MENTAL HEALTH COMMISSION
JUSTICE SYSTEMS COMMITTEE MEETING MINUTES
APRIL 26th, 2022 – FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Chair, Cmsr. Geri Stern, called the meeting to order @1:33pm Members Present: Chair - Cmsr. Geri Stern, District I Cmsr. Alana Russaw, District IV Cmsr. Gina Swirsding, District I Guests Lavonna Martin, Deputy Director, Contra Costa Health Services David Seidner, Detention Health Other Attendees: Cmsr. Douglas Dunn, District III Cmsr. Laura Griffin, District V Cmsr. Barbara Serwin, District II (2:56pm) Angela Beck Jennifer Bruggeman Dawn Morrow (Supv. Diane Burgis' ofc) Pamela Perls Jen Quallick (Supv. Candace Andersen's ofc) Jill Ray (Supv. Candace Andersen's ofc) Elissa Robinson (Supv Diane Burgis' ofc)	Meeting was held via Zoom platform
II. PUBLIC COMMENTS: None	
III. COMMISSIONERS COMMENTS: • (Cmsr. Gina Swirsding) Noted she was unable to join the Martinez Detention Facility Tour and that she is joining the Older Adult Committee, through Consolidated Planning Advisory Workshop (CPAW).	
IV. CHAIR COMMENTS: • Martinez Detention Facility (MDF) Tour: Only three (3) people going next month. Requesting new commissioners to join. Anyone thinking about going, please let us know. Requested, Angela Beck (Executive Assistant) to resend invitation to try to get a higher turnout.	
V. APPROVE minutes from the April 26, 2022, Justice Systems Committee meeting Cmsr. Gina Swirsding moved to approve the minutes as written. Seconded by A Russaw. Vote: 3-0-0 Ayes: G. Stern (Chair), A. Russaw and G. Swirsding Abstain: 0	**http://cchealth.org/mentalhealth/ mhc/agendas-minutes.php**

VI. RECEIVE presentation, Lavonna Martin, Deputy Director, Contra Costa Health Services (CCHS)

This being a new role for the Department, I wanted to give a brief overview. For those of you on Zoom, may know me from my previous role as the Director of Health, Housing, and Homeless Services (H3). Approximately nine (9) months ago, I transitioned into a Deputy of Health Services. Specifically, to support the operational team for Detention Health, but also to align and continue to support Health, Housing, and Homeless Services. H3 has a new director. This is a really exciting time and opportunity in the Health Department, where we are beginning to align to what naturally is occurring out in the community.

My background for the last 28 years has been in service to those persons who are unsheltered in our community. Through my experience, I have seen that next intersection of lived experience of homelessness and behavioral health issues, as well as food insecurity. All of that (for Me) gets to come together and I can think about how, as a system, we start to pull the resources to together to help individuals make smoother transitions. In my time, we have seen anywhere from 20% to 25% of individuals in the homeless system of care who have histories within the justice system. It is really important for me. I feel very privileged to be able to bring some of that experience, but also think about the vision for how we support individuals reentering our community.

I really do appreciate coming here today to talk a bit about how, we at detention health can envision that, which is through re-entry services. There is one key tool that I think will help us further our efforts. The focus on the conversation today is our re-entry efforts, not only look like currently, but what we hope for. I came into detention health, as my team will tell you, saying I really want to talk about what's next. I don't want to necessarily speak to what is happening right now in the individual's life because this is not their home or their life. How do we stretch that and think about what comes after.

Characteristics of Contra Costa's Incarcerated Population (data for 2022):

- 30% served in adult detention are receiving mental health services, on par with the State of California is also seeing across the state. The data suggests that approximately one-third of individuals in the state prisons and jails have some level of mental health diagnosis.
- One-third individuals booked since January have self-reported substance use disorders (SUD).
- Approximately 3750 re-entered the community in 2022. Approximately 250 are juveniles, released from Juvenile Hall or Orin Allen Youth Rehabilitation Facility.
- 86% in our system have either Medi-Cal or no insurance at booking. Once entering our facilities, Medi-Cal gets paused. This is so important as we think to how we utilize the new CalAIM efforts to support individuals re-entering the community with the services they need.

Current Re-Entry Activities:

- Work with Behavioral Health financial counselor to submit/reinstate Medi-Cal
- Provide 30-day supply of required mediations prior to release (or e-script)
- Referrals to crisis residential programs
- REMEDY groups by Transition Clinic

- Hold re-entry groups on F Module
- Piloting re-entry groups at West County Detention Facility (WCDF)

CalAIM justice-involved initiatives support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their re-entry. Initiatives include:

- Pre-release Medi-Cal application process
- 90-days services pre-release
- Behavioral health linkages
- Enhanced care management
- Community Supports
- Justice re-entry and transition providers.

The State of California has said to everyone that Cal-AIM must be implemented in communities by January 2023 for those in detention or correctional facilities (adults and youth). Cal-AIM has already kicked off in our community, but I do want to acknowledge there are some aspects of the new CAL-Aim that are already under way (we were required to get those underway by January 2022. The Justice involved initiative is coming in January 2023. We were already working hard with our partners to understand what is needed to ensure individuals have all the supports they need to make a better re-entry into the community. Cal-AIM Partners:

Sheriff and Probation Detention / Correctional Facilities

- Detention Health: (Intake) Take a primary role ensuring that services and the necessary connecting services are started and delivered inside the facilities.
  - ◊ Medi-Cal Application Assistance
  - ◊ Initiate BH Services
  - ◊ 90 days services pre-release
- Employment & Health Services Department (EHSD)
  - ◊ Process Applications
  - ◊ Activate & suspend benefits
- Behavioral Health Services (BHS)
  - ◊ Warm handoff to BHS
- Contra Costa Health Plan (CCHP)
  - ◊ Authorization and payment of Medi-Cal Services

What the Implementation Structure looks like? Development of:

- Cal-AIM Executive Steering Committee
- Cal-AIM Justice-Involved Steering Committee with the following partners:
  - ◊ Medi-Cal pre-release application workgroup
  - ◊ Enhanced care management (ECM) for justice involved workgroup
  - ◊ BH warm handoff workgroup
  - ◊ PATH (Providing Access and Transforming Health) Ad Hoc workgroup

Planning and Implementation Priorities:

- Keep needs of lived experience at the center
- Disrupt the silos
- Leverage all aspects of CalAIM and other resources
- Build system capacity to implement
- Shift from referrals to actual linkage/services

Questions and Comments:

- (Cmsr. Swirsding) How does CalAIM work with local police departments because many of them are the ones that arrest and transport consumers to the jail. They know the community really well too. My second question, you stated 30% in the jail have mental illness, I think they all do (my impression). Are you referring to severely mentally ill? (RESPONSE: Lavonna Martin) The 30% are those individuals who, in our jails, are receiving mental health services, varying levels. We are not necessarily speaking about individuals who are severely mental ill (SMI) but individuals who might need varying levels. (RESPONSE: David Seidner) Individuals who are actively engaging in mental health services, either through medication management with our psychiatrist or ongoing individual therapy with our mental health clinical specialist, speaking who we serve, again we serve a whole variety of individuals with chronic mental illness, developmentally delayed, learning disabled and <missing audio, Cmsr. Swirsding not on mute spoke over Mr. Seidner>, post-traumatic stress disorder (PTSD), adjustment disorder, we are not bound by the primaries of Medi-CAL. Last time I spoke to the commission, I spoke a bit on our duty, which is to a whole spectrum of individuals and mandatory care to behavioral health to acute care.
- (Cmsr. Swirsding) How do you deal with the elderly? (RESPONSE: David Seidner) The population is a priority for _____ navigating, so it is less about a chronological age, it's more about is a person struggling with independent living skills? Is the person struggling with activities of everyday living and being able to navigate? Are they receiving negative peer attention? It is not age, but much more of support and therapeutic activities. (RESPONSE: Lavonna Martin) We are just really critical as we are thinking about individuals re-entering community and what sort of supports and services they need to really help them live their best quality of life. So, it is not only housing but also making sure we are getting them connected to the physical health care they need, supports and primary help homes. It is really important as we are thinking about redesigning our re-entry. We actually do have to be mindful of individual's needs. Age might play a role, just as anything else.
- (Cmsr. Dunn) Are you aware of the incompetent to stand trial (IST) situation? There will be individuals either coming back to Contra Costa County or not being transferred out within the next three years. Are you aware of that and the planning for it that is involved? (RESPONSE: David Seidner) Our primary focus are the people we care for. We have an awareness regarding what is happening in the criminal justice system and we have a healthy distance. We want to be mindful of the dual relationship and want to advocate on behalf of our patients. But we are also not a criminal justice partner. We are aware, hovering, paying attention and seeing how it will impact our patients and services. I would stay we are not at the table.
- (Cmsr. Stern) I am going to throw out these questions for either to answer. When you say 'piloting re-entry groups', what does this mean? (RESPONSE: David Seidner) We have long established groups on our mental health module, which include re-entry and we are looking at feasibility for sending those re-entry groups to West County. We go where the need takes us. Our primary focus has been acuity stabilization, but people need more than that. People have to thrive and need support as they are in the

middle of recovery. We have been offering groups for the West County team and figuring out the 'bumps in the road' where these fit into the custody schedule. How do balance the work we have and this new (kind of) service line. The people we serve absolutely the group and there is high satisfaction with the group. So, we can do something, you can live something for so long, but can you do it 10 out of 10 for 12 months? We are really looking at that aspect of it for each person. (Lavonna Martin) That also supports that we are not just waiting for CalAIM to 'kick in' but our opportunity to understand where additional need is and to get in and start working through it to see whether or not we need invest, as we now have opportunity through CalAIM. What additional support that traditionally wasn't offered in one of our facilities that we certainly see a need, can we now take advantage of the CalAIM opportunity as it kicks in. This gives us a chance to learn a bit before it actually goes live.

- (Cmsr. Stern) Are there any people in your behavioral health modules who are not brought in because of a legal matter? (RESPONSE: David Seidner) Our experience is that all individuals incarcerated are there for criminal proceedings. There are some civilian codes connect with CONREP (Conditional Release Program) mentally disorderly offender's (MDO) where they are considered civilians pending transfer to the state hospital. All individuals that are incarcerated are connected to the criminal justice system. For someone to be incarcerated is connected to a superior court.
- (Cmsr. Stern) What are enhanced care management services for? (RESPONSE: Lavonna Martin) Enhanced care management (ECM) services are those wrap around services (defined as intensive community support). Individuals who may have physical health needs to manage a chronic illness (i.e., diabetes) and absolutely need someone there to provide intensive support. If it's daily check in, that is what is happening. If they need behavioral health supports, what their can plan looks like in addition to their physical health care and ensuring some of those social needs (like housing support). ECM is really that wrap around and they can pull in some other parts of the system to ensure that intensive support happens. (RESPONSE: David Seidner) ECM is fundamentally a benefit through the Contra Costa Health Plan (CCHP), including private insurance. As we work with our health plan partners and leadership, this is a benefit. I think family members can make referrals to ECM, the individual can self-refer to ECM. This is not ground are particular to justice involved, we are one of many people underneath that umbrella. We absolutely do not want people to think they need to be incarcerated to access it. We happen to pool here, but the benefit of ECM is a health plan benefit available to everyone who is eligible.
- (Cmsr. Stern) Is there any kind of public awareness that is going out there so people know that is a benefit they could access? I've never heard of this. (RESPONSE: Lavonna Martin) Great feedback. Thank you for letting me know. There is, as I showed earlier in the slides, we are connected to a larger CalAIM executive steering committee and can most certainly share that feedback. Again, it is a benefit now and one of the shifts in CalAim from whole person care is that now it is a benefit for those individuals who have insurance. Obviously, if you have MediCal, you are now open to these services if you meet one of the criteria. The criteria is: (1) experiencing homelessness; (2) adult high utilizers-five (5) or more emergency room visits in a six (6) month period and/or three or more unplanned hospital or short-term skilled nursing facility stays in that same six month period; (3)

adults with SMI or substance use disorder and actively experiencing at least one complex social factor (i.e., lack of access to food, housing, etc.); (4) are at high risk for institutionalization for overdose or suicide. Currently, what we do know is that 13% of the patients in detention currently qualify for ECM services right now based on current eligibility. As of January 2023, they will add one additional criteria, which are those individual who are justice involved. That would then open the gates a bit more for individuals who have history of incarceration and need those supports.

- (Cmsr. Stern) That begs the question of people who are experiencing those particular issues would really need to have a case manager involved to know how to access those services. It wouldn't be clear to them to know 'Oh, I'm having an active substance abuse problem and I can get ECM services' and would need to have some advocate for them or someway into the system, am I mistaken? (RESPONSE: Lavonna Martin) There has been outreach happening in our community. Our health plan has contracted with a variety of individuals. It is complicated but trying to make this as simple as possible. Our health plan has to contract with providers so we are delivering these services. Those providers (hospitals, behavioral health, H3) are also contracting with community based organizations (CBOs) that also do this work. As those CBOs are serving individuals, they would make sure that anyone who fits a certain criteria may be eligible for ECM and ensure they can get paid or connected to the system to do that. Our health plan is making sure they are reaching out to the community. It is important that people are made aware. I will make sure to follow up with outreach campaigns. (RESPONSE: David Seidner) This is exactly where we are in our developmental stage, the work groups. The ability to improve design, try out, test and that is our space between now and January 2023. Within detention health, we are the advocates and we are the providers, we are working on re-entry, discharge and our connectivity; we haven't figured out all the pathways or how it will work. That is where we are bringing all parties together. It starts with the health plan, getting referrals, approving providers and once the provider is identified by the health plan, we can then start doing the clinical work.
- (Cmsr. Stern) Now I understand this is a program you are just starting to design. One more question: When you say you are starting to shift referrals to actual services, will there be, are you planning to have reliable follow up, like one to two months post release to see if people are actually continuing with those referrals? (RESPONSE: David Seidner) Optimal what we want to be striving for is a warm hand off. The inside/outside approach in reach, that is why that 90-day MediCal window I there to financially incentivize the community partner to engage with the individual, because once the person leaves the facility it is a much different set of challenges and risk factors. I think even the legislation intended this, but we need to be able to fund and bill for it.
- (Pamela Perls) When you say re-entry, are we talking about leaving the jails or leaving a medical facility for some kind of transition? (RESPONSE: Lavonna Martin) Specifically individuals leaving incarceration. They are re-entering a community (hopefully of their choice), that we provide the support and services they need in order to be successful.
- (Pamela Perls) Are those populations also including the IST being transferred to a medical health facility where they are still on lock? (RESPONSE: David Seidner) When we talk about re-entry, the individual

has resolved their criminal justice proceeding. The status of IST has resolved that they are not competent in the foreseeable future. The superior court has to order release on the person. They could be returning to their community, they could choose to return to a residential substance abuse program, may be in need of a crisis residential (such as Hope House). For the person to leave the detention facility, they are proceeding our resolve, they could be on probation, need supervision, there is a multitude of outcomes and the individual (while they are identified as incompetent to stand trial) is in custody, that is our patient and we are serving that individual. We are also serving that person and help them navigate what is next for them when they leave the facility.

- (Pamela Perls) About how long again? You had said something about the MediCal 90-days, is that the only follow up? (RESPONSE) David Seidner) There are a couple of prongs. The MediCal application for everyone in the facility for individuals (again criteria for ECM and another that I was speaking to the legislation had in mind, a 90 day window was to really fund the community partners to connect with individuals BEFORE they leave the facility. Again, that is all up in the air. And there could be phases. We need to be patient over the next several years to see what happens.
- (Pamela Perls) Is the funding the dedicated for five years or something? Is it a shorter period of time? (RESPONSE: Lavonna Martin) This is our California approved waiver and those are approved for five years at a time. The state of California will have some new re-iteration of a waiver after the five years is up.
- (Cmsr. Swirsding) For those with PTSD (Post-Traumatic Stress Disorder) with service-dogs and also have physical disabilities (can't see, head injuries, etc), what / how do you deal with those that have service animals? How is that dealt with if they go in jail? Release? (RESPONSE: David Seidner) That is a great question for our partners. Yes, individuals with special needs and seeing or hearing impaired, other special needs come in to play. All of that is the responsibility of the sheriff's department and health services. This is not a question that has come up before and that would be a very good question.
- (Cmsr. Swirsding) Things have changed a lot with PTSD. I have PTSD, my dog not only helps me physically, but it also helps with the PTSD. My dog was trained by the veteran's, I'm involved in a veteran's group. There are a lot of veteran's now that are getting service dogs to help with their PTSD as well as other physical things they may have. My question is, I know you have vets that come into jail and coming out of jail, how do you deal with those individuals? I have never asked about vets but am curious about it. (RESPONSE: David Seidner) I'm going to respond but be mindful to my response. Connecting individuals to their services, wherever they are receiving services. It is reconnecting or making that initial connection. Yes, we want to identify that transition and connect them to services in veteran's affairs (VA) when we can. (RESPONSE: Lavonna Martin) Individuals with VA benefits, those benefits do not stop and they most certainly can continue to receive service through the VA that would have to be coordinated with custody, but if there is a need, they could receive their services there from the VA. I want to also acknowledge that health services are provided through detention health in our facilities without respect to whether you are a veteran or had private insurance before you came. Everyone is eligible for heath services. It is very rare where an

individual who was service connected could get specialty care outside of the facility, if needed, through the VA. • (Cmsr. Serwin) Sounds like CalAIM has provided the opportunity to focus on an integrative re-entry across the systems; ,so backing up into just treatment while people are incarcerated, is that more of a continuous improvement? There were all the improvements that came through with the planning after the Prison Law Office settlement. I have been told over the past couple years that a lot of that work has already happened. Is it just more keeping your eye on the ball there? and continuous improvement while this greater focus occurs now on re-entry? (RESPONSE: Lavonna Martin) I would say there's not necessarily greater focus, I think what CalAIM is allowing us to do is determine how we can ensure those supports that are currently provided in the facility. How do we assure individuals continue and when we think about re-entry services, how do we do it better? Ensure individuals, as they re-enter the community can get their same level of support as they need once they exit? Speaking to what is available now in the facilities, we are not taking our eye the ball there. What CalAIM is allowing us to do now is connecting to the next for individuals as they re-enter the community. Our behavioral health partners are a big part of that warm hand off as we were mentioning.	
VII. DISCUSS upcoming site visit to Martinez Detention Center on May 24th and the site visit to West County Detention, including the new Behavioral Health units. ➢ **What are our goals and objectives?** We will be touring Martinez Detention Facility (MDF) and will have four commissioners. If you have any goals or objectives for this particular visit today, please bring them up. If you want to think about them and send an email before we actually have the visit, we can then incorporate them into our visit and get the questions to the facilitator. **Questions and Comments:** • (Cmsr. Serwin) One goal would be to understand the response to the Prison Law Office settlement involved a plan for mental health and physical health. A lot of this work has already been implemented and I would like to know what part of the plan has been implemented and what is still ongoing and in future. I will forward all to you. • (Cmsr. Swirsding) My concern is that it is common for those with PTSD, the consumer may build up their stuff as protection, bringing their belongings up against the rails or walls where they stayed. I was told before that it would be cleaned up and the person would need to start back up again when they were released. Psychologically, they need help dealing with their PTSD. What / how do they deal with their personal belongings? What about their service animals? There are many service animals now helping those with PTSD, what happens when they go into jail? Where do their service animals go? I don't think they let them have them in the facility? (Cmsr. Stern) Please type up and send to me so I can gather these questions into one document to provide answers while we are there.	

VIII. DISCUSS Care Court:

- **How can we address the lack of placement for future individuals who are directed to treatment from these courts?**
- **How can we support Senator Susan Eggman with this bill to provide more guidance on where placement support is needed?**

- (Cmsr. Dunn) There is a lot going on about Care Court, both supportive of it, as well as strong opposition to it in Sacramento, yesterday and today. On the more local level, I sent in my letter supporting it. There are some things to watch out for in putting it together. If you want a copy, let me know and I can forward. It gets pretty personal.
- (Cmsr. Stern) I filled out mine and I am supportive of it as long as they have places to put people. That's the general comment from most that are opposed. If you have no place to put them, how are going to enforce it. You can't penalize the county if there is no where to put people. I think they have gotten that message hopefully.

IX. DISCUSS whether any Director of Conservatorship should have oversight of Care Court recipients/clients

- **All Counties are to have the same mandates, but who will provide oversite if no single entity is reviewing County participation?**

- (Cmsr. Dunn) I'm not sure that Director of Conservatorship, because we need someone to direct the conservatorships at the state level that is really responsible for conservatorship statewide. Right now, quite frankly, it is a big fat mess. No one is overseeing anything above the local county level. I think we need someone that oversees the placement for care court persons through out the state period, separate from conservatorship.
- (Cmsr. Stern) Do you know if there is any discussion at the state level about creating such a position?
- (Cmsr. Dunn) There hasn't yet, but now you just put an idea in my head that I can carry on. The letter I sent, I was informed by Senate through NAMI California, they got back to me saying 'great letter, it's also being forwarded to members Newsom's administration' so we will see what happens. That is the next iteration that needs to take place with legislation (SB1338 in the Senate and AB2830 in the House) that are supposed to legislate this to the legislature to have Governor Newsom sign. If it all goes well by July 1st.
- (Cmsr. Stern) It seems like some of these initiatives have been created because of a ground swell of support from the community that we need these things to happen, but at the back end, there is nobody to follow up to see what happens? How it's working? Is it working effectively? Are people actually being placed? There is no accountability. It is just let's make a mandate and move on.
- (Jill Ray) I have no comment on Senator Eggman's bill. I wasn't prepared to report on that. I know the county is just waiting for the state to provide more clarification on what they expect to do with Care Court. There is opposition and support and I think they are just working through those issues and waiting to see what is going to happen. Follow through and accountability-I think our county has been really good about, when implementing programs, to really monitor the data. Almost all our contracts through probation are going to be performance-based, which require data monitoring and is being added into contracts as we go

forward to ensure, even our CBOs, have the ability to collect data so we can ensure the decisions we are making and the funding we are providing is going to the right area to fill the gaps.	
X. Adjourned at 3:03 pm	