



Contra Costa County



NAMI
National Alliance on Mental Illness

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County**

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June 8, 2021

1

Gavin Newsom, Governor, State of California
1303 10th Street, Suite 1173I
Sacramento, California 95814

RE: Strongly Oppose and Actively End Dept. of State Hospitals (DSH) “patient dumping”

Based on increasing alarming personal experiences, we are quite aware the Department of State Hospitals (DSH), because of an ACLU and Public Defenders lawsuit, is actively engaging in “patient dumping” of both LPS Conservatorship and Incompetent to Stand Trial (IST) patients. For example, an African-American young man was recently arrested by the Contra Costa Sheriff Dept. SWAT team, given a Mental Health Evaluation, then jailed in the Martinez jail, then given a judicial involuntary 1 year medication order after being determined he was IST, then finally after 5 months in jail, sent to a state hospital for competency restoration. Usually, state competency restoration state hospital stays are for 4-6 months. However, after only 2 months, this person was dumped from the particular state hospital back to where he was originally arrested (talk about “re-trauma”!) without any medications or discharge plan! The mother was forced to rescue him from this re-traumatizing experience. As a result, he is mentally doing quite poorly and the mother is really struggling to try and get him additional help.

In addition, we increasingly know of citizens who have been LPS Conserved for decades in state hospitals suddenly being released without warning and dumped back to families without any Conditional Release Program (CONREP) guidance or medications. In Contra Costa detention facilities, we also increasingly know of persons, primarily of color, being declared “unrestorable.” This is absolutely unconscionable! Arbitrary and capricious DSH discharge decisions are taking us back to the prison “back hole” days in the 19th century when Dorothea Dix found “the most mentally vulnerable among us” being treated like terribly abused animals. Is this what we want to allow to the very “least among these my brethren”??? (Matthew 25:40).

These unconscionable actions are being driven by a proposed flat 2021-2022 DSH budget which proposes to phase out both IST (including 12-15 Contra Costa residents under an LPS Murphy Conservatorship) and **all** LPS patients by June 30, 2024. This is unbelievable because of the state’s unexpected \$76B surplus! DSH facilities can afford to be expanded to promptly end and reverse the unconscionable discriminatory situations revealed in this letter.

Here in Contra Costa County, over 350, or 50%, of the 700 persons incarcerated are of color. In addition, nearly 300 or over 40% of them live with a most severe mental illness, with most waiting for a DSH bed.. Do we want to continue backwards and allow our local jails and state prisons to officially become the new asylums, especially for Black, Indigenous Persons of Color (BIPOC)? We collectively must do far better!!

Toward that end, we ask you and the legislature to “change course” and consider the following:

- Utilize unused property and either refurbish or build new buildings on various state hospital properties (especially Napa and Metropolitan State Hospitals) to expand Incompetent to Stand Trial (IST) facilities for persons that can be restored to competency.
- For LPS Murphy Conservatees, also further utilize these properties to expand the number of beds as well as specialized treatment and services for this very most vulnerable population.

As emphasized in the recent NAMI California letter on this issue, **State Hospitals have the specialized staff, facilities and programs for these persons that counties, even a mainly suburban county such as Contra Costa, do not have the funding to possess.**

RE: Strongly Oppose & Actively End Dept. of State Hospitals (DSH) “patient dumping”**2**

- For LPS Conservees, we strongly ask that you and the legislature put real pressure on the Department of Health Care Services (DHCS) to **promptly apply** for the federal up to 30 day waiver of the federal Medicaid (Medi-Cal) Institute of Mental Diseases (IMD) Reimbursement Exclusion for persons 21-64 years of age. The DHCS wants to wait until fiscal 2021-2022 to perhaps apply for this waiver. As a result, the state is leaving up to \$70 Million annually “on the table” that county Behavioral Health departments could be reimbursed to help this very vulnerable population. For Contra Costa Behavioral Health Services (CCBHS) this would mean an additional \$1-1.5M/year in reimbursement for the 120-150 persons requiring this level of care. **This is not “chump change.”**
- For this same population, we also strongly ask that you and the legislature actively support the growing bipartisan federal legislative effort to permanently repeal this most discriminatory Reimbursement of care exclusion. For California, this would mean an additional \$800 Million or so of additional Medi-Cal Reimbursement for its most vulnerable citizens. For Contra Costa Behavioral Health Services, this would mean at least an addition \$25M in annual Medi-Cal Reimbursement which would allow needed “build out” of badly needed additional IMD (locked facility beds) as well as greatly expanded “step down” community based outpatient services.

For the large majority of California citizens (15%) living with mental health challenges, community based services can work well. However, for the 5% living with severe mental health challenges, the above requested changes are desperately “overdue.” While we strongly support your \$12B plan to end homeless in California over the next several years, supportive reimbursed wrap-around services (including locked facility help when necessary) are vitally needed for our most vulnerable citizens. **Otherwise, the state will be saying it is OK in the 21st century to “dump” our most vulnerable from state hospitals back to local jails without any proper supports whatever! This directly runs counter to decriminalizing those of our citizens, especially of color, living with severe mental illness.**

With a \$76B state surplus, we know there is the citizen political will for funding and implementing the items listed above to ensure proper long-term **non-criminal** humane and compassionate care for the most vulnerable among us. Will you and the legislature show the political will to listen and follow the social political will of the citizens of Contra Costa County and California as a whole? We trust that you and the legislature will and thank you for making the “high calling” effort to expand the DSH budget and reverse DSH patient dumping of our most vulnerable citizens.



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Senator Lonnie Hancock, D-District 9
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