the comment, Geri, about the increase in population. We actually have a decrease in our juvenile hall population. There was, of course, during the pandemic, there was less youth brought in, but the 64 youth there currently is probably some of our lowest numbers ever. The only reason it

might be slightly higher at this point in time is because we took over the state responsibility for our youth offenders and they are now at the county level. Also, the seven (7) that were at the Ranch is an all time low. Esa Ehmen-Krause is going to present to the Board of Supervisors (BOS) in the not too distant future about her plan for Juvenile hall, which is more along the lines of a campus and rehabilitation, with our lowest offenders being served in community vs being in juvenile hall. There is a lot more to come with that.

- (Steve Blum) More youth will be coming from the Department of Juvenile Justice's (DJJ) state facility, in the next year. The state facility is closing with the idea being that the youth are better served in the county of origin where their support is and the census may actually increase somewhat in the next year.

- (Cmsr. Serwin) I am just wondering what the typical diagnoses are for the clients you have. Is it a lot of just trauma related or is there mental health disorders?

(RESPONSE: Steve Blum) I would say the most common is post-traumatic syndrome disorder (PTSD). When youth come into the building, it is often adjustment disorder, but it is a temporary diagnosis and after 90-days it has to become something else. Along with PTSD, depression and to a lesser amount, I would say bipolar. Sometimes there are emerging signs of psychotic disorders. I can try to get exact numbers for a future meeting.

- (Pamela Perls) I am wondering whether there is any funding that comes along with youth coming from the state to the counties. That is a huge burden for the counties.

(RESPONSE: Steve Blum) Honestly, I don't know because probation runs the building and those budgetary questions would be more in their lane. I just don't have the answer to that. I did realize I forgot to mention when describing services, we have learned in the last few months that we are an outlier in the state in terms of providing competency remediation services for youth who are determined not to be competent to stand trial and we are now providing those services in house, if it has been determined that the impediment to their being competent to participate in their own defense is due to mental health reasons, we provide competency remediation services. <Jill Ray via chat> state funding through DJJ realignment.

- (Teresa Pasquini) Coordinating discharge plans and how linking families/clients to resources for family support and therapy, is there a service actually linking them to outside services?

(RESPONSE: Steve Blum) This is something we need to better with (and I mean BHS, not Probation). I think we need to improve how we reach out to families and follow up in terms of their support and the difference it can make to the youths and their loved ones. It is just common sense.

If the youth go back to the same situation and it is so highly stress and what landed them here, it is no big surprise they may end up back. So, some of this has been started but I can't really say if it's fully developed in terms of working with caregivers. Sometimes we reach out and they don't reply but it is something we need to be better with. I will try to have a clearer answer if I am invited back as to what we are doing.

The hand off of youth when leaving, this is also something we are working to improve, having clinicians from other programs that will work with the youth when they leave and have an opportunity to meet with them while here before they leave so they are known to each other. We are

<p>somewhat dependent on the outside programs to do that.</p> <p>There is another wildcard situation that is new for me in my career, is that we are also at the mercy of the court. There are some youth that just get released with no warning. Probation provides linkage to housing and we are trying to strengthen that as well.</p> <ul style="list-style-type: none"> <li>• (Teresa Pasquini) Quick mention: First Hope and that would seem to be a natural program. It was a program we lifted up for prevention and intervention to work with our family and it seems like there are some natural handoffs to certain programs and tracking recidivism? What happens to these youth after they leave? (RESPONSE: Steve Blum) First Hope is the best of all the programs we deal with in terms of coming into the building, not just when they are leaving but when youth who are open to their program arrive. They never drop the ball.</li> <li>• (Cmsr. Swirsding) I have PTSD, being shot at. I work with youth in Richmond who are working on this issue because of the revenge issues. When you go to the hospital or into a program, they don't let you speak about it. I am in a program right now with military, police, etc. and it is all about those with PTSD being shot at and speaking about it has helped me more than anything else. Being able to speak about it. I am now able to stand outside and watch fireworks or hear gunfire and I'm not running for cover. A lot of it is just talking about it. Our programs with mental health, they don't allow you to speak about your experience and help work through it. I have heard this from youth, telling me about their experience. They need to tell their story and speak about it. I think those with PTSD and such should be separated to speak with others and learn to work through their issues. (RESPONSE: Steve Blum) One of the reasons we want to start a journal here like we did with project room key, and the video project, is to give them an opportunity to be able to tell their stories without filter. I think an issue for a lot of youth here is that they have lost of sense of authorship of their own lives, and as best we can, to offer a venue or outlet to provide an opportunity to address some of the complex trauma they face.</li> <li>• (Pamela Perls) Could you find out an answer to my question about whether there was any funding that followed? And are we going to schedule a tour? (Cmsr. Stern) We haven't discussed it but we'll get that going). (Steve Blum) Jill Ray answered the funding question in the chat. As to the tour, I am happy to arrange it.</li> </ul>	
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<p><b>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</b></p> <p>There has been some discussion regarding the collection of data and a letter response received from Anna Roth, Lavonna Martin , Dr. Tavano (this letter was screenshared)</p> <p>There was a letter this committee wrote to the Deputy Director Martin, Anna Roth and Suzanne Tavano. They responded and we are in the process responding back and have yet to send the response. I did not want to get into a discussion about that until the parties have had a chance to read our response. There isn't anything we can discuss at the moment, as it is still in process. We will skip this until we have sent the response and they have had a</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: <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>
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<p>chance to review. We will likely need joint meeting with all parties to hash this out.</p> <p>The letter is quite long denying our request due to privacy concerns and we have a response to that and we will table this for now and respond in writing and move forward from there.</p>	
<p><b>VIII. RECEIVE Report on Martinez Detention Facility (MDF) Tour, May 24, 2022, Commissioner Geri Stern</b></p> <p>The report and questions were screenshared. No pictures were allowed during the tour and are not allowed in the detention facilities. We did not take notes during the tour with all that was going on during the tour, going from room to room. There was a lot to see and absorb as we walked through the facility. After the tour, I forwarded a set of questions for Lt. Beltran to answer. He was kind enough to answer.</p> <ol style="list-style-type: none"> <li>How many inmates are booked every month at MDF who have a Behavioral Health/Substance abuse Diagnosis? <i>Per medical; an estimated 50 inmates a month with a Substance Abuse Diagnosis, and estimated 25 with a Behavioral Health and Substance Abuse Diagnosis</i></li> <li>How many inmates are in your F module and are any of them suffering from Mental Health disorders? <i>There are approximately 47 inmates currently on F-Module (males and females). Estimate 39 inmates on F-Module have a Mental Health Disorder.</i></li> <li>What is the module that houses female inmates? <i>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.</i></li> <li>How many female inmates do you typically have per month. <i>We have a monthly average of 20 female inmates at the MDF and 60 at WCDF.</i></li> <li>When will M-module be ready for occupancy, and will inmates be allowed to get fresh air outside for recreation? <i>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.</i></li> <li>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? <i>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.</i></li> <li>Are the female and male inmates on F- and M-modules separated or do they cohabit together? <i>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.</i></li> </ol> <p>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</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: <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>

<p>“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.</p> <p>There is a tour of the West County Detention Facility (WCDF) in September during our regular meeting (September 27<sup>th</sup>) at 1:30 p.m. Anyone interested in taking part in the tour in September that did not participate in this May tour, please let myself or Angela know, as you will need to fill out the forms/paperwork to attend, and it takes some time for it to be processed and we will need to get those forms sent to you right away and get them back and into the sheriff’s department.</p>	
<p><b>IX. REVIEW Conservatorship concerns and DISCUSS issues that need to be addressed &lt;screenshare of talking points&gt;</b></p> <p>Talking points from Lauren Rettagliata:</p> <p>What happens when a Conservatorship fails?</p> <ul style="list-style-type: none"> <li>• Is there a check-up after the first week, then the first month and then every quarter for the first year?</li> <li>• What happens if it is obvious that support was removed too soon?</li> <li>• Allowing the person to have to completely re-enter the process puts the person in very dangerous situations.</li> <li>• What is the "Stepdown Process" when released from Conservatorship?</li> <li>• Where does a family go for advice on Conservatorships?</li> <li>• Can we find a way to fund the Office of the Public Guardian? It’s an unfunded mandate. How do we fund it?</li> </ul> <p>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.</p> <p>Talking points from Commissioner Douglas Dunn:</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Criminal justice LPS Murphy Conservatees (5-7), Misdemeanor IST (MIST--22) and Felony IST (FIST--60+) persons.</li> <li>• 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.</li> </ul> <p>(Rebekah Cooke) I can tell you there is no follow up and there doesn’t appear to be any stepdown at all. I say this from experience. It would be nice to have further discussion because my loved one has been suffering every second since she has been left off conservatorship with zero support which obviously needs to change.</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: <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>



(Cmsr. Stern) We need to look into and at some point we will need to direct these questions to the Office of the Public Guardian and see if they can come up with some answers for us. The second bullet point that Lauren mentioned is what happens if it is obvious that support was removed too soon? I don't know if anything happens. (Rebekah Cooke) I do. Nothing happens.

Allowing the person to have to completely reenter the process puts the person in very dangerous situations. We know from experience and sharing from Rebekah Cooke that it is the case with her loved one.

What is the step down process when released from Conservatorship?

(RESPONSE: Teresa Pasquini) I can tell you from my experience that the process is to continue to hope for a 5150, get the consumer in the hospital and hope for a 5250 and the process back into conservatorship. The hope is that the crisis is addressed sooner and put into conservatorship is ideal but not being released when and it not be necessary to go through the process is ideal. Unfortunately, I have had the experience of having two permanent LPS conservatorships established, one of which was ended too soon.

Based on that experience and spending the last 15-20 years advocating for families like mine, advocating for families like Rebekah's to not experience that kind of trauma and working both at the local and state level. Working locally without our county, specifically in the AOT (Assisted Outpatient Treatment) arena to call out the fact that there is no legal stepdown process from conservatorship to AOT, for example. This has now been legislatively corrected through Senator Eggmans bill last year and that bill was put into effect this year. I don't know what our county's process is for implementing it. I do, unfortunately, believe there is no legal way to put someone back into conservatorship.

The LPS act is very clear on what the steps are, but it doesn't mean there aren't opportunities for catching people before they fall completely off the cliff and, certainly discharge planning is another are. I do think that HIPAA (Health Insurance Portability and Accountability Act) is used for conservatees in a way that is absolutely not conducive to the what the intent of HIPAA is and there is a lot of stonewalling that goes on around that, in our county and all counties, to communicate with families and taking in and sharing information. The best interest of the patient is always supposed to be primary in HIPAA, and I can share a couple articles about that. I know California law is different and a bit stronger but I think these questions and the step up and step down is problematic and unless someone legally qualifies for a 5150, and again a 5250, they can't just be re-conserved once the conservatorship is dropped, which is why we should be taking very careful information from families about this process.

(Cmsr. Stern) This is a deep problem, there are lots of layers and each one has to go through the Office of the Public Guardian, has to be worked through and find out where the gaps are in the step down process and re-entry into conservatorship and there are lots that has to be looked at carefully. It is a long road for correcting a lot of the confusion and disfunction in that department. The last point from Lauren is can we find a way to fund the Office of the Public Guardian, if it is an unfunded mandate, how do we fund it? There is some money at the state level right now and I am wondering if we are reaching out in a grant or some kind of form to address this issue. There are so many things to fix in the Office of the Public Guardian. It is not funded. How do we get funding? Is it something we can ask the state for with this budget money? Who does know?

<p>&lt;Interrupt T. Pasquini&gt; This is a statewide crisis and very much part of the Care Court conversation with anticipation that the duties of the Public Guardian's office will increase if and when Care Court is implemented, which it looks like it will be. It has been an advocacy item with the state office for some time. I do think it is possible there will be some funding in the budget but there isn't anything yet. The governor's whole point for Care Court is to avoid conservatorship, so I think it's the political third rail. Everyone wants to avoid it. That's great but it is the law and if you qualify, it should be provided and there should be funding that allows for it.</p>	
<p><b>X. REVIEW/DISCUSS letter to the Board of Supervisors regarding the motion for a State-level Director of Conservatorship</b></p> <p>We received a response and there was some concern regarding this committee's recommendation through a Motion to the Mental Health Commission to have the Board of Supervisor's talk at the state level about a Director of Conservatorship. We received a message back, indirectly, that this was unhelpful and I received an email last evening from Supervisor Andersen which (sort of) clarified where the breakdown in communication was (screenshared email communication):</p> <p><i>The reason I am not recommending that we add to our legislative platform a Statewide "Director of Conservatorship," is because our Behavioral Health department does not believe it would be helpful in improving the success of conservatorships or that more would be executed.</i></p> <p><i>Conservatorships are determined through legal proceedings and decided by judges. Having a State Director over conservatorships would not impact judges. The judiciary is independent and a Statewide Director of Conservatorships would have no authority over the courts. Rather, changes in State law, that judges would be required to follow, would be more helpful in improving the outcomes for people who should be conserved.</i></p> <p>We aren't interested in trying to impact the judiciary. That is NOT what our motion was about. We are preparing a letter in response to the misunderstanding of our motion to Director Tavano and Commission Andersen. We just need help with a director who can oversee the entire process as Teresa Pasquini has elaborated in the last few minutes. This is a statewide problem. Every county is doing their own thing and there is a need for uniformity and someone who families can go to and can be accountable to if there is a problem with their individual Office of the Public Guardian in regard to their loved one.</p> <p>We know we can't influence the judiciary process, we are not interested in that. It was clearly a misunderstanding of what we were trying to present to the BOS and we need to have that understanding, so that when this goes before the entire BOS, everyone is on the same page.</p> <p><b>Questions and Comments:</b></p> <ul style="list-style-type: none"> <li>• (Rebekah Cooke) I do agree, I just feel in this department, I have experienced that there is no accountability and it doesn't seem like there is this responsibility and someone has to be able to organize the team so there are better steps in place and there aren't so many holes in the system. It feels like, to me, if there wasn't a Teresa Pasquini educating people in different places, they need someone who knows under one umbrella and has her hand in all of it, not just their department.</li> <li>(Cmsr. Stern) Yes, after speaking to Matthew Luu and Linda Arzio there are a lot of issue here that need to be addressed and there is no one steering</li> </ul>	

this ship. It is out of control from county to county there is no uniformity. This year, while we have the money, it is a great time to address this.

- (Cmsr. Dunn) When Teresa and I were participating as best we could in the incompetent to stand trial (IST) workgroup meeting, there was a director (Sarah \_\_\_\_\_ I forget her last name), she was head of the organization that works with county conservatorship departments. Her main thing was, without expanding the law on conservatorships, there is no funding for county conservatorships to do what they have been mandated to do. It all depends on local government budgets. She was asking for \$200mil a year, which is a small amount, so that county conservatorship departments can do what is currently asked of them. I can forward the contact information and her request if you would like. (Cmsr. Stern) Sure and thank you. Do you know when that happened? When she asked for that? (Cmsr. Dunn) several months ago.
- (Cmsr. Serwin) The letter we prepared and finalizing to send over to the BOS and Dr. Tavano, this issue specifically is not addressed. It seems we will have to extend that letter to respond to this point. In the letter, we state we are looking at the over-arching position and we don't say we are looking to change the judicial system and I think we should call it out specifically since Supervisor Andersen has been explicit now with this email and what the resistance is. (Cmsr. Stern) It is rather interesting that there was no discussion before it was rejected out of hand and sounds a bit frustrating. (Cmsr. Serwin) Yes we should send this letter and call for a meeting with Supervisor Andersen, Jen Quallick and this committee members.
- (Pamela Perls) I wanted to point out that BOS Andersen is a lawyer and what she is doing is a very common thing that courts are supposed to be doing. They are supposed to take the narrowest view to get to the solution, so what she is doing is rejecting out of hand by reinterpreting in the narrowest way how she can reject by saying 'you can't affect the judiciary' when, in fact, what I think you are asking is that the (hoped for) Director would be helping with regulations that could provide some funded services and some tracking and coordination with families and all that you have been speaking to. What I was wondering is, might it be helpful to rephrase your motion and put it before the commission again. I know that's a big deal, but I think it makes it very easy because of how it is phrased for her to say 'Oh, you are trying to influence the judiciary' and of course they are the ones that create / approve the conservatorship. Are we only talking about LPS or general conservatorships as well?  
(Cmsr Stern) The biggest concern is about the LPS conservatorships for those with behavioral health issues, not the disabled communities.  
(Pamela Perls) The reason I ask, is when you say a conservatorship fails, that still goes back to the court, so who is determining that it has not worked as hoped.
- (Rebekah Cooke) The accountability is not there. In my situation, the office is rotating quite a few officers. One walked out, another came in and the office is in disarray (revolving door). My loved one was assigned a new conservator, literally spoke with my daughter over the phone for 15 minutes at the most and told her she would be out in December. Well, she presents herself well. It takes a while, but once they figure it out, they understand, but it takes time, good notes and someone that has experience. There is no communication with the family or psychiatrist. There is not a lot of accountability, one person and his word is gospel and

from there, I kept fighting it and she gets dumped off in a homeless shelter and has been suffering ever since. The fact she was able to just get dropped off at a homeless shelter. Someone should be overseeing that! That is just inhumane at its worst, and it is uncorrectable. We can't correct it now, to Teresa's point, there is no going back "Ooops, you were right." So what harm does it do to have someone step her down and watch her for three months and see she is doing well on her own and is ready for the next level? There is none of that and they need someone to oversee that, because one department does one thing and another does something else and none of them are communicating and there are too many holes. Someone needs to be in place to catch and repair those holes.

- (Pamela Perls) What I was wondering, have you looked at, are the Guardian's under the judicial counsel? Are they accountable to the judge who determined the LPS? I am just wondering who supervises them. That will tell you where you can impact. (Rebekah Cooke) The only response I have is that there is a tremendous amount of accountability on those conservators. If the conservator is walking in and saying to the judge, this person is not quite ready, the judge is going to listen. If they are walking in with a determination they are ready, the judge goes off what they have been told and recommended.
- (Jen Quallick) I just wanted to bring to the surface, again. On several occasions, both Dr. Tavano and Supervisor Andersen has addressed the BOS will collectively support Dr. Tavano's interests. That being said, if it is an initiative that Dr. Tavano is not going to get behind, both have said, let's collectively figure out what we can support and it has not happened. So, to Cmsr. Serwin's point, I think that meeting, and whether it is explained however you want to modify the motion or bring to the table, something other than this Director of Conservatorship, this is not the direction she is interested in moving in and let's find a direction that we can collectively move in. (Cmsr. Stern) Well, I think we have explained they misunderstood our motion so, the fact that she is not willing to go in that direction is based on the fact she misunderstood and we need to clarify.
- (Teresa Pasquini) Can I ask that you please agendaize this discussion and it be a public conversation because we have spent hours and hours in this committee as a community discussing this topic and I know that Dr. Tavano has participated in a couple of those meetings and maybe an agenda item at the full commission where Supervisor Andersen is or a committee meeting where they both are and can come and hear, because this is a community issue and I do feel the intent of the motion was absolutely misunderstood, but I also think that maybe we should just focus on CCC, forget the state, we have a problem in CCC. I hope we will continue to have a community discussion around this and not have it go behind closed doors. I would like to see some transparency around that.
- (Jill Ray) Very quickly, I absolutely agree with everything Teresa said. This discussion should be open to the public to get as many people and perspectives there as possible. Those people who have this experience. I would highly suggest this be agendaized for the Mental Health Commission and an open discussion about conservatorship in our county and suggestions from the community, as well as Dr. Tavano can then address the concerns she might have so you all can hear them and talk with her.

**XI. Adjourned at 3:02 pm**

