

Mental Health Commission Annual Report 2019

Submitted by Chair, Barbara Serwin

Tracked on major developments within BHS and externally with Dr. Matthew White, BHS Medical Director, and Dr. Suzanne Tavanno, Behavioral Health Services Director

2019 was a very dynamic year for BHS, with the introduction and enhancements of programs and services as well as responding to major challenges to provide mental health services. Through Director updates at MHC meetings and BHS/MHC leadership meetings, the Commission addressed many community challenges and provided feedback to potential solutions. Key topics included the impact of the bankruptcy of ANKA, a contracted provider of many community-based organizations; the handling of ongoing community problems experienced at Hope House, an adult crisis treatment center contracted by Telecare; and the introduction of new legislated programs, e.g. the California Advancing and Innovating Medi-Cal (Cal-AIM) waiver program.

Assumed role of organizing the mental health community response to problems and challenges at Psychiatric Emergency Services (PES)

With the May 2019 publication of Grand Jury Report 1909, an investigation of problems and challenges at PES, particularly the co-location of children's services with adult services, mental health community advocacy for improvements at PES were galvanized. Given the MHC role of taking in community input and developing recommendations for Behavioral Health Services and the Board of Supervisors, the Commission offered to collate community input and feedback to potential solutions for PES improvements. The Commission collated community feedback on PES from over the past nearly ten years from such advocates as the MHC itself, NAMI, the Behavioral Health Care Partnership, the CPAW Children's Committee, and the Children, Teen and Young Adult's Committee. It combined this historical feedback with feedback gathered at a June 2019 community meeting attended by over 80 community members regarding the Grand Jury Report 1909 on PES. The Commission Chair and MHSA-Finance Chair met with CCRMC and BHS leadership re: PES with the goal of coordinating the development of options with feedback of the community. The continuation of these efforts will be a major focus of 2020.

Evaluated Children and Adolescent Programs and Services

This year the MHC delved more deeply into Children and Adolescent programs and services with presentations on:

- the BHS Children and Adolescent programs and services by Gerold Loenicker, the BHS Children and Adolescent Chief;
- the First Hope and First Psychosis youth and transitional-aged populations by Dr. Jude Leung, Program Manager;
- and the Center for Recovery and Empowerment Intensive Outpatient Program for youth with mental health and substance abuse issues by Nancy O'Brien, Program Supervisor.

The MHC also continued to work closely with the mental health community to advocate for improvements in the services to children at PES as it has for many years.

The discussion with Children and Adolescent programs and services with Gerold Loenicker, BHS Children and Adolescent Program Chief, highlighted:

- Current youth programs and services available within the three regions of the county;
- The Foster Care mandate and its effect on Behavioral Health Services and Families/Children;
- Delivery of services to children in public schools;
- Progress of the Continuum of Care Reform;
- And the Child and Adolescent Needs and Strengths Assessment (CANS) model.

Advocated for the State of California to apply for the Seriously Emotionally Disturbed / Serious Mental Illness Demonstration Waiver

Under the leadership of Commissioner Douglas Dunn, the MHC advocated for the California Department of Healthcare Services (DHCS) to apply for a limited 30-day Institutes of Mental Disease (IMD) Federal Financial Participation (Medi-Cal) Waiver. Commissioner Dunn's analysis showed that the impact of the waiver would be to provide additional mental health realignment funding of up to \$1.5 M to the county for locked facility funding. The MHC advised the Board of Supervisors to advocate for the waiver at the state level.

Evaluated aspects of the county's crisis intervention program

The MHC is always interested in the growing efforts and impact of the county's crisis intervention program. This year we learned more about crisis intervention training. We were particularly impressed by the fact that the officers who undertake the training have volunteered to respond to calls for situations potentially involving a mental health crisis and/or a 5150.

We engaged in discussions with Lieutenant Brian Bonthron, Chief of Security, Health Services Security Unit on how to handle interventions when there is the threat of violence. Commissioners are familiar with many instances where someone calls for assistance because their family member or other relation is threatening their safety, sometimes with a weapon. By the time officers are on the scene, however, the individual appears to have calmed down and is no longer considered a threat according to current protocol. The Commission took the position that in the cases where a weapon is involved, the individual should always be 5150'd to minimize safety risks and in line with the belief that people with a mental illness who are wielding a weapon may be experiencing a crisis and need an immediate evaluation. The MHC looked at different ways to advocate for this position but found there was no clear pathway. In 2020 the Commission will re-initiate advocacy efforts.

The MHC and Lieutenant Bonthron also discussed the importance of utilizing histories provided by families in the case of 5150's and the challenge of ensuring that this information is forwarded to PES. We learned that there is a new electronic 5150 intake form that includes a dedicated section for individual medical history, but the form is currently not implemented at CCRMC/PES and law enforcement agencies within Contra Costa County have not begun to utilize this form on a routine basis. The prior version of the form, still in use, is a triplicate-form without adequate space for history and no means for ensuring that a copy of the form is delivered to and used by PES. The MHC would like to advocate for full implementation of the new form. There is a significant roadblock, however, as this form requires officers to have access to enter data on an on-site computer. Enforcement of the form, including the availability of on-site computers, would need to be mandated at the state level. Although this

item was tabled, the MHC will continue to advocate for ways to ensure that PES takes into account histories provided by family and caretakers.

Developed Orientation and Training program

An important goal for 2019 was the development of an MHC orientation and training program. This program is meant to help new Commissioners and existing Commissioners alike come up-to-speed and gain a deeper knowledge of how the MHC works and of the County mental health care system; learning about programs and services and how they are organized around the County; meeting and hearing from the BHS Program and Medical Directors and Department Heads; and learning about how BHS, including MHSA, operations are funded. It's obvious that such a program should be an integral part of the MHC operations but developing and maintaining one is no small task. The key to developing the program was teaming up with MHSA staff and modeling the MHC program after the MHSA program, i.e. a series of modules on different topics offered twice throughout the year and delivered immediately before MHC full Commission meetings. The program content will be presented by different "experts" and the Executive Assistant. There have been two training sessions to date with around 6 to 8 participants each; the sessions were delivered by Warren Hayes and were truly excellent. The Chair and MHSA Director Warren Hayes worked together to develop the topics and organization, and Warren Hayes selected that actual content. Warren Hayes must be called out for overseeing curriculum development – his work was invaluable, and the MHC can't thank him enough.

Participated in process of selecting a new Behavioral Health Services Director

The office of Public Health reached out to the MHC to represent the mental health community in the selection of a new BHS Director. The MHC Chair worked with Director and Deputy of Health to select and recruit the community interview panel and then co-facilitated the interview process for the community interview panel. This included voting on the final three candidates. The MHC was gratified by the transparent and inclusive selection process set up by Public Health and believes that it fully and satisfactorily participated in the process as mandated by the Welfare and Institutions code.

Hired new MHC Executive Assistant

The MHC Executive position was vacated mid-year and new one was hired in the fall. The period in between was covered primarily by Warren Hayes and a few members of his MHSA team, to whom we are extremely grateful. The current incumbent, Alexander Ayzenberg, is exceptional and has already significantly leveraged the efforts of the Chair and solidified and streamlined MHC operations. The Commission is very fortunate to have Alexander aboard.

Hosted the 2019 Annual MHC Retreat

The MHC hosted another unique and successful annual retreat, with a broad range of attendees from BHS and its programs and services provider network, and a focus on collaborative real-world problem solving. The goal in 2019 was to extend the level of shared vision and collaboration between the MHC and BHS to include community mental health organizations, or CBOs, contracted by BHS to provide essential county community mental health programs and services. This goal dove-tailed with the goal of BHS to integrate more closely with its CBOs. The acronyms for CBOs are mentioned all of the time in Commission meetings but most Commissioners recognize only a handful of names and don't know who operates each contracted program and service. It is as important, however, that the MHC be familiar with providers as each have different goals, approaches to care, and strengths and weaknesses.

Dealing with problems and issues means working with closely with CBOs. In 2020 the MHC will continue to build on this spirit of evolving a greater sense of community and shared purpose among the MHC and the mental health community that it represents, BHS and the county's network of CBOs.

Additional Discussion Topics and Updates

- The MHC also stayed abreast of county mental health programs and services and community mental health issues through many updates and discussions, including:
- Various plans for the Oak Grove property tagged for support for transition-age youth, led by Warren Hayes, Director of MHSA.
- An update on the West County Re-entry, Treatment and Housing Facility led by Robert Nelson, Office of the Sheriff, and Lt. Mark Andaya, West County Detention.
- A presentation on the Regional Center of the East Bay by Lisa Kleinbub, Executive Director
- A presentation on the Behavioral Health Service Provider Individualized Recovery Intensive Training (SPIRIT) program led by Janet Costa and Michael Peterson
- A presentation on the Health Services Department Emergency Notification System (IRIS) capabilities led by Peter Ordaz, BHS Emergency Preparation Safety Coordinator.

Reviewed the 2019 External Quality Review Contra Costa MHP Final Report

The MHC reviewed the EQRO Report for 2018 and also hosted a presentation on the report by Priscilla Aguirre, BHS Quality Management Program Coordinator. This report is a state-operated evaluation of a long list of key performance indicators of behavioral health programs, services and operations. The MHC saw that, with the implementation of a few new programs and services such as the Children's Mobile Response Team and the onboarding of a new Medical Director/Acting Behavioral Health Services Director, Dr. Mathew White, many of the serious challenges faced by BHS were starting to see important improvements in 2018.

Reviewed and hosted the Mental Health Services Act (MHSA) Three Year Plan Update

As mandated by the Welfare and Institutions code, the MHC reviewed the MHSA Three Year Plan Update and hosted the Public Hearing on the Update.

Membership

- *Current Number of Commissioners:* 14 of 16 (2 open seats)
- *Current Commissioners:* Barbara Serwin, District II, Leslie May, District V, Diane Burgis, County Supervisor District III, Geri Stern, District I, Gina Swirsding, District I, Katie Lewis, Graham Wiseman, District II, John Kincaid, District II, Douglas Dunn, District III, Kira Monterrey, District III, Alana Russaw, District IV, Sam Yoshioka, District IV, Joe Metro, District V, Laura Griffin, District V;
- *Changes in Membership:*
 - Departure: Diana MaKieve, District II
 - Departure: Tasha Kamegai-Karadi, District IV
 - Addition: Katie Lewis, District II
 - Addition: Graham Wiseman, District II
 - Addition: Kira Monterrey, District III

It was difficult to say good-bye to Commissioners MaKieve and Kamegai-Karadi, but the MHC is thrilled to have gained three exceptional new Commissioners who are very strong advocates and well-

grounded in community mental health. The MHC enters 2020 with a very strong team and looks forward to rounding it out with an additional two members.

DRAFT

Commission Goals

The goals below have been chosen by Commissioners for 2020. These goals are meant to apply to the entire Mental Health Commission. They require the cooperation and efforts of all Commissioners. They differ from Committee goals, which are driven at the Committee level.

1. Successful implementation of the new MHC Orientation and Training Program as measured by:

- Review the Orientation module by 100% of new Commissioners either in person at the Orientation training module or via review of a tape of training (once they are available online) as well as the physical materials associated with the training module.
 - Attendance of at least 50% of the remaining five training modules by at least 50% of all Commissioners, regardless of the length of time they have been on board.
- ⇒ This goal is important because it enables Commissioners to come up to speed much more rapidly than they would otherwise and to participate in discussing and solving the challenges that the Commission engages with in a meaningful and more successful way.

2. Successful creation and implementation of a new MHC Site Visit Program.

This goal would set October 1 as the target completion date. It would set two site visits taken by the end of the calendar year and participation by four to six Commissioners (if we assume site visits in November and December). Note that each site visit will be attended by multiple Commissioners -- a typical number would be three.

- ⇒ This goal is important because the MHC is mandated to evaluate facilities by the Welfare and Institutions code 5604.2, which defines the responsibilities of all California Mental Health Commissions and Boards. The MHC has not operated a consistent Site Visit Program in at least five years.

3. Gain a solid understanding of the county and BHS budgeting cycle and of the BHS and MHSA budgets. Determine how the MHC can best participate in the budget cycle in its advocacy and advisory capacities, e.g. through advocating program priorities, reviewing BHS and MHSA budget priorities, and reviewing draft and final budgets. Provide input and feedback at meaningful times during the budget process.

- ⇒ This goal is important because the MHC has the responsibility to ensure that the mental health budget adequately funds what it perceives to be the most important priorities and programs and services for the mental health community. If the MHC doesn't understand the budget, it can't properly evaluate priorities, nor can it judge the appropriate allocation of funds and the reasonableness of expenses. If the MHC doesn't provide input at the right time in the budget cycle, its recommendations may end up being moot.

Committee Reports

Annual Report: Quality of Care Committee Submitted by Chair, Barbara Serwin

Hope House

The majority of work performed by the Quality of Care Committee in 2018 related to Hope House, a county-owned crisis residential treatment facility for adults 18-59. Over the past few years, there have been repeatedly reported unresolved problems with Hope House quality of care by consumers, family and caregivers, and employees. The Committee determined that a key issue underlying the systemic lack of problem resolution was the lack of a clear and comprehensive grievance process.

The Committee approached this problem by working with Dr. Jan Kobaleda-Kegler, Chief of the BHS Adult Division to form a workgroup to develop a new comprehensive and robust grievance process. This process needed to address grievances from consumers, family members and care-givers and employees, including employee disputes with Hope House management, which here-to-fore did not have a formal avenue for resolution; handle a broad range of situations ranging from grievances related to the quality of living conditions to issues related to discharge and staff interactions; and involve the contract agency, Telecare, in problem resolution when escalation was necessary, something that was not happening before. After many iterations the process is entering the test phase, which will take existing grievances and put them through the new process to see how well the process results in a satisfactory resolution.

Psych Emergency Services

The Committee's second major focus was continuing to track on problems regarding PES quality of care. Committee members toured PES and reviewed the Grand Civil Jury 1909 report on PES published in May. It also participated in several discussion forums (e.g. the large community meeting re: PES in June and meetings of the Behavioral Care Partnership Program), and hosted meetings focusing on PES. Committee agenda items moved beyond descriptions of problems to considering potential solutions, issues of funding, and identifying the role of various decision-makers. The Committee also put forth the idea of the MHC taking a leadership role in collating and presenting community input regarding PES, including recommendations, to the Board of Supervisors. This effort will continue to be shepherded by the Committee on behalf of the MCH in 2020. The Committee will work closely with the leadership at CCRMC and BHS in its analysis.

Site visits

The Committee recently took on the task of developing a site visit policy for the Commission. This is a task that has had several fits and starts over the past three years but gained momentum in 2019 by preliminary work performed by the Executive Committee.

Joint meetings with MHSA-Finance Committee

Many of the Quality of Care meetings in 2020 were held in conjunction with the MHSA-Finance Committee, in particular on the topics of Hope House and PES. Other topics were shared as well, including the discussion led by Commissioner Douglas Dunn on questions regarding the \$7.1M overage of the locked facilities budget.

Tour of the Ranch

Members of the Committee joined the Justice Systems Committee in a tour of the juvenile custody facility known as the Orin Allen Youth Rehabilitation Facility. The tour gave a fairly comprehensive look at life at the Orin Allen Youth Rehabilitation Facility. While one could always want more for such an environment, overall the quality of the facility seemed adequate. The Committees were already aware that the quality of psychological services is high at the Orin Allen Youth Rehabilitation Facility based on previous meetings with Dr. Dan Batiuchok, who oversees behavioral health services.

One issue regarding mental health care that was identified by the tour is the question of whether or not controlled substance medications are given to juveniles when they are in locations lacking suitable storage and adequate medical staffing. Through discussions with Dr. Dan Batiuchok the Committees learned that this short-coming is due to budget, personnel and procedural constraints and that all avenues have been explored with no solution. The Committees also looked into the reasons behind a 2019 budget cut at the Ranch and what impact it may have been having on quality of care. We learned that the cuts have not impacted mental health care support.

Anka bankruptcy

The Committee tracked on the bankruptcy of Anka, a major contractor to BHS. The Committee's focus was primarily on the issue of continuity of care and stakeholder concerns.

Quality of Care Committee 2020 Goals

1. Hope House: Participate in the completion and testing of the new Hope House grievance review process. Review mid-year how well the process is performing according to the experiences of consumers, family members and care-givers, employees, Hope House management, Telecare Management, and BHS staff. Work towards introducing the procedure more broadly to other BHS programs and services
2. PES: Complete analysis of PES options and collection of community feedback and report back to the Board of Supervisors with a recommendation.
3. Site visits: Develop process, policy and guidelines for MHS Commissioners to perform site visits.
4. Mental health care for older adults: Investigate issues impacting the delivery of mental health care to older adults.

Annual Report: MHSA-Finance Committee 2019

Submitted by Chair, Douglas Dunn

\$7-\$10M Adult Locked Facilities Budget “Overage”

Due to the Ad Hoc Data Committee work, the Committee identified factors that have contributed to the Adult System Locked Facility Care \$7M-\$10M budget overage:

- Lack of available Institute of Mental Diseases (IMD) beds due to the explosion of Incompetent to Stand Trial (IST) cases in Contra Costa County.
- The expense of State Hospital beds for forensic patients (persons involved in criminal justice system). Twenty beds at \$5.5M/year \$754/day—Napa State Hospital and Metropolitan State Hospital in Downey, CA.
- The expense of LPS (mental health conservatorship) out-of-county locked facility Conservatorship beds (120-150 at \$300-\$600/day based on level of treatment). Also, longer Conservatorship stays because of lack of appropriate “step down” community-based programs.
- Forced high use of non-CCRMC psychiatric ward beds at \$1,500 or more/day.

Regulatory Financial reasons for adult Locked Facilities budget “overage”:

- IMD Medi-Cal reimbursement exclusion for persons 21-64 years of age
- Up to 30 day Federal waiver currently available. Department of Health Care services must be persuaded to file for this waiver in its upcoming 1115 Waiver application.
- National Association of Attorneys General (NAAG) letter signed by 39 state AG’s (including Xavier Bacera of CA) asking Congress to permanently repeal the IMD Medicaid (Medi-Cal) reimbursement exclusion.

Financial result of federal IMD Medi-Cal reimbursement Exclusion

- Adult locked facility overage paid from state budget limited Realignment funds.
- When budgeted Realignment funds exhausted, additional county general funds will be needed to pay for this “overage.”

Housing:

- 5 filed building applications for 62 units, so far, of Permanent Supportive Housing totaling \$62M of available 2 rounds, so far, of No Place Like Home competitive bid funding.
- Use of \$1.73M in state returned MHSA Special Needs Housing funds to preserve 29 units of Special Needs Housing in Central County.

Children, Adolescent, and Transition Age Youth (TAY) Mental Health:

- Changing Short-Term Residential Treatment Program (STRTP) Youth Homes refurbishing plans for 6 county very high acuity youth (ages 13-17) using \$3M of MHSA to do so.
- At the county Oak Grove property in Concord, moving forward with plans to demolish and then reconstruct on the existing foundation 20 units of Permanent Supportive Housing for very high acuity youth. Using \$6.2M in competitive No Place Like Home Funding to do so.
- Moving forward with establishing a 75 person Assertive Community Treatment (ACT) program for very high acuity youth at the county Concord Oak Grove site using an existing building.

Mental Health Commission MHSA-Finance Committee 2020 Goals

AB 1810/SB 215 “At Risk of Incompetency” Pre-Trial Jail Diversion Program

- Monitor establishment and operation of up to 25 person pre-trial diversion \$1.25M annual Forensic Assertive Community Treatment (FACT) program. Track the costs and the number of persons admitted to this program. Also track classes of persons (self-identified gender and ethnicities) admitted and length of stay (up to 2 years) for each.

Continue efforts regarding \$7-\$10M Adult Locked Facilities Budget “Overage”

Work with county Behavioral Health leadership to explore treatment and services enhancing ways to reduce and then eliminate this budget “overage.”

- Continue to advocate for the Board of Supervisors, through the California State Association of Counties (CSAC), to encourage DHCS to file for the up to 30 day federal IMD Demonstration Medi-Cal Reimbursement Waiver in its September 2020, 1115 Waiver application renewal.
- Advocate for the Board of Supervisors to request the California State Association of Counties (CSAC) to encourage DHCS to request the federal government to permanently repeal the IMD Medicaid (Medi-Cal) Reimbursement Exclusion for persons 21-64 years of age.
- Using existing as well as new state and possible MHSA funding (SB 389), for persons coming from locked criminal justice facilities or state hospital parole or competency restoration situations, establish well designed “step down” diversion Forensic Assertive Community (FACT) programs with Supportive Housing.
- Using MHSA funding, for persons discharging from locked LPS conservatorship facilities, establish well-designed “step down” Assertive Community (FACT) programs with Supportive Housing.

Monitor Adult No Place Like Home applied for projects

- Progress of the 5 filed building applications for 62 units, so far, of Permanent Supportive Housing.
- Progress in using \$1.73M in state returned MHSA Special Needs Housing funds for preserving 29 units of housing in central county.

Monitor Children, Adolescent, and Transition Age Youth (TAY) Mental Health

- Monitor the establishment and setup of the 6 person Short-Term Residential Treatment Program (STRTP).
- Monitor the Oak Grove \$10-11M 20 unit apartments reconstruction project (using No Place Like Home [NPLH] funds for high acuity youth (ages 13-16).
- Monitor the program design/setup of Oak Grove 75 person Assertive Community Treatment (ACT) program.

Evaluate financial aspects of Juvenile Hall and Orin Allen Youth Rehabilitation Facility Mental Health Care

- Evaluate the financial effect of SB 439 on the level of Juvenile Hall and Orin Allen Youth Rehabilitation Facility Mental Health operations.
- Evaluate the Mental Health care effect of Juvenile Hall and Orin Allen Youth Rehabilitation Facility staff cutbacks.

Track and evaluate the 1115 Federal Waiver Extension Application Process

- Track the state Department of Health Care Services application and Substance Use Disorder (SUD) funding as it relates to future MHSA funding, especially if it involves co-occurring mental health issues. The federal Department of Health and Human Services (HHS), because of its budget neutrality requirements, will not provide more funding the ongoing Whole Person Care program. Therefore, ongoing financial support needed.
- Research the financial impact of using MHSA funding.
- Track and advocate for filing of federal IMD Demonstration Waiver as well as permanent IMD Medi-Cal Reimbursement Exclusion repeal.
 - Continue to advocate for the IMD Demonstration Waiver to provide \$1.5-\$2.5M/year help to Contra Costa Behavioral Health Services.
 - Continue to advocate for the complete Repeal of the IMD Medi-Cal Reimbursement Exclusion to make \$25M available for other CCBHS services.

Track on the 1915b Specialty Mental Health Extension Application Process

- Track the Healthier Medi-Cal for all Initiative and the 1915b state Waiver extension application process for Specialty Mental Health.
- Track and discuss financial impact of changes, particularly for medical necessity, billing, and system integration (Mental Health and Alcohol and Other Drugs).

Track the Governor's office proposals to use \$500 million in MHSA reserves for its desired initiatives

- Substance Use Disorder Treatment. This is very important because the federal Department of Health and Human Services (HHS), due to its current budget neutrality requirements, will not provide more funding the ongoing Whole Person Care program. Therefore, we need to track the potential impact to Contra Costa's MHSA budget for future years.
- Persons with mental illness experiencing homelessness or involved with criminal justice system.
- Early Intervention for Youth.
- Advocate to include local stakeholder input and feedback in this process.

Annual Report: Justice Systems Committee 2019

Submitted by Chair, Jeri Stern

Focus on AB 1810

The Justice Committee focused its efforts on exploring the issues surrounding AB 1810, a new California law introduced in 2018/2019. According to the California Behavioral Health Directors Association, AB 1810 “provides a pathway for individuals with behavioral health conditions who have been charged with an offense to enter an 18-month mental health program before any charges are filed. Upon successful completion of this program, the charges will be dropped.”

Of particular import, AB 1810 creates a new clinical entity called the Qualified Mental Health Expert (QMHE). The Public Defender is the role that advises that an individual be referred for diversion. According to the AB 1810 Policy Brief, “There is an immediate need to train judges and criminal lawyers on pertinent subjects related to mental illness and its impact on criminal cases”.

The Committee concluded that there are many critical aspects of AB 1810 that require further definition to enable successful implementation. After many presentations and discussions, the Justice Committee defined several questions for further analysis in 2020:

- Does there also need to be a QMHE in the Public Defender’s office to screen for this, as there are a substantial number of individuals coming into the Justice System who have Mental Health issues and may be missed by the Public Defender due to case overloads?
- Who will determine how many QMHE’s are hired? What is the budget for this and what entity is designated to pay for them and evaluate their efficacy?
- Who will train these professionals?
- How will this occur in our County?
- Will there be any oversight or monitoring of this training?
- How will this be paid for?
- Will there be a minimum number of hours of training?
- Will there be any evaluation of how the trainees are utilizing their knowledge?
- Will there be any data collection regarding how the effect of this training affects the numbers of people being diverted vs. being prosecuted and sent to jail/prison?

Access to feminine hygiene products for female inmates

The Committee also toured the West County and Martinez Detention Facilities with one question relating to access to feminine hygiene products for female inmates. Despite a new federal law mandating free and adequate supplies of feminine hygiene products for female inmates, some detentions centers do not observe this right. The Justice Committee looked at this issue and the more specific question of how many female inmates are utilizing Menstrual Cups and whether this product has been positively received by the women. The Committee will continue to look at this issue in 2020.