

**MENTAL HEALTH COMMISSION
JUSTICE SYSTEMS COMMITTEE MEETING MINUTES
February 21st, 2023 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions</p> <p>Committee Chair, Cmsr. Geri Stern, called the meeting to order at 3:34pm</p> <p><u>Members Present:</u> Cmsr. Geri Stern, District I Cmsr. Kerie Dietz-Roberts, District IV Cmsr. Gerthy Loveday Cohen, District III Cmsr. Tavane Payne, District IV Cmsr. Pamela Perls, District II</p> <p><u>Guest Speakers</u> Sgt. Mudd, Contra Costa County Office of the Sheriff Captain Douglas Muse, Contra Costa County Office of the Sheriff</p> <p><u>Other Attendees:</u> Cmsr. Douglas Dunn, District III* Cmsr. Laura Griffin, District VI* Cmsr. Barbara Serwin, District II* Christian Aguirre Angela Beck Jennifer Bruggeman Teresa Pasquini Jen Quallick (Supv. Candace Andersen’s ofc) Jill Ray (Supv. Candace Andersen’s ’ ofc)</p> <p>*off screen/nonparticipatory due to quorum restrictions</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS:</p> <ul style="list-style-type: none"> • (Teresa Pasquini) Sharing that I will be presenting on a panel on Thursday on MHSA (Mental Health Services Act) Housing, the Housing that Heals journey and webinar that is being sponsored by CARE TA Center, NAMI (National Alliance on Mental Illness) California. Our very own Jennifer Bruggeman has been added to a panel of county folks that will be presenting from Contra Costa, Placer and Sacramento Counties on housing and how to use MHSA Funding for housing. . • (Jill Ray) Brought up the fact there are too many commissioners in this meeting (must be one less than a quorum for the full body). As noted in the MHC By Laws, Section 3.0 QUORUM, A quorum is one person more than one-half of the appointed members; otherwise it is considered a full commission meeting and must be agendized as such. Therefore, Cmsrs. Dunn, Griffin and Serwin can attend but not participate in this meeting and remain blacked out on video. • (Teresa Pasquini) <i><additional comments after last agenda item></i> I hope that this committee will start tracking the Incompetent to Stand Trial (IST) issue, housing and I am a little unclear on exactly what the housing arrangements were for the behavioral health population that was just discussed. That is a little opaque for me. I think the Care Court Population that is coming up is going to be very important discussion for this committee to be involved in and the commission to participate in and how that is going to go. Just in general, the housing of all these 	

<p>people as the Sheriff alluded to, in order to get out of jail. We can't divert anyone unless they have a place to go, so divert to where and what is the common question. It was a big part of the paper that Lauren and I wrote. This issues is very much for me crosses into the Criminal Justice sphere. Do we have adequate access to secure facilities who may be too dangerous to be moved into the community but could probably do much better in a therapeutic facility that is security than a solitary jail cell.</p>	
<p>III. COMMISSIONERS COMMENTS: None.</p>	
<p>IV. COMMITTEE CHAIR COMMENTS:</p> <ul style="list-style-type: none"> • There was some concern from people about having to return in person to meetings next month. I, along with other people, sent letters to the Supervisors that appointed us and I sent a letter to Supervisor Gioia. I would like to read his response: "If you list the address of the remote location (either his office, my home or work site) and allow the public entry into the remote location, there is no limit in the number of times you can participate remotely. You can choose to zoom in from your home, work, his office, but the address would need to be listed and the public must be allowed entry." From my understanding, you must have a quorum of the commission to be present at a meeting location so I am assuming it is a quorum of committee, not full commission. I will clarify. I have received a response from Dr. Chad Pierce (Mental Health A3 program) regarding our request to have sheriff that makes 5150 calls come in to speak about how it's going for them. Dr. Pierce wrote: "About three months ago, the sheriff's department notifying A3 of all their behavioral health calls regardless of A3's hours of operation. The current hours of the Miles Hall Crisis Call Center is from 8:00am and to 6:30pm, Monday through Friday. The sheriff's department has been calling after hours and on weekends when we haven't had a team available. I am not sure of the exact numbers, the Sheriff's Department informed us it was over 246 calls. While we have received many calls from the Sheriff's Dept., we are planning to roll out our law enforcement behavioral training and hope to establish standard procedures and protocols related to A3's relationship with law enforcement. While hiring remains a challenge, some good news is that in April, the hours of the Miles Halls Crisis Center will expand to 8:00am to 12:30am daily. We will have 13 teams and two available for a mobile response." I received a call in response to my call back from a Lieutenant at the Sheriff's Department and he was quite defensive with me, even though he initiated the call. He stated they call A3 but they don't respond. That is why I shared that information with Chad Pierce and responded as such. Dr. Pierce will be speaking at next month's MHC meeting and I am sure he will have more to say. • (Cmsr. Payne) Is it at all possible, when that kind of response happens, if, as a commissioner, we can also respond to see how that interaction actually happens? (RESPONSE: Cmsr. Stern) I do not know about that. 	

<p>V. APPROVE minutes from January 19th, 2023, Joint Finance/Justice Systems Committee meeting:</p> <ul style="list-style-type: none"> • Cmsr. Kerie Dietz-Roberts moved to approve the minutes as written. • Seconded by Cmsr. Tavane Payne <p>Vote: 4-0-1 Ayes: K. Dietz Roberts, G. Cohen, T. Payne and G. Stern Abstain: P. Perls</p>	<p>Agendas/minutes can be found at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. RECEIVE Presentation on the Custody Alternative Facility (CRF) and the Classification Unit by the Contra Costa County (CCC) Sheriff’s Department, Benjamin Mudd, Sargent, CCC Sheriff Department</p> <p>The Custody Alternative Facility is an aspect of the Sheriff’s office trying to relieve some of the stress on the jails during this time. I know that Lieutenant Jiminez was supposed to speak and I was supposed to have Deputy Gauthier here with me today who heads up our behavioral health court aspect of CRF. I supervise our CRF. We are responsible for those you may see sweeping sidewalks or cleaning parking lots; those who are on ankle bracelets at home on home detention; and other different programs that help keep people out of your basic brick-and-mortar jail. Those are who I am responsible for. Part of this program is our behavioral health court and it is essentially a program set up to divert individuals out of the jails and prisons who are there primarily because of mental illness and the crimes they commit are a result of the mental illness they are suffering from. The goals are to help folks stay out of the jails, that are very poorly suited to take care of their needs. Recidivism is almost guaranteed unless someone steps in. This program offers someone convicted of a crime, must be willing to placed on a program and everyone must be on board including: the judge, public defender’s office (PD), district attorney (DA), probation, Contra Costa mental health clinicians and the Sheriff’s office must all be on board. It is a two year program and instead of placing these individuals in traditional custody, we (through all the organizations) help them through the process of getting back on track. They are placed on a regimen where they are guaranteed to be back on their medications, they are regularly drug tested and must have suitable permanent housing. They also have weekly meetings, sometimes more frequent, with their mental health clinicians, psychiatrists and all in a program to get them back into being participating members of society.</p> <p>It is a pretty intensive one (1) to two (2) year program to ensure there is no recidivism or minimize to the best of our ability. We have had some really incredible successes thus far. Individuals I have arrested, as you can imagine there are a great deal of funds and time is spent on these individuals, simply due their mental health disorders and committing crimes. As a police officer, when I arrive on scene, I know I have to take them to jail because they have committed a crime but know it isn’t the best place for them. It is not conducive to helping them. Those I have arrested throughout the years, I have seen many folks be very successful on this this program. I am proud of it and wish my deputy Gauthier had been her to speak more about it.</p> <p>Comments and Questions:</p> <ul style="list-style-type: none"> • (Cmsr. Stern) Is there one particular place where these individuals are housed? Or is it a variety of places? (RESPONSE: Sgt. Mudd) No, they are housed in treatment centers, they can be housed at home. IT must be 	<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>

something permanent where they can still access. They are not allowed out on the street, which a great deal of our folks with mental health illnesses are, but they can be in treatment centers or their own home must have a permanent housing, someplace safe and secure where they can make it to their appointments; be able to receive communications, whether it's mail or a phone call. It has to be permanent, but there is no facility where they are held.

- (Cmsr. Stern) So do you take responsibility for finding them a place that is permanent or a treatment center? (RESPONSE: Sgt. Mudd) No, when someone is convicted of a crime and it starts off between the PD and DA, and together they will say this individual would best be suited for behavioral health court. Once they are referred to a behavioral health court, that is when the 'ball gets rolling' and there are many different groups that help with mental health, behavioral health, the community outreach that helps with housing. Once they are placed in the behavioral health court, they are assisted with all the aspects of returning to (hopefully) being a part of the community.
- (Cmsr. Stern) So they have to go through behavioral health court first to get into this alternative program (RESPONSE: Sgt. Mudd) Yes, they must be referred and accepted into the court. Not all individuals are accepted. If an individual is far too violent, too unpredictable and unable to be helped through this program, as part of the sheriff's office, I have to ensure that when these individuals go to speak to a mental health clinician that clinician is safe. So, they first must be willing to be on their medications.
- (Cmsr. Payne) Is the behavioral court in a separate court? Is there a specific judge? (RESPONSE: Sgt. Mudd) Yes, the judge just changed. It was Brady, but it has changed in the last week or two and I can't remember the new judge. It is a specific judge and they do rotate. I want to say Judge Brady was there for over two years and they run a consistent program. The same people are running the program and the court. It is in Martinez right next to the court house.
- (Cmsr. Payne) Only the lawyers can initiate? Or can anyone can push for this? (RESPONSE: Sgt. Mudd) that is a really great question and I do believe it starts with the DA/PD and in coordination with behavioral health clinicians at the jail. If someone is arrested and typically they have been arrested over and over, the jail personnel know the individuals really well. So the DA/PD has a pretty good idea who they will be helping out and who they can't. They very quickly, will start speaking with the mental health clinicians at the jail with medical staff at the jail but it must start with the buy in from the client.
- (Cmsr. Payne) Obviously, you are pretty good at knowing who this will help and what if everyone is on board but one person in that whole chain is not agreeable to it working, does that squash the whole plan? (RESPONSE: Sgt. Mudd) No. We work together as a group and talk the cases over. The attorneys, the clinicians have a pretty good idea who they are going to be able to help. It is a pretty good cohesive group and every once in a while the Sheriff's office will say, "We can't do this, on the interest of the safety of the clinicians or another social worker, we won't allow this" but by and large, they are allowed to participate.
- (Cmsr. Payne) is the court online or actually in a courtroom? (RESPONSE: Sgt. Mudd) during COVID it went online and previously it

was in person and I assume it will be going back to in person, just don't know when. (Cmsr. Payne) I would love to see the interactions for myself.

- (Cmsr. Dietz-Roberts) Do you have an approximation for how many arrests in a (possibly) a year end up being in that category? (RESPONSE: Sgt. Mudd) I don't have a number, but I can say there are far more people out there that need help than we can even come close to offering help. We probably take the more serious offenders but the need is vast.
- (Teresa Pasquini) I was able to participate in a really great criminal justice meeting that NAMI hosted and I think Jill (Ray) was there, as well. There was discussion about behavioral health court there and it was really great information and a lot of it. There therapist that runs it was there, along with the PD (Stephanie Regular) and several others and it was a great community conversation about the program. As a former commissioner that was involved with getting health court going, also as the mom of someone who probably could have been saved from a lot of suffering from collaborative courts and has travelled the country advocating for this. I wasn't aware Judge Brady had rotated and changed and is something I definitely want to understand more about as this committee, I would love to hear more of how all our collaborative courts are going to be managed, including the upcoming care court. Whether they will all be under one umbrella or not.
The last thing, to Cmsr. Payne, in this meeting I mentioned, someone said these court sessions are open to the public on Wednesdays and you can go and attend the court process.
- (Cmsr. Stern) Would you say the CAF will be the equivalent of behavioral health court or is a step down? (RESPONSE: Sgt. Mudd) As CAF, anything that that is an alternative to being in a physical jail is what I am responsible for. That entails a bunch of different programs, one of them being the behavioral health court, which is really it's own entity. We are a big part of it, but it is it's own entity.
- (Cmsr. Stern) Can you go over again, you said there were treatment centers, home alternatives, do they have particular categories? How does that work for CAF? (RESPONSE: Sgt. Mudd) When I say CAF, we don't house individuals, whatsoever. We basically provide, we have specialists. For instance if someone is supposed to be on ankle monitor, we have specialist to keep an eye on them, monitor, call them, we have to still come in for their meetings, but no one is actually in custody at the facility itself. It is all done through probation and the sheriff's office and everyone is out in the community. Behavioral health court specifically, these folks are out in the public and many are in treatment programs but not absolutely necessary, but come in for a weekly drug test and we actually have (I think every Tuesday) Deputy Gauthier will go over with the PD and health clinicians and the judges how each and every person is doing on the program, who is falling behind, failing and who is excelling/exceeding and just where they are in the program. There is no facility to house them. For instance, Martinez has MDF (Martinez Detention Facility) and West County Detention Facility (WCDF), we are, instead of actually being a jail, we are a custody alternative facility. We still book people in and release them; however in our program, you don't go into a jail. You come into the office, we book you but you would

speaking to a specialist case manager and life is very regimented but there is no housing.

- (Cmsr. Payne) What is the financial difference? Do they have to hire more staff to monitor them? (RESPONSE: Sgt. Mudd) I have to imagine the cost would be more in physical custody. There are costs to being in a custody alternative, whether it's behavioral health or electronic home monitoring, but per the penal code, we do not charge for those programs. There are not more staff.
- (Cmsr. Perls) Did I understand, Sgt. Mudd, that you don't have statistics on the numbers that have gone through the program and those that have been successful? (RESPONSE: Sgt. Mudd) I do not, myself. I am certain we could get those numbers for you. I was brought in too quickly so I wasn't able to gather and provide.
- (Cmsr. Perls) How long has this been going on? How long has CAF Program been going on? (RESPONSE: Sgt. Mudd) Decades, a couple decades. The behavioral health part, I'm not certain about that. Wait, I take that back, that's been going on for I would say well over a decade.
- (Jill Ray) I was just going to say that I know there are numbers and I'm searching right now because I know the Sheriff's have done presentation on how many people are in alternative custody, and how many people are actually incarcerated. We release far more people to alternative custody in our county than we incarcerate. That is the preferred method. I am not sure there is outcome data because once they are off of alternative custody, I don't know that we track where they go from there, much like probation doesn't track when someone is off probation, whether or not they recidivate. I am not sure that level of deep dive has been taken maybe Jen Quallick, do you know whether or not it has? From my understanding there would not be any ability for the Sheriff to follow somebody after release.
- (Cmsr. Perls) I wasn't actually thinking of follow up, I was just thinking of just who succeeded in completing the two years successfully. One of the things that the public has been very interested in and we haven't been getting is a lot of statistical outcomes from the sheriff's department. That is something to note more to know about (more transparency). May I just understand, as well, is the mental health program in the jails, that's headed by (I assume) another part of the sheriff's department?
- (Sgt. Mudd) It is all done through Contra Costa Mental Health, but all work very closely together. It is a separate entity from the sheriff's office. It is similar to the medical staff.
- (Jen Quallick) Cmsr. Perls, I would say that if you do have some questions you want to send over my way, I'm certainly happy to work with our sheriff's team because there is a lot of information out there and it is discussed at other subcommittee meetings within other arenas. I am happy to try to get some information back over to, I just need to get a little bit of additional information from you.
- (Cmsr. Perls) I'm just trying to get a picture of the program in the jail, because that was something that many of us were concerned about, putting the money into that as opposed to community services for the jail population instead of working the other way around.
- (Cmsr. Stern) We have had Deputy Director Lavonna Martin come to speak to us, as well as David Siedner, who is also in charge of behavioral health in the jail systems and they have gone over their Track 1 through

<p>4 systems and how they deal with behavioral health interventions in the jails. Yes, we all want to reduce the amount of people in the jails with mental health issues.</p> <ul style="list-style-type: none"> • (Jill Ray) I just have an answer to Cmsr. Dietz-Roberts question. According to the 2022 budget presentation the Sheriff did, the average daily population of our detention system is 768 and the average daily population of our custody alternative is 747. There are 12,914 bookings a year in our custodial system. 	
<p>VII. DISCUSS Possible use of data collection of Mental Health Diagnoses and Substance Abuse from the Detention Centers</p> <p>➤ DISCUSS Ideas for Pro-Bono attorneys to represent the Mental Health Commission (MHC) to access this data and work with the County Council and Behavioral Health Services (BHS) to avoid a conflict of interest between BHS and the MHC</p> <p>At some point in the future we are going to get this data from the detention centers, which is the collection of mental health diagnosis and substance abuse numbers in the detention centers. It is what we have been trying get for the last three years. We could also move into the difficulties or challenges we've had getting that data because we have gotten an answer from the ACLU (American Civil Liberties Union) that collection of this data in the way we would like to collect it is not a violation of HIPAA (Health Insurance Portability and Accountability Act). We did speak with the IT department through CCHSD who said that the collection of this data would not take very long and it is accessible. Those were two of the reasons for objections that Director Tavano and Supervisor Andersen had to this request. We have also had opportunity to discuss this with County Counsel on our behalf, which was fairly unsatisfactory and unsatisfying in its result. It does pose a conflict of interest if County Counsel is trying to represent the MHC and BHS and Detention Health. We need to find out if we can find a pro-bono attorney to move this forward to get us to some kind of conclusion to obtain this data. If it is not a violation of HIPAA and not difficult to gather, then it doesn't seem to be a reason why we shouldn't have the data. What are we going to be doing with the data? How are we going to be utilizing it?</p> <p>I'm asking for ideas and suggestions from the committee.</p> <p>Comments and Questions:</p> <ul style="list-style-type: none"> • (Cmsr. Payne) I think, without the data, it is really hard to make decisions down the road to see if they are even effective. Whatever has been proposed now, we need to see where we are out with the numbers to see, when we do choose to put money or suggestion/vote on a certain direction, we need to see if that is actually a need. Without the numbers, it is hard to make those choices. I'm flabbergasted. • (Cmsr. Stern) It seems pretty transparent, but there is a very vocal group that does not want this to proceed and we are blocked. Does anyone have any idea about pro bono representation for the commission? • (Cmsr. Payne) Is that a conflict of interest, to get an attorney to do that? • (Jill Ray) The MHC is an advisory body to the Board of the Supervisors (BOS). So it is not a separate advocacy group, the mandate is to advocate with the BHS Director and the BOS, that is the mandate of this body that is written in the original board order that created it. I have said this over and over and I know there are a lot of opinions about what 	<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>

I am saying, it is not that the information is not available to health care teams, they all know what they are dealing with and know the programs, the MHC commissioners have had tours of detention facilities and they have had rundowns of the different programs available. At this point in time, we are under the consent decree which includes a variety of reports that are confidential that are run and can not be shared. They are part of the consent decree. I think that is what it comes down to, the information that is being asked for is information that is being run for that reason and it is confidential information with the courts, with the PLO (Prison Law Office), went into this agreement with us. It is confidential on both sides.

The bottom line question is, what is the ask? You just want a list of diagnoses that we have ever seen in our detention system? We need the questions to get to the right data. We are working along these lines with the familiar faces initiative. We have a core team in our county who is working together to see about the best way to go about collecting the data needed across various divisions / departments and how we can cross that information to get both a macro level report and a micro level report. The familiar faces really needs a micro level report where our probation division is working at a macro level to see what services are helpful and to avert recidivism across our system.

So we are working on this in a variety of areas, the data issue is not one that is just this MHC, no one is trying to keep the data from this commission, it is across a variety of areas and there is some great challenges. One, our data systems are not the best, probation is bringing one on board now. Health services via electronic health record is across all divisions of our health services division. Some of it is that those reports contain the information that is part of our consent decree and part of it on the micro level is that is an issues because they have to put what their release is with the individuals who come into custody. There is a variety of different CBOs that are included on that form they sign that allows them to share information and we are looking at how do we add probation to that form so that it can be shared with probation, as well. We are working along a variety of areas and it's not just here. I understand the frustration. We are working really far to make this happen in this other space so that the information can be available to the public. The Racial Justice Oversight board has a lot of questions, as well. Now we have the office of Racial Equity and Social Justice coming on board and we are hoping that will be one of the key players because it will be the place in our county that we can start working in this data within our county.

- (Cmsr. Stern) We have been asking for the mental health diagnoses and substance abuse diagnoses of populations of WCDF and MDF in the last year or two without reference to sex, name, race, gender, any identifying characteristics that would probably violate whatever the PLO requirements are. We are not disclosing any identities, we are not doing anything that would compromise confidentiality, it is aggregate data. That is all we want. We appreciate the BHS is trying to do a macro and micro evaluation involving (maybe) 10, 20 or 30 criteria they are trying to coordinate and make a final report that can be very transparent to the public. But we would like to just know those issues I just said.

- <Interrupt Jill Ray> I know it sounds simple, but when you talk about releasing diagnoses, that needs approval of the individual to share that information. (Cmsr. Stern) We are not asking for their names. (Jill Ray) It doesn't matter, it requires them to release the ability to take that information and release it.
- (Jill Ray) I know it sounds simple but it really isn't. This is a consent decree that we voluntarily entered into with the PLO rather than being sued. It is under that consent decree that these reports are confidential. I states it in the consent decree if you read it. I know people on this call have it because it was sent out by NAMI Justice. And, Geri, it does require individuals to allow that information to be released. We cannot just take people's private information because it has to go somewhere. That data leaves there and it has to go somewhere to be scrubbed. So we cannot take that data out of the system, unless we have permission to do so and that is what we are working on through this Familiar Faces Initiative, to hopefully find a way to do that.
- (Cmsr. Stern) I just have to say, Jill, this the third rationale we have heard because the first when I spoke to Lavonna Martin about this 3 years ago was that she was too busy to supervise a Berkeley Department of Public Policy Student to do this, too busy and they needed too much hand holding. <Interrupt Jill Ray> She told you that wasn't the way we go about getting interns in, the way you went about it. That is what it was.
- (Cmsr. Stern) That is not what she said to me. We can have a discussion about that another time. Then we were told a number of other reason, so what you are telling us today is more in the weeds than we have had any conversation with them. We have asked repeatedly to have a meeting with Dr. Tavano, just our committee, to find out what do we need to do to get this data and then the county counsel says no and we are brushed off. I appreciate your going into detail about this because we haven't heard this information before. It has been a hand in our face and leave us alone.
- (Cmsr. Payne) Maybe I can help what Jill is trying to say. They can't actually tell someone's information, even if it is just the diagnoses. They can't take any of that information and count it on any level without someone's permission. In reality if they don't give permission, they can't even act like they know it was a diagnosis.
- (Cmsr. Perls) I am wondering what other counties have done. It doesn't sound plausible to me. This is the basis of many public record requests. There is always a bureaucratic explanation why they can't do it and it is one of the criticisms of the Sheriff's Department. The jails is that there hasn't been the kind of transparency and we also need a legal opinion outside the county counsel because, I think he has a seriously inaccurate interpretation of his obligation. At least there should be a meeting and there should be a written rejection of our request with substantive explanations. I would defer the ACLU on many scores. We are an advisory group, I understand what you are saying about some of the material, but I doubt that is a HIPAA violation to scrub the material and the data collection, the kind of response we have received, from what I understand, run from too hard to do, no data collection impossible to put together, "we're working on it" ... none of those things hold water under most of the interpretation. I know I will pursue it and we will see what we can do. I'm afraid none of this means very much if there hasn't

<p>been a written rejection. <Interrupt Jill Ray> There has been a written response with all of the things cited from Lavonna Martin and I'm happy to provide that if Geri can't get her fingers on it. I'm happy to send that to Angela. Angela sent it to her and I was copied on it. There is a very extensive written explanation.</p> <ul style="list-style-type: none"> • (Teresa Pasquini) I expressed a lot of feelings about this at the last meeting that are in the minutes. Part is based on the communication that has been frustrating for me and I've mostly been getting my information from the commission in the various meetings. I have shared before that it has just been very inconsistent with what I know of. The leadership of our health services. I've been stymied by it. Yes, Jill is correct, I did receive a copy of that. That meeting also amplified my confusion about this discussion because I went to that meeting and heard the same questions being discussed that are being discussed at this meeting. I appreciate hearing this Jill. I believe you. I have listened and read. For me it is really frustrating that there has not been some consistent communication. I made the assumption this was based on the consent decree and I do believe there is some nuanced thing happening here that is preventing this from happening. I don't think any of us know because we don't know what the consent decree was. It is frustrating. Again, I put a lot of time in over the years to developing data requests and collecting data and so this has been a frustration of mine. 	
<p>VIII. Announcement of Pamela Perls becoming Co-Chair of the Justice Committee</p> <p>I am very pleased to announce, after three years of being chair of this committee, I am going to move into the position of co-chair until our new co-chair, Cmsr. Perls feels comfortable taking this role on. I would like to introduce Cmsr. Pamela Perls and if you'd like to say a few words.</p> <p>(Cmsr. Perls) I just want to say to the committee that I am very new still and still have much to learn and I will need the help of absolutely everyone here.</p>	
<p>IX. Adjourned meeting at 4:52 pm</p>	