

MONTHLY MEETING MINUTES
MENTAL HEALTH COMMISSION (MHC)
August 3rd, 2022 – DRAFT

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions</p> <p>Cmsr. B. Serwin, Mental Health Commission (MHC Chair, called the meeting to order @ 4:31 pm</p> <p><u>Members Present:</u> Chair, Cmsr. Barbara Serwin, District II Vice-Chair, Cmsr. Laura Griffin, District V Cmsr. Candace Andersen, District II Cmsr. Kerie Dietz-Roberts, District IV Cmsr. Douglas Dunn District III Cmsr. Gerthy Loveday Cohen, District III (6:00) Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Tavane Payne, District IV Cmsr. Rhiannon Shires, District II Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I</p> <p><u>Members Absent:</u> Cmsr. Yanelit Madriz Zarate, District I</p> <p><u>Presenters:</u> Dr. Suzanne Tavano, Director of Behavioral Health Services</p> <p><u>Other Attendees:</u> Colleen Awad Guita Bahramipour Angela Beck Gigi Crowder Rebekah Cooke John Gallagher Jessica Hunt Tammy Kent Gerold Loenicker Michelle Marie Dawn Morrow (Supv. Diane Burgis' ofc) Teresa Pasquini Pamela Perls Jennifer Quallick (Supv. Candace Andersen's ofc) Lauren Rettagliata Vi Ybarra GL (?) - unidentified (925)207-4596 (?) - unidentified iPhone2 (?) - unidentified</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS</p> <ul style="list-style-type: none"> (Michelle Marie) I have a brother suffering from mental illness, diagnosed by Kaiser over 15 years ago. Approximately five years ago, he stopped his Rx, he went to Kaiser because his heart was hurting and the tech, told him "I wouldn't take that medication either" and let him go 	

instead of calling psychiatry and ask them to come adjust his Rx. He is now suffering so greatly that, basically as a cry for help, he has been putting signs all over his car. He is confrontational with his family, but not dangerous, he is not going to hurt anyone. He knows that if you come up to him to talk to him, he has been told if he hurts anyone or himself, they will 'take him' so, if he thinks the police are coming he will be the most calm person. He can't do that for very long. They need to keep him for at least two or three weeks to get him back on his Rx or we will just continue this cycle.

It was so bad the other day, I met him at Starbucks and he had the signs all over and saw he had a concrete block on the back of his car. The police were there, they let him drive off with those concrete blocks. I went to his house following him from Starbucks and the concrete blocks were off because I told him, if he didn't take the blocks off, I would report it. My understanding is that his wife left and he called the crisis line, but instead the police arrived. The crisis line called the police and they said they didn't have to come, we will just go over because we know him. It is absolutely futile. He needs to get back in for treatment and stabilization. He is getting more agitated, paranoid and yells at you like he's Jack Nicholson. It's impossible. It was so bad the other day at Starbucks, he was holding the side of my car as I got in stating he was being abused by these electric impulses, etc. A young couple stopped to ask if I was okay. I said he was my brother and suffers from mental illness. I'm okay.

He is not okay and should not be driving around. What do we do? We are in a loop. Kaiser knows, it's documented, the social workers know and they are too scared to make a decision.

(Cmsr. Serwin) Thank you Michelle, for sharing that information. If you would put your contact information into the chat or contact. (Michelle Marie) I will have someone give you my contact information, but I feel like this something for Seven on Your side (from TV) as it is so unreal. If Gavin Newsom wants to solve the problem with the homeless he needs to address mental illness.

- (Lauren Rettagliata) I would like all the commissioners to remember Louis Buckingham, our past commissioner who passed on July 17th. He was chair of the Justice Committee and a champion, especially for youth in detention. He chaired the Justice Committee during a very hard time and pointed out the deficiencies in the Martinez jail, especially those suffering from a severe mental illness. It was so heartwarming to work with Louis. He was so dedicated. We were so blessed as a commission to have his hard work and dedication. I hope his work, especially with the youth and with the justice committee, I know Cmsr. Stern is doing a great job carrying on the tradition he started. Thank you very much. I don't know if Michelle is still with us, but I have been in her shoes and it is such a hard thing to do. I do hope we are able to contact her and get her the help she needs.
- (Gigi Crowder) I have been in contact with Michelle Marie because, as well as two other families over the weekend after receiving 911's, texts, emails, because of individuals who were on next door and heard of another horrific situation with a 30-year old young man that was hit with rubber bullets. My fear is that, since Walnut Creek, Martinez, and Pleasant Hill has lifted up a Crisis Intervention Team (CIT), I have been hearing from residence that they are telling the mobile crisis response

team (MCRT) that they have it handled. Well, we are part of the design team, understood that we only need to use law enforcement when it is warranted.

When they showed up for Michelle Marie's brother, he was not, in that moment, agitated and so that would have been a great opportunity for MCRT to go in and speak with him to assess and possibly make some headway. We have an overcorrection in some cities. Some cities are saying 'we no longer respond' and have poorly managed 988 and the communication about 988. We are getting calls from individuals who think we know have a non-police response to mental health. So we need to keep education about that. The AB988 has not passed, although it has made it through Senate Appropriation and gone back to the assembly, the Governor has not signed it yet and we do not have it in place. I have gotten information from other counties that have clearly outlined what is happening and they don't have another program like us that we are lifting up, the A3 (anyone, anytime, anywhere) program.

The confusion could be settled if we did a better job around communication. I hope that will be taken seriously because there is a great burden on NAMI (National Alliance on Mental Illness) for people calling and thinking we have the resources, as Marie and several other individuals, with disappointment since we co-sponsored the bill. I don't know what needs to happen but it should happen because we are putting lives at risk by not taking action.

- (Rebekah Cooke) I have a statement I typed up and hope it can be included in the minutes. Statement read:

"I have tried to be calm and rationale as I have been dealing with this mess with the County and State. It is obvious that the various people and organizations in Contra Costa County are now treating this as a process and a nuisance, rather than a human being's life. Rather than correcting the mistake, the powers that be just want it to go away. What is not going away is the history since Shaylee was released last year and the day-to-day torture you have put her through.

Allow me to review the heinous, irresponsible chain of events. The criminal decision (crime against humanity) was made a couple days before Christmas 2021 to release Shaylee from Gray Haven. This was done by her conservator who had met with her once in person and did not deeply know Shaylee or her condition. The conservator did not seek to understand the history or the clinicians at Gray Haven. Did Shaylee demonstrate lucid, rationale, normal behavior over multiple weeks or months? No, she presented herself well on a day or two. Anyone and everyone with any understanding of Shaylee's diagnosis, and the mental illness field in general knows that this is a 2-3-year process for there to be any hope for success. Shaylee was just beginning to make progress at a time when group therapy and medical therapy was hampered due to Covid restrictions.

So based on the conservator's wisdom and vast experience, the plan from Gray Haven was for Shaylee to go to a homeless shelter in the middle of rain and winter. Technically, her conservatorship did not end until January 4, 2022. In those 12 days after she was released from Gray Haven, Shaylee lasted less than 2 days in the shelter, was provided transportation by the conservator to Colfax, CA which was experiencing sub-freezing temperatures and snow, had intermittent heating and poor conditions.

With the pain of her situation and some delusions, she proceeded to almost burn the dwelling down when she brought an outdoor heater inside, she got drunk and found street drugs. This all happened prior to January 4th.

Does this sound like someone who was ready for the world? Did the

conservator ensure that she had a place and the means to be safe? The answer is no to all these questions. So why didn't he revoke the conservatorship release and attempt to save her life? Where was any sense of human decency, human compassion?

With no heat and true decent living conditions, Shaylee returns to Danville/Alamo, and she is homeless in the dead of winter. She returns to Colfax where it is more of the same. She returns in February to Danville where she is homeless. During March and April, she ends up in Orange County. In that time, she is in and out of 4-5 mental health and detox facilities, is arrested twice (Laguna Beach and LA) and again returns to Contra Costa County. On April 26th, she is delusional and paranoid. She steals a car from our old neighborhood in Danville and evades the police. She checks into Santa Clara Valley Medical and is released after several hours. She proceeds back to SoCal and into a detox facility from 4/27 through 5/6. After exiting the facility, she again goes to NorCal. In May, she steals another car. The paranoia and delusions are rampant. She is now afraid to be in Contra Costa County and lives with the boat people off Sausalito. She believes she can find a life and housing in Oregon. Before she leaves, she is arrested again in Sacramento. Oregon is dangerous and Shaylee returns to Sausalito. She is sick, tired and her feet are infected. Her latest plan is to slip into Mexico. She has no identification or passport. Basically, it is not a plan. Shaylee is searching for a place to die. Contra Costa County was responsible for Shaylee. She was a ward of the County and State. They have been negligent and liable. The County had the opportunity in December 2021 to get this right and made a heinous mistake that they have been unwilling to correct. Shaylee is not dead, but it is only a matter of time." <Timeline with full statement attached to minutes>

III. COMMISSIONER COMMENTS

- (Cmsr. Gina Swirsding) Report on Juneteenth festival. I attended and I really loved this. It was one of the greatest events I've attended. Yesterday I went to National Night Out and handed out the same flyer. It is all about services available in the West County. As a result, especially at the Juneteenth event, people were spreading the word to come to my table. I heard many stories of Alta Bates lacking in RNs in the ER and there are staff coming down from the floor to help. When I was at the ER, I was speaking to staff, they were agreeing that there is a big shortage. During the event, one of the family members stated since COVID, they have witnessed psychiatric emergency service s(PES) going 'downhill' I believe the problem of clients not getting response is the overwhelming load of COVID on the institutions. I am really surprised (this one family member's sister) has been in and out with PES in Martinez and stated her condition has worsened since all this has happened. It is not just Contra Costa County, because I had the same experience at Alta Bates. Some staff are quitting due to the shortage and being overworked and burned out.
- (Cmsr. Geri Stern) There will be no Justice Systems committee meeting in August. This is the last time I will be asking for staff who would like to go on the tour of West County Detention Facility on September 27th (Tuesday) at 1:30pm. As of now, the list includes:
 - Cmsr. Tavane Payne
 - Cmsr. Gina Swirsding
 - Dawn Morrow

<p>If anyone else wants to attend, please send Angela Beck an email and she will get the paperwork to you to complete if you haven't done so already. (Cmsr. Serwin, Griffin, Dunn and Loveday Cohen, as well as previous Board of Supervisors (BOS) staff on the list).</p>	
<p>IV. CHAIR COMMENTS/ANNOUNCEMENTS:</p> <ul style="list-style-type: none"> i. Review of Meeting Protocol: <ul style="list-style-type: none"> ➤ No Interruptions ➤ Limit two (2) minutes ➤ Stay on topic ii. September MHC Orientation Topic is tentatively “Financing Mental Health Services” – Whether we have it or not is dependent upon how successful I am getting the resources together that I need to put together the content for that module and contacting the Chief Financial Officer (CFO) for Behavioral Health Services (BHS) and hoping Cmsr. Dunn can help as well. iii. Mandatory meeting attendance for full Commission meetings and Committee meetings – If you are unable to attend this meeting, please contact the Chair and Vice chair via email and cc the Executive Assistant (EA). If unable to attend your Committee meeting, please email the committee chair and cc the EA. Please let us know you are unable to attend and the reason. If it is something that is unable to be avoided, it will be excused, otherwise it will be unexcused. iv. Mandatory membership on at least one standing committee (two in the case of Executive Committee members). v. Welcome newest Commissioners: <ul style="list-style-type: none"> ➤ Gerthy Loveday Cohen, District III ➤ Kerie Dietz-Roberts, District IV <p>NOTE:</p> <ul style="list-style-type: none"> • There will extra time for the Crestwood Report, Agenda Item X. • We are removing Agenda Item IX. We are not ready to report out on this. 	
<p>V. APPROVE July 6th, 2022 Meeting Minutes</p> <ul style="list-style-type: none"> • July 6th, 2022 Minutes reviewed. Motion: D. Dunn moved to approve the minutes. Seconded by T. Payne. Vote: 11-0-0 Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, K. Dietz-Roberts, D. Dunn, G. Loveday Cohen, L. May, T. Payne, R. Shires, G. Stern, G. Swirsding Abstain: None 	<p>Agenda and minutes can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. “Get to know your Commissioner” – Commissioner Tavane Payne</p> <p>Thank you for the opportunity to introduce myself and why I applied to be on the commission. I grew up very strong-willed, “black and white” with no grey area. So, I went into law enforcement and work many various avenues, and with a lot of kids. I worked in schools with kids and got to know many student. A lot of times when I would go on Domestic Calls that involved the kids parents, and intricacies of that. I became a police officer and then my spouse asked me to quit doing that then found out he was having an affair (with my best friend) which caused me to ‘short-circuit’ and growing up as I</p>	

did, I just could not handle the situation. I went into severe depression. Lost my house due to this and the timing with the economy and housing market. I then found a job in juvenile probation. I worked in the girls unit, I loved it. The sad part is, for girls, it doesn't matter what their mental status is, gang affiliation, age...they are all funneled into one unit. Very young with older girls, gang members with non-gang affiliation. It is very sad. Then I got stabbed and post traumatic stress disorder (PTSD) followed. I was at another low. I know how it feels, I have seen the mental health system and we need a lot of improvement. When I started to hear about the commission, it led me to reach out and try to help in a positive way. I have a lot of ideas and want to narrow it down to where my focus is best served. I am very interested in how things work. I did work for the county. It took 12 years to be retired on medical from the stabbing and I know the struggle people go through with various mental illness. I have family members, such as my sister that is in another 'dimension' and growing up living with her, it was difficult to process. So that is my quick background. If anyone has questions, I'd be happy to discuss.

(Cmsr. Swirsding) I want to thank you for coming and being on the commission. It is nice to have a police officer her, your experience to share. We haven't, as I recall, having a police officer on the commission.

(Cmsr. Payne) I was a police officer on the streets of Brentwood, also. I'd like people to know, from the law enforcement perspective, is to share what it is like on the beat. People say, "Oh they only had a cell phone, why did you shoot them?" There are cell phone guns, if you research that, you will find they look just like a cell phone and can shoot. So when a person points at a police officer and state they just have a cell phone, it can be a gun. Someone was discussing about bullets, the rubber bullets. That I better than shooting someone with real bullets. I know that isn't great, but it is better than lethal means. I have been shot with rubber bullets, it stings a lot. But I do understand what you are saying, Gigi. There are better ways. One of the things I get, especially with children. I chose to let them decide their outcome and put it to them. "How are you feeling? Talk to me." That avenue as a police officer, not the immediate response to shoot, even though I was ready. I chose to go the "Let's talk about this and try to get through" route. We need more officers that can speak to them like they are in control of their outcome and how the situation is going to go.

VII. UPDATE on letter to the Board of Supervisors (BOS) regarding the Quality of Care Committee's motion relating to applications for Behavioral Health Continuum Infrastructure Program (BHCIP) and Community Care Expansion (CCE) grants (5 minutes)

(Cmsr. Serwin, referencing the letter in meeting packet, Attachment A)

At our July meeting we passed a motion regarding the BHCIP and CCE grants. The goal of the motion was to inspire the greatest efforts possible to win California grants that will be used to build infrastructure for the behavioral healthcare system in California counties. This letter was sent to the Board of Supervisors (BOS) to present the motion. We never just send the raw motion, we always send it with a letter to provide the context and thinking behind it. To refresh you all, here is the motion:

"Toward the goal of capitalizing on an historic opportunity to build infrastructure essential to the delivery of mental health services in Contra

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Costa County, the Mental Health Commission advises the Board of Supervisors to encourage Behavioral Health Services to continue its strong efforts 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."

I will read the last paragraph from the letter:

"The point of the Commission's motion is to underscore the historic opportunity of the BHCIP and CCE grants and to make certain that absolutely everything that CAN be done IS done to capture a significant portion of these funds. This could mean more analysts or more grant writers, fewer barriers to reviewing and green-lighting projects, and/or greater commitments of County dollars to fund treatment programs that will be housed by the new infrastructure. Additional grant writers in particular could make a significant difference. Every possible advantage should be considered, every step of the way.

I just wanted to make sure everyone was aware our motion had been forwarded and this is the letter that was sent to the BOS. Does anyone have any questions or comments? <no hands raised>

Questions and Comments: None.

VIII. REVIEW/DISCUSS letter to the BOS regarding the Justice System Committee's motion requesting BOS legislative platform support for a State-level Director of Conservatorship (15 minutes)

(Cmsr. Stern) It was brought to our attention by Supervisor Andersen that Dr. Tavano did not believe our motion to the BOS was helpful. She did not believe it would cause the judiciary to increase the number of conservatorships. This is truly an illuminating insight into the workings of the BOS and the Director of BHS. First, our motion has absolutely nothing to do with wanting more conservatorships. In point of fact, having more people conserved without adequate placements for them would create more challenges than we already have. Dr. Tavano did not address our committee with any questions and made comments about it to Cmsr. Andersen without clarifying her concerns with our committee.

This action was clearly demoralizing to our committee, which had just completed a year of investigations into the workings of the department of the public guardian. The conclusions that Dr. Tavano reached had nothing to do with our motion. If this motion had been fully read and clarifying questions about it had been asked, it would have been understood that our intention for requesting a Director of Conservatorship at the State of California was based on findings that since there is no one advocating for conservatees, nor navigating the giant ship that is conservatorship within the 58 counties in the state, there is no oversight or accountability for conservatees and their families at the state level. Thus, when a problem arises, families are often left with 'thoughts and prayers' or comments such as "we are looking into it" or "we understand you must be frustrated".

These are not actions that accomplish anything for the conservatees or their families. We fully understand the many new bills before the legislature at the moment. Some of them are sponsored by Susan Eggman who is working

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at the state level to move these forward and some are from other legislative committees. However, the accountability aspect for assuring how these new programs will be held to any standard in a comprehensive state-wide way, does not seem apparent.

It is with this in mind that we wrote this letter refuting the claims that were not addressed in our attentions. We will now be exploring the possibility of Mental Health Services Oversight and Accounting Commission (MHSOAC) might be an avenue that might help us take to the state level, since they are a statewide mental health commission and are given the responsibility of looking at these concerns in the overall state of California.

Questions and Comments

- (Cmsr. Dunn) I have been following the SB 1338 Care Court legislation as it has been working its way through both the senate and the assembly. The thing that Senator Umberg and Eggman, the two primary sponsors of this legislation, indicate: If there is a failure with Care Court, the default option is going to be the conservatorship and we understand, that besides the MHSOAC, they are looking at the Department of Health Care Services (DHCS) to do a deeper dive into more statewide oversight of conservatorships. I personally feel this motion puts the focus where it needs to be going forward. It's a pair for what I have been hearing at the state level, that they really don't have a good grasp of what they are trying to do, when things fail, let's just go to conservatorship and they don't know what all is involved with that currently. That's why I see the importance of this particular motion.
- (Cmsr. Andersen) I just want to put in context what our legislative platform, the way we typically have it work. Members of the BOS, others make recommendations to be added to the platform. Typically, we go to the departments to ask for their input, whether they think this will be effective in dealing with the issue we are trying to address. In this instance, when I went to Dr. Tavano, before it went to the legislative platform, I asked if this is something that you believe is going to help our conservatorships in CCC. The response, as was acknowledged, was that she did not believe that having a Director of Conservatorships on the state level would bring about the change, that perhaps, the commission would like to see happen with how we approach conservatorship in CCC. Ultimately, a judge relies upon whatever laws are in place to make a determination of what is in the best interest of the individual. For that reason, I suggest instead, let's work together with behavioral health to identify laws that would improve the process. Just having a director is not going to change that process, and will have no control over what the laws are or how courts interpret them. For that reason, I did not suggest we move it forward, only because I did not feel we had the support of BHS. To me, it's very important that this commission work to support what we are trying to accomplish and work together with BHS. There is nothing to prevent you from requesting the BOS put it on the legislative platform, but they we will certainly turn to Dr. Tavano to understand whether she thinks it will be the most effective means to improve how conservatorships take place in our county. Yes, absolutely Care Court is another issues. I don't know if Dr. Tavano wishes to address, but that would be best. Or you can just move forward with this letter. I just don't want the commission taking time to advocate for something if it is

not something BHS does not believe is going to be the best way to accomplish what we are trying to do.

- (Cmsr. Serwin) I just want to say up front, that I feel uncomfortable with the notion that one person would possess so much power and control to essentially shutdown a motion that many people have worked on and have done the research and the analysis and are looking to a country-wide expert, Alex Barnard, who is recommending this approach. As a matter of procedure, I would just like to state that. (Interrupt: Cmsr. Andersen) By all means, you can send the letter. You can take it to the legislative committee and see where it goes from that standpoint. I am just sharing my perspective because I tend to want to find ways to work cooperatively with our departments. It is not just one person, Dr. Tavano is the department head over BHS and so she is representing the entire department. That is, again, up to the MHC to move forward. You certainly have that prerogative.
- (Teresa Pasquini) Thank you Cmsr. Stern and your committee. I have been trying to be a strong partner and community member with your committee and process. I want to say, also that my heart goes out to Rebekah who has (no secret) become a dear friend of mine. She was originally referred to me by Cmsr. Anderson's staff and I was asked to help her two years ago. Honestly, I did my very best to advise her and help her. As well as advise the Justice committee to consider collaborative learning pathways for this.
I, like Cmsr. Dunn have spent a lot of time in state meetings and working closely with different legislators on legislative action. I did not necessarily agree with the direction of this, but I totally support the committee's desire and understand the recommendations from Dr. Alex Barnard to the committee and several members of the staff to his concerns. I really don't care, I just want to show my respect to Cmsr. Stern, the committee, and the commission to urge this to go forward and I really do believe our Board is not educated enough on the concerns of the community. You might here stories and complaints, but I don't think you understand what is happening to community members and I think it would be nice to have some leadership. It is not any disrespect to Dr. Tavano, I have known her the better part of 15 years or more. I know what her feelings are about conservatorships and has stated clearly that conservatorships are OPTIONAL and has stated it over and over again. But, when we need them, we need them. Is Contra Costa County providing that service adequately? I would like to see both the state-level action and the local action move forward.
The last thing I wanted to say is that I have been involved in this for 20 years. It was never my dream for that to happen. I hope one day it ends. I also want to say that I have sometimes been critical but have had the pleasure of meeting my son's new conservator, who my son loves. I was worried about this transition. He had a deep relationship with the former conservator who walked off the job. I am very pleased and thankful for the new staff member that is working with my family.
- (Gigi Crowder) I hear from family members every day. Every day. Some who have their loved one's in conservatorship and I agree with you, Cmsr. Serwin, that Cmsr. Anderson going to Dr. Tavano and getting input from across her staffing, that's not good enough. We need to have opportunities to have family members give input, not just here at the commission meetings, because some can't make it here because of the

time it starts. We need to regularly go back and do surveys so that you get the full idea of what it is like to have a loved one who lives with a mental health challenge and NEEDS conservatorship. I think about the individuals whose lives would be saved had they had the opportunity to have that, and around the care court, from my community, recognize that people from the African American community die in jail spiritually and on the streets. Care court has brought up a debate that it's about saving lives, it is not about violating someone's freedom of choice when they are not in the position to make a choice. So, whatever is going to support people to live, that is what we support at NAMI and we want to be able to have family members give their input in a way that honors the decision making process.

- (Rebekah Cooke) I agree with Gigi's assessment. I just want to say that I, as a family member, there are a lot of holes in the system. Whoever can oversee it to help, it seems there is reason to see the process. There is no reason for there not to be proper step down (for example). Having someone dropped off to a homeless shelter in the freezing rain and not having them be able come up with a career or work in a library or get them ready for the next step, that she could actually take care of herself. It is like putting blinders on at a cliff and saying 'good luck' as that is what happened to my daughter and it will be a miracle if she survives. More importantly, it will be a miracle, she doesn't want to come back to Contra Costa as she thinks the FBI is after her. She is probably going to go to Mexico and die. It is a tragedy. She should have had the proper step down. A conservator that has known her for two days had no business making that assessment. It is absolutely ridiculous. I think staff need oversight. Parents need to be listened to. We are all living in hell, everyday is hell for us.
- (Dr. Tavano) You all know I can't speak about any individual without their permission and I know it is very frustrating to many of you. Just for context, often times, people are talked about in public meetings and I don't have their permission to speak to that. I often have a great deal of information about the situation, I just can't share. I often feel at a great disadvantage in these settings.

What I have said about the conservatorship process is that it is a legal process and we have spoken to this in the past when we spoke about felony incompetent to stand trial (FIST). It is a legal process. It is the court making decisions and moving forward. That why I have said about FIST. That said, of course, if you all feel you have done this work and want to move forward with this advocacy, etc., it is very much of up to the commission.

I would add here, also, I am not against conservatorship. Those of you who are very knowledgeable about this, know that it is the BHS staff that are then called upon to appear when there is a decision being made about moving from temporary to permanent conservatorship, etc. It is actually not uncommon that BHS Staff are working to support the progression of a conservatorship. So, I don't want to leave any misunderstanding that we are against it, as it is not the case. Our staff are actively involved in presenting the clinical information that would substantiate moving from _____ to permanent conservatorship and then renewing conservatorship. I have staff that are called in all the time regarding this and so we very much support it. I have also said is that conservatorship is under the LPS act and, right now part of what I shared

with Cmsr. Andersen, if you look at the number of pieces of legislation related to overhaul of the LPS system, there is quite a bit going on. Quite honestly, that is what I have been paying attention to and trying to understand, and would recommend the same for all of you. There are very fundamental pieces of the LPS act that are being looked at. Right from the moment that a 5150 is initiated, in terms of when the clock starts. Are there serial 5150s? Are there stat 5150s? What happens between the 5150 and the probable cause from hearing for 5250? Once a person is hospitalized, there are provisions under LPS, if the person presents are a danger to others and actively dangerous, how hospitalization can be extended without a conservatorship hearing. There is now discussion about how to extend that for those who are committed or detained due to potential danger to self, grave disability and I recommend that you look at all of those pieces of legislation moving forward as they are part of the whole. I am not against conservatorship and I am not working against it. I have a lot of staff that are very involved in supporting conservatorships. In terms of a director with the DHCS, from my perspective, I don't see it as being overall effective, again, because it involves the judiciary. If your commission and committee feels it will make a significant difference, then of course that is very much up to you. That is the response I have given when asked.

- (Cmsr. Serwin) From my perspective, the gist of the proposal is not involved with the legal process of who and exactly how conservatorship is going to be awarded and plays out. It is really at a much higher level of having, across counties, many, if not all, of our clients are placed in other counties and it is really about when you have all these counties that need to work together that there is some guidelines and processes in place; specific kinds of communications in place and accountability for when the process breaks down. A central voice for financing and legislating on this topic. So, it is more of an administrative function than a legal function. It is one of things where you have this complex system with 58 counties running their own programs and they need to interact with each other and need to do it well; yet there is no standards or guidelines in place and that is just unbelievable. To me, that's just unbelievable. That's running a big shop with many parts with no head. That is what this motion is about, not who is getting a conservatorship or not.
- (Dr. Tavano) I very much understand what you are saying. I was trying to convey my thought process, where I see advocacy, the place change the system and the laws. The laws are the foundation of everything. That is why they are going back and really looking at the LPS act and, it is to your point. It's how do you standardize it so everyone has the same understanding of what the LPS act is about and how do you move it forward and not leave it up to individual county interpretation. Often times, it is county counsels in different counties that are basically doing the interpretation because there is room for interpretation. I am just saying that I have been focused on looking at the overhaul of the LPS act because that's where the law is and that's what guides the system; and so, in my opinion, a director of conservatorship, minus the work on the laws and the consistent application and understanding of the laws was where I was prioritizing. But, of course, the MHC is free to submit any letters and perform any advocacy they think will help.

<ul style="list-style-type: none"> • (Cmsr. Serwin) One last comment from me. I think, to your point, we need to be paying very careful attention to the legislation. But you also make the point that there is interpretation of how that law should be implemented, or the legislation should be implemented. Those are human beings and right now, that’s one person or many in all these different counties and behind every law is a person and, at a certain level, a law needs to have a level of accountability. So they don’t exist in a vacuum, they exist with people and so, this motion is about establishing that role. We will bring forth the legislation to the Justice Systems committee and will look at that, as well. • (Cmsr. Dunn) Besides the laws that Dr. Tavano is speaking to, there is also an issue of funding of conservatorships. In terms of the staffing it would take and that is also being discussed, as well. • (Rebekah Cooke) Just quickly, as far as just procedure (not legislative) is what I am speaking to. In our situation, had been able to go in front of the judge and obviously having contact with the families and stalk about next steps with the judge, it is also procedures. Not just the legislative assessment but coming to some protocol of what is the proper step down with family members and clients. • (Cmsr. Serwin) At the end of the day, when the rubber meets the road, it is about these kinds of protocols. Now, as far as next steps, the Justice Systems committee will reconvene and look at next steps. My guess would be sending out the letter but I am not the one to decide that. 	
<p>IX. REVIEW/DISCUSS letter to Anna Roth (Health Services Director), Lavonna Martin (Deputy Director to Health Services and Chief of Detention Mental Health), and Dr. Suzanne Tavano (Behavioral Health Services Director), regarding denial of the Justice System Committee’s request for data from Detention Health on mental health diagnosis in the detention population (15 minutes)</p>	<p><i>Agenda Item tabled for next meeting(still in review)</i></p>
<p>X. REVIEW/DISCUSS Crestwood Our House Site Visit Report, Commissioner Barbara Serwin (5 minutes)</p> <p>Our first report of our Site Visit Program to share out with the Commission and the public. It is for Crestwood Solano Our House Adult Residential Facility, Vallejo, California. We are excited to present, but there has been some bumps in the road and it is our first time putting together a report. We have reviewed and sharing out at different levels and whether we are actually taking the right approach or not, we are still working through that. Cmsr. Dunn and I are presenting this out to you now.</p> <p>The commission visited Crestwood on January 19th, 2022. The site team comprised of Cmsr. Douglas Dunn, (fmr) Cmsr. Alana Russaw, and (fmr) Cmsr. Kathy Maibaum with Site Team Mentor Cmsr. Leslie May, who had the experience with putting together the program and participating in the testing and acted as their mentor. The report is part of our packet as Attachment D. I would like to point out that the site visit and report is really meant in the spirit of continuous improvement and to provide Crestwood and BHS with an additional tool for site evaluation. It also feels the commission’s mandate to review mental health facilities that provide treatment to county residents. There are a few things to note about the site visit report:</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: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

- 1) It is all interview based, not about licensing and financials. It is all about quality of care and working with clients through interviewing.
- 2) All interviews were performed by commissioners.
- 3) Conducted virtually due to COVID protocols; no physical site visit.
- 4) Report review process – the report was drafted, the program director reviewed a draft to correct errors and clarify points of fact. Changes were discussed and report updated. The attached document is this version.

Our original intent was to have the report shared with BHS so they, too, could look for any clarity issues or incorrect information. Then report out to the commission. We have a difference of opinions as to whether we should just take it to the commission and the public at the same time as BHS and everyone present their ideas at once or to take the various step approach. I would like to get feedback on that, as well.

The method, this was a qualitative survey consisting of confidential one-on-one interviews. Commissioners interviewed a total of six persons served. Crestwood refers 'persons served' as clients. Six persons served (from over 40-persons served), two staff members and the Program Director.

There were three questionnaires used to conduct the interviews designed by the site visit team. One specifically for the Program Director, one specifically for Staff and one specifically for Adult Clients. The length of stay for those interviewed varied. Three people were at Crestwood for 2.5 months, one person was at the facility for a year and two had been at the facility for five years. There was a real varied range.

Crestwood Our House is a licensed enhanced board and care with 46 beds that offers a comprehensive range of treatment and supports in a home-like setting. The typical daily census is 44 to 46 persons-served. The majority of placements are filled by Contra Costa County residents (total of 31 clients on January 19th). The length of stay varies from one month to six months to one year; some clients stay longer. Quarterly meetings are held every ninety days to discuss discharge, progress, and other areas to work on. Notably, staffing includes an on-site Psychiatrist and Clinical Nurse, a medical doctor, Personal Service Coordinators (who facilitate all aspects of individual treatment, assessment and recovery) and Recovery Coaches (assist with independent living skills, medication management). In total there are 19 staff. This includes the Program Director, Activity Director, Service Coordinators, Recovery Coaches, a Vocational Coordinator, and a Clinic Nurse. Medical needs are met on site as well as in the community at specialty clinics and Emergency Room.

The goal of Crestwood Our House is to empower persons-served to take responsibility for their recovery efforts, stabilize their mental health, and learn life skills so that they are able to reduce symptoms, improve their quality of life, and live independently in their community. This goal is met in a variety of ways. Crestwood offers Dialectical Behavior Therapy (DBT) and Wellness Recovery Action Plan (WRAP) treatment models and has a strong Dual Recovery Program for persons-served who have a co-occurring mental health and Substance-Abuse Disorder (SUD) conditions.

The facility provides eight to ten hours of programming a day, including such classes as Cooking and Baking, Money Management, Budgeting, Personal Hygiene, and Independent Living skills, with many classes taught by Peer Providers. Computers are available for personal use. Clients receive personal

needs money from their originating county. It is an unlocked setting so clients are able to go out as they choose and offered as many outdoor outings as possible. They also self-administer their own medications with staff support. There are also many recovery groups offered throughout the day, onsite and offsite.

Standard intake procedure when a client first enters the program, the Director interviews each person served before intake. During this process they create goals, for example medication management and maintaining sobriety. Progress is tracked during their stay. A service coordinator is assigned to each person served and their role is to accompany this person through their journey. Planning for discharge is discussed right away and throughout their stay, to keep eyes trained on the ultimate goal of reintegrating them into the community.

The ultimate impression of Crestwood Our House is that persons served are happy and satisfied with the environment and services offered by the program. Staff interview enjoy and fee fulfilled by their work.

(Cmsr. Dunn) I had the opportunity to interview the Program Director, a staff member and three consumers from different ethnic backgrounds so I do feel I had a good broad feeling for how Crestwood Our House was operating.

In terms of strengths, everyone from the Program Director to staff and consumers I interviewed, they all basically stated Crestwood Our House really cares about the person themselves. That came through loud and clear. The consumers definitely felt the staff was doing the best it can, especially in consideration of COVID.

In terms of challenges, the consumers did not understand when I mentioned the term peer provider. They basically asked what that was, they did not know the term. The Program Director has clarified and let us know that 'peer providers' do a lot of things at Crestwood Our House and realize they need to do a better job pointing that out to the 46 persons residing at the facility.

In terms of mental health advanced directives, it is on the sheet, but five of the six consumers interviewed (including all three it interviewed) did not really understand what that is. Obviously, Crestwood Our House recognizes that is something they are going to have to remind the person served of the Advanced Directive.

The Program Director also pointed out that the lack of step-down housing is a big issue and, as far as CCC is concerned (we interviewed CCC residents only), the BHCIP round 3 is where this could be a big help for consumers coming out of the facility/program back to their county.

Questions and Comments

- (Cmsr. Serwin) I encourage everyone to look into the details of the report, particularly in the area Cmsr. Dunn summarized. There are many summary points on the direct feedback we received from consumers on a wide range of topics like persons served feel safe and believe the facility is secure, some persons served participate in DBT with three stating they like it. There is a lot of detail and I encourage reviewing. Cmsr. Dunn, I think you really covered the challenges well and except for the Program Director's concern about stepdown housing, most of the challenges came around to a lack of communication and; therefore, a lack of awareness. People were familiar with things without realizing what they were called, or forgetting about them. It was a bit of a

refresher on the concepts of things like peer providers and advance directives and the HIPAA laws and rights at orientation and should be refreshed regularly.

- (Teresa Pasquini) I just want to thank the Commission and the Committee for this report. It actually reiterates what I heard as I was there maybe two years ago. We had a young homeless woman that we took into our home, ended up being conserved and placed there. We went to see her on Christmas Day a couple years ago and I am familiar with the facility. My son has actually been in many Crestwood's. I was there when it was a locked facility, so I know the director, the program and am very familiar. I really loved the transition I saw from when my son was there to what it is now, when I visited this young woman. However, I also know the transition for that individual was very challenging and it supports the difficulty of transitional housing for this population, as well as going back to the 'Housing that Heals' vision. I would also like the MHC to consider how many of these folks conserved. Are they all conserved? I didn't notice any discussion about family involvement, what is the involvement of families? I think it's important to know how many of our clients have family involvement and how many don't.
- (Cmsr. Serwin) There are questions regarding family involvement. I will have to check on why that didn't come out in this particular report. There were just a few more things I wanted to cover about this report. We end the report with our 'Magic Wand' question. "If you had a magic wand and could change anything in this program, what would it be?" and I have a few direct quotes from the participants. The program director, not surprisingly, said "Community Housing for when persons served are ready to be discharged." One of the clients stated "More funds to take clients to outside events" especially in light of the ongoing COVID pandemic. Unfortunately, most of these outings, especially to such places as a Giants or A's game, cost \$60 per client not including transportation. Currently very limited events budget cannot absorb this cost. This came up over and over, where people just felt if they could get \$20 from the county per week to have an outing. It's difficult to have that community sense and the feeling of being out and doing normal and fun things. One client said "financial help, I need more than \$20 per week" another client said "to change everybody" from the perspective of for everyone to change to be well. I thought that was such a generous thing to think about it. That was their magic wish. The very last thing I will say brings us back to Housing that Heals. This report, Cmsr. Leslie May quoted Housing that Heals stating that Crestwood Our House is indeed a home where the heart is. It fills an important role in the full continuum of psychiatric care that helps mend broken hearts and bends that harm curve for the families with loved ones with a serious mental illness. I think it was wonderful that their vision is that we have care in the community that is meeting up to that vision we are all oriented to at this point. Kudos to Crestwood Our House and Kudos to the team that did this work.
- (Gigi Crowder) I came here because several members wanted an update about Nevin and Nierika House and what the plans are, where are we at with that? I don't know if that has been mentioned.
(RESPONSE: Cmsr. Serwin) It's not on the agenda but we can put it on the agenda for next month, I am happy to do that.

<ul style="list-style-type: none"> • (Gigi Crowder) I was hoping I'd hear they would be open before next month. (RESPONSE: Cmsr. Serwin) If Dr. Tavano would like to add something to the chat, please do so. • (Pamela Perls) I just wondered if there had been some resolution about presenting the report to the Executive Director before... (RESPONSE: Cmsr. Serwin) Thank you for mentioning. There are two options: One that it should go to the BHS Director to have the opportunity to fact check and clarify. The other argument is that it should go out to everyone at the same time so there is no possibility of filtering or otherwise altering the perspective that comes from the clients. That is not to say our BHS Director do that. It is just to say in general, that is what can happen. I am curious is anyone has perspective on that. This time, to remind everyone, I said that was our intention to provide it to Dr. Tavano and her team (Adult/Older Adult Chief) but ran out of time. • (Cmsr. Metro) In addition to Crestwood, when will the other reports be published, can we get an ETA? Thanks. (RESPONSE: Cmsr. Serwin) We have Hope House in its final phase and would like to have that presented at the September meeting. That was our last site visit. 	
<p>XI. Update Commission Membership and open seats, Angela Beck, Executive Assistant</p> <p>District II Member-At-Large seat is vacant District III Consumer seat is still vacant. District IV Member-at-Large seat is vacant.</p>	
<p>XII. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano</p> <p>Before I start, I'd like to discuss two things. The discussion about conservatorship and just to mention there are three types of Conservatorship: Probate, Limited and LPS. I think, you all are focused on LPS but I'm not entirely sure. Wanted to clarify which type you are referencing and the advocacy that goes along with it. Second, if you haven't already, for those newer to the conversation might want to check out the actual Welfare and Institutions Code (WIC) 5350 assuming you all have read the code itself in preparation for your recommendations, but in case you haven't, I just wanted to mention that as well. (Cmsr. Serwin) LPS.</p> <p>The other thing I wanted to mention that Gigi brought it up, very briefly about 988. AB988 is legislation that is moving forward within California that is a bit different and goes beyond 988 that has been discussed by way of the national suicide prevention line. The 988 number is actually been in existence for almost 20 years. It has been a number held by Contra Costa Crisis Center for 17 years. The difference that happened on the 16th of July is that the National Suicide Prevention entity announced that, in addition to the ten digit number used for the national suicide prevention line, in lieu of using that ten digit number, people could use 988 as it is easier to remember. This is coming from national movement across the country related to AB988 specific to California, but different. Also, to let folks know that Tom Tamura (Executive Director for Contra Costa Crisis Center) has been talking and he is becoming part of the A3 conversation and how do we fully integrate 988 with the A3 initiative. So more to come on that, but</p>	

please know those conversations are already occurring and have been for a while. We will report out when it is a bit more clear.

One more mention, we have always known how many calls are getting transferred from 211, 988, the national suicide prevention number and the CC Crisis center, all calls that go into them and how many calls have been referred from them to us, both to the BHS crisis line and the mobile response teams. That has been in place and is ongoing. Tom and I agreed that would be in the public service announcement that will be made about 988 and also tag how many calls are coming into the CC Crisis center other than 988 and referred to our mobile response team. We will report more as this all evolves but it's not something we are ignoring, and we are working very collaboratively on the process. I do know NAMI gets a lot of calls and will continue to but hopefully, as all of this gets clarified, they will all be routed appropriately.

The BHCIP ongoing work with the Steering Committee and the community at large – to quickly reframe it or remind everyone what this is about: There was a needs assessment of our system completed and interviews with key informants, a number of you on this call today were among those key informants and the broader stakeholder planning process, etc. What came out of that work were a couple things that, for sake of this group to remind everyone.

The priority areas identified by our Contra Costa Community included:

- Making services local so that county residents are not having to go other county to receive the level of care they need.
- Work to have all services are as readily available across the whole county.
- Whatever has been lost (i.e., Nierika and Nevin) be restored and go beyond that.
- Services are equitable.

Those are the priority areas identified by key informants and the stakeholder process. Also identified by the community, in terms of population first in need, at the top of the list:

- Contra Costa residents receiving their services outside of CCC because that is where those levels of care were offered.
- People involved in the justice system.
- Residents of East/West County.
- High need youth
- Transitional Age Youth (TAY) needing help with that transition.
- Older Adults.

*Please not all of this information is posted to our website including: everything about CalAIM and where we are, training videos, etc. are all posted to the BHS website, as well as the BHCIP updates and the needs assessment.

There have been lots of discussion on needs and priorities and how to prioritize, even with these grant opportunities, not all things will be possible.

What was identified as priority areas (BHCIP):

- Two (2) mental health rehab centers (MHRCs), listed as a 45-bed facility and a 16-bed facility. (Note: 45-bed facilities are very efficient from a cost perspective on the one hand; however, if you stay away from facilities that are more than 16-beds, they are not

subject to IMD exclusion rules and medical can be claimed for certain services.)

- A 16-bed crisis residential treatment program (CRT), preferably in East and/or West county, as we do have a CRT in Central county (Hope House).
- A 16-bed Adult residential treatment facility (ARTF) in East and/or West county to start balancing out, and with some co-occurring capacity (for those who present with complex needs with both mental health and substance use issues).
- A 16-bed Adult residential treatment facility site in East and/or West county.
- A co-occurring Detox and Residential treatment program, which somewhat relates to the adult residential/transitional residential program.

CCE Component having to do with Board and Cares, goes to the Department of Social Services (DCSS) and what I can update you all on, is that the county does not submit those but we reach out to partners to see who would want to forward proposals. I can update that we were hoping there would be two proposals coming from community organizations. One has already been submitted by a developer Resource Community Development (RCD) and with our endorsement and support, they submitted a proposal under CCE for up to 21 units and another development we are already helping to subsidize by way of non-competitive 'No Place Like Home' award for what will be 8-9 units and what will probably be a very lovely facility / housing complex in Walnut Creek. So, there proposal under CCE is for an additional 21 units in that same complex. Another community partner that many of you know well, we are hoping they do move forward and have indicated we are ready to sign a letter of support but are still finessing their proposal but we are hoping they also submit under CCE.

Another part of CCE that hasn't been spoken about very much historically because we were not made aware of it until recently, there is a preservation grant available under the department of Social Services Administration (SSA), but any department in the county could apply and accept funding. Under CCE, not competitive, we received notification that CCC was eligible for a \$5mil grant for the preservation of adult residential facilities geared toward older adults and persons receiving SSI. We coordinate across county departments, checked with EHSD, within health services. It was determined that BHS would accept the funding and then we will be working collaboratively with EHSD in setting up a planning process. If we are approved, if our implementation plan is approved, it would then go to the BOS to determine whether or not the BOS wants to accept the funding on behalf of the county. Again this is under the CCE grants but we weren't made aware until recently and we didn't want to lose the funding opportunity and we had to act quickly because some department within CCC had to say they would accept the funds by June 15th, so we worked quickly, got consensus from around the county, and went ahead and said we would accept the funding.

We have been moving forward based on the priority populations and based on the priority types of facilities. Thankfully to the BOS we did get approval to issue work requests from the Department of Public Works (PW). We have issued work requests to them and have been a series of meetings with them, including today that included their real estate section as well as the

architectural development. We went over our priority areas including the potential properties that had been identified and moving forward with actually conducting the preliminary work of assessing property(ies) to determine if it is a viable property for the county to purchase and then we would go from there in terms of the proposal development and including more of your comments and feedback. At this point, on property is already county owned, which I have mentioned before (Brookside Property). Another property in West County was just identified today, we don't own it, so I can't state the location, other than to say it was identified and spoke to PW about assessing that potential property. We found out the property being considered in East County (Antioch) was not viable after assessment of the preliminary work that had been done, it would not be a sound purchase for the county and it is not moving forward. However, two others in Central County will be pursued as well. So we have three to four we will be actively move forward with. First step is for PW to assess the properties to see if they are viable and meet all the county standards.

Questions and Comments

- (Cmsr. Dunn) I see on the slides for the MHRC – 45 and 16. How are those numbers arrived at? (RESPONSE: Dr. Tavano) It was part of the whole needs assessment and stakeholder process. Looking at the number of CCC residents who, at any given time, are in these types of facilities that are located outside the county. It has been brought up for years to bring them home and that is where these numbers come from.
- (Teresa Pasquini) Excited and Thank you
- (Dr. Tavano) Thank the commission for the letter of advocacy. Always appreciate support and when we are all moving in the same direction to a common goal.

XIII.Adjourned at 6:28 pm

Rebekah Cooke Statement to the Mental Health Commission, August 3, 2022 Meeting

I have tried to be calm and rationale as I have been dealing with this mess with the County and State. It is obvious that the various people and organizations in Contra Costa County are now treating this as a process and a nuisance, rather than a human being's life. Rather than correcting the mistake, the powers that be just want it to go away. What is not going away is the history since Shaylee was released last year and the day-to-day torture you have put her through.

Allow me to review the heinous, irresponsible chain of events. The criminal decision (crime against humanity) was made a couple days before Christmas 2021 to release Shaylee from Gray Haven. This was done by her conservator who had met with her once in person and did not deeply know Shaylee or her condition. The conservator did not seek to understand the history or the clinicians at Gray Haven. Did Shaylee demonstrate lucid, rationale, normal behavior over multiple weeks or months? No, she presented herself well on a day or two. Anyone and everyone with any understanding of Shaylee's diagnosis, and the mental illness field in general knows that this is a 2-3-year process for there to be any hope for success. Shaylee was just beginning to make progress at a time when group therapy and medical therapy was hampered due to Covid restrictions.

So based on the conservator's wisdom and vast experience, the plan from Gray Haven was for Shaylee to go to a homeless shelter in the middle of rain and winter. Technically, her conservatorship did not end until January 4, 2022. In those 12 days after she was released from Gray Haven, Shaylee lasted less than 2 days in the shelter, was provided transportation by the conservator to Colfax, CA which was experiencing sub-freezing temperatures and snow, had intermittent heating and poor conditions. With the pain of her situation and some delusions, she proceeded to almost burn the dwelling down when she brought an outdoor heater inside, she got drunk and found street drugs. This all happened prior to January 4th. Does this sound like someone who was ready for the world? Did the conservator ensure that she had a place and the means to be safe? The answer is no to all these questions. So why didn't he revoke the conservatorship release and attempt to save her life? Where was any sense of human decency, human compassion?

With no heat and true decent living conditions, Shaylee returns to Danville/Alamo, and she is homeless in the dead of winter. She returns to Colfax where it is more of the same. She returns in February to Danville where she is homeless. During March and April, she ends up in Orange County. In that time, she is in and out of 4-5 mental health and detox facilities, is arrested twice (Laguna Beach and LA) and again returns to Contra Costa County. On April 26th, she is delusional and paranoid. She steals a car from our old neighborhood in Danville and evades the police. She checks into Santa Clara Valley Medical and is released after several hours. She proceeds back to SoCal and into a detox facility from 4/27 through 5/6. After exiting the facility, she again goes to NorCal. In May, she steals another car. The paranoia and delusions are rampant. She is now afraid to be in Contra Costa County and lives with the boat people off Sausalito. She believes she can find a life and housing in Oregon. Before she leaves, she is arrested again in Sacramento. Oregon is dangerous and Shaylee returns to Sausalito. She is sick, tired and her feet are infected.

Her latest plan is to slip into Mexico. She has no identification or passport. Basically, it is not a plan. Shaylee is searching for a place to die. Contra Costa County was responsible for Shaylee. She was a ward of the County and State. They have been negligent and liable. The County had the opportunity in December 2021 to get this right and made a heinous mistake that they have been unwilling to correct. Shaylee is not dead, but it is only a matter of time.

TIMELINE:

Police – 7/11-12 Sacramento Jail

Reflections Detox - 6-7-22 – Present

Hospitalization – 6/2/22 – 6/3/22 Martinez

Police – 6/2/22 – 6/2/22 – Danville

Police – 5/29/22 - Stole another car in Danville – Thinks “people” are chasing her.

Muse detox –5/1/22 – 5/6/22 Costa Mesa

Muse detox – 4/27/22 – 5/1/22 – Los Angeles

Hospitalization – 4/27/22 Laguna Beach Mission Hospital - Muse Rehab – flies her down from San Jose- She passes out in plane and then transported to Laguna Beach Mission Hospital.

Hospitalization - 4/26/22 – 4/27/22 - Santa Clara Valley Medical Hospital

Police - 4/26/22 Having delusions, goes to her old neighborhood and steals a car and runs from the police. Paranoid about computers, phones, the sky, the FBI and Aliens

Saddleback detox – 4/15/22 – 4/17/22

Police - Laguna Beach Jail for drunk and disorderly – 4-13-22 – 4/15/22

Detox in Santa Ana – 4/13/22 – 4/14/22 (Needs a higher level of care) Would not work with a staff to go to another place so they ended up taking her to a homeless shelter.

Pacific Sands Recovery – 4/08/22 – 4/13/22 (needs higher level of care)

Mission for Michael – 3/18/22 – 4/08/22

Saddleback Detox – 3/14/22 – 3/18/22

Sober Living home 3/5/22 – 3/14/22

Homeless 2/22 to present

2021

Napa Homeless shelter – 12/23/21 – 12/25/21 (Conservator let her go before Conservatorship ended) Less than 2 days

Gray Haven, Napa – 8/1/21-12/23/21

Crestwood behavioral health Pleasant Hill – 5/21-8/1/21

Hospitalized – 11/18/20 – 5/21 -**Crestwood Angwin**