

**MENTAL HEALTH COMMISSION  
JUSTICE SYSTEMS COMMITTEE MEETING MINUTES  
June 28<sup>th</sup>, 2022 – FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b> Chair, Cmsr. Geri Stern, called the meeting to order @1:34pm</p> <p><u>Members Present:</u> Chair - Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I</p> <p><u>Other Attendees:</u> Cmsr. Gerthy Loveday Cohen, District III Cmsr. Douglas Dunn, District III Cmsr. Barbara Serwin, District II Angela Beck Jennifer Bruggeman Dawn Morrow (Supv. Diane Burgis' ofc) Teresa Pasquini Pamela Perls Jen Quallick (Supv. Candace Andersen's ofc) Lauren Rettagliata Elissa Robinson (Supv Diane Burgis' ofc)</p>	<p>Meeting was held via Zoom platform</p>
<p><b>II. PUBLIC COMMENTS:</b></p> <ul style="list-style-type: none"> <li>• (Teresa Pasquini) Brief update for this committee. Tuesday, SB1446 (Housing That Heals Bill) passed through the Assembly Health Committee, with amendments. It is now moving on to Appropriations. It started out as a 'right to treatment' bill and a right to housing that heals, it has been amended. I spent last Wednesday and Thursday in Sacramento in a sit down session, a listening session with Gigi Crowder, Tuan Hall, and Dr. Susan Patrovi from Los Angeles County. She is the Sacramento "Skid Row Street Doctor" I have been working with for the last year that I have been working with and how I met Senator Stern. Lastly, Thursday, we were able to take Senator Susan Eggman to Psynergy's Sacramento site for an amazing site visit. She sat with clients that lived there and had them describe to her what Housing That Heals means to them. I actually heard her testify this morning in the Judicial Committee about that site visit when she was trying to get legislation passed on Conservatorship. I just wanted to give you all that update that this is all moving forward. This was all captured for a documentary film maker, who was also introduced to both Senators and interviewed them both for the documentary.</li> <li>• (Cmsr. Stern) I had a quick question, I read in the Chronicle yesterday (and that is why I sent you that email) that Senator Eggman's legislation was going to be tabled this year. Is that not true? (RESPONSE: T. Pasquini) I forget the working they used. SB 1416 was not heard this morning and that was the grave disability language change bill. It wasn't care court that was supposed to be heard. Care Court is another bill she is also co-authoring. So, her bill wasn't on the agenda today. What I can share is that there is some frustration around hair chairs make decisions to put certain bills on agendas and not put certain bills on agendas. There was a decision not to put it on the agenda and there are also ways to maybe get</li> </ul>	

around that and that will be attempted. Hopefully, it's not dead yet. If it goes without going through this session, it can definitely come back, when there are new chairs in the next legislative session.

- (Lauren Rettagliata) I want to thank Teresa for all the work she is doing. If you follow the state legislation, you will see this bill, SB 1446, which a lot of folks don't understand the importance of, as it is so very important, because with Care Court will most likely go through. Governor Newsom has really wanted this legislation and it will likely pass through. This legislation does not work unless it has housing connected with it and I really want to thank Teresa for being out there. As far as the legislation goes, the next time bills will be submitted would be after the next legislative session and that happens rather quickly in January and February. For the remainder of the year, the legislature does other business and things can be prolonged. It will be very interesting to watch. It seems that it is far away but one thing we will need housing for is the diversion program. We need to ensure we keep this before our supervisors that, although these deadlines seems very far away, they are closer than we think. We need to ensure our behavioral health services works with its providers to tap into the Community Care Expansion (CCE) funding. That is \$850mil that is only available until it is given out. I am having a hard time finding out exactly how much of that fund is still left. Maybe someone from one of the supervisor's offices can find out for us. This is money that can be used for, not only, board and cares, but also room and boards and any augmented board and cares. Everyone seems to be focusing in on the Behavioral Health Community Infrastructure Program (BHCIP) grants. That is good, we need to keep on that, but we also have to ensure our supervisors are moving forward to ensure we don't lose out on the CCE funds. I am glad to see there are those from our supervisor's office on here that can go on the Department of Health Care websites and take a look at CCE. It is a partner with BHCIP.
- (Cmsr. Stern) Elissa, is that something you can follow up on? (Elissa Robinson) I can try, I am new to this, so I don't have all the connections, but I can see what I can put together. (Lauren Rettagliata) I will send the link you will need to go to in order to find out. (Jen Quallick) If you don't mind including me, that would be fabulous. I will work with Elissa.

### III. COMMISSIONERS COMMENTS:

- (Cmsr. Gina Swirsding) A lot of consumers do really well with emotional support animals. Many consumers I speak to, don't go into housing because they can't have an emotional support animal (like a dog or a cat). What helps me a lot is my dog. I take better care of her than myself. Many consumers feel this way. I am concerned and bring it up in the Justice Committee because I am wondering with some people with emotional support animals and they have to be placed in custody, what happens to their emotional support animal. I have spoken to some that a spider can be your emotional support animal, who is going to take away a spider? I do know that in some of the jails, you can have a spider because they are everywhere. The point is that it is a comfort. When these consumers are out of custody, where / how do they get their animals back? I am going to be bringing this up more, as there is a lot of discrimination against emotional support animals, even when you have a

<p>trained dog for physical disability awareness (i.e. seizures, or for diabetics, etc.).</p> <ul style="list-style-type: none"> <li>• (Cmsr. Gerthy Loveday Cohen) I agree regarding the emotional support animals, especially for those with a mental health disorder or illness to find support. Every time I have had to respond to a crisis in school due to a death of a student (regardless of reason), the police officers will bring their therapy dogs. It makes a huge difference with the students and their ability to go back to some normalcy after the crisis.</li> </ul>	
<p><b>IV. CHAIR COMMENTS: None.</b></p>	
<p><b>V. APPROVE minutes from the April 26, 2022, Justice Systems Committee meeting</b>  Cmsr. Gina Swirsding moved to approve the minutes as written. Seconded by G. Stern.  Vote: 2-0-0  Ayes: G. Stern (Chair) and G. Swirsding  Abstain: 0</p>	<p><a href="http://cchealth.org/mentalhealth/mhc/agendas-minutes.php">http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>
<p><b>VI. REVIEW/DISCUSS letter to the Board of Supervisors regarding the motion for a State-level Director of Conservatorship</b></p> <p>(Cmsr. Stern) We are having this discussion because this motion has stalled and there was a comment that Dr. Tavano, Behavioral Health Services Director, felt this motion was unhelpful and we wanted to re-iterate that we made this motion, it was voted on in the full commission and it was passed and we would like to move it forward.</p> <p>(Cmsr. Serwin) This letter is written to the Board of Supervisors (BoS) and it basically points out that the Justice Systems committee brought this motion to the Commission, it was passed in March and it needs to move forward to the next level in the process. That is assigning the motion to a committee for the BOS to review.</p> <p>We want to urge the BOS to support and forward the motion to the legislative committee for consideration. I shared the motion and what it focuses on is the need for a statewide conservatorship director, whose job it would be to provide uniform guidelines, regulations, infrastructure to all counties in the state, under which all counties would operate and conform. The position and mandate to be funded by the state.</p> <p>I point out that the motion was passed unanimously by the commission. I gave a snapshot of the research that led up to this motion and focused on the fact that this has been a year long evaluation, and that it came to foreground because the commission was already very aware from personal experiences and those experiences shared by family members and caregivers in the community that there were serious challenges with the conservatorship program.</p> <p>The committee’s attention finally locked onto to this when it heard testimony from Ms. Rebekah Cooke regarding her family member. This was the trigger to really wrap this up. I pointed out how the evaluation was done and how it was conducted primarily through interviews with staff, from all the involved departments including the public defender’s office.</p>	

**Questions and Comments:**

- (Lauren Rettagliata) You do need to put in County Council because it the department that also represents the county seeking the conservatorship and many times, it was county council that worked with me in order to give the correct testimony needed.
- (Teresa Pasquini) I don't think you had county counsel give testimony and this paragraph is regarding people who came before the committee.
- (Cmsr. Serwin) But then I state the only groups the committee did not speak with county counsel and the judicial arm (Cmsr. Stern) Yes, you can add that many attempts were made to get the judges to come in but stated they just didn't have time. I point out the committee was able to get multiple relevant parties in the room together, possibly for the first time. We had interviews and group discussions and the research (from my perspective) culminated in the presentation from Alex Barnard from NYU on his research 'Absent Authority, evaluating California's Conservatorship Continuum'  
I feel I need another point here, but one I did include is that the committee found the challenges of the county's conservatorship program were to be found in counties all over the state. (Cmsr. Stern) It was Alex Barnard's conclusion that there is no one in charge of the whole conservatorship program and that a Director on the state level would be optimal.
- (Cmsr. Serwin) I relayed some of the findings, let me know if I am missing any. A major finding was that there was a near unanimous belief that the county's conservatorship system is inadequate, if not deeply flawed. I point out what the main themes were and, my perspective, it was the lack of communication, coordination, accountability, consistent policies and procedures and an overwhelmed acute level of care deeply impacted by the lack of appropriate placements for conserved clients. (Cmsr. Stern) I think we need to add in there somewhere that there doesn't seem to be a central place for families to go for any kind of recourse if they are not getting adequate treatment. (Cmsr. Serwin) I might need to add some details, under accountability, recourse for families not receiving adequate care of their loved ones. I kept it very high level and maybe we need to include more details and that would be one.
- (Cmsr. Swirsding) Is there a place for consumers to go to if they feel?  
(RESPONSE: Teresa Pasquini) Yes, they have patients' rights. They have rights, but family members don't have rights. Consumers are very protected, they have their rights protected, they have a public defender and families basically have nobody.
- (Cmsr. Serwin) I bring it up a level to the fact that the county system exists but on a broader system of counties that provide the county with placements. I point out that because we don't have an adequate inventory of placements that we must place the majority of our conserved clients out of county, which brings an additional level of dysfunctionality. In the process of finding placements, monitoring our clients and discharging these clients is very challenging and that the committee learned that incomplete communications and information transfer across county systems often leaves providers, conservators, family members and conservatees in the dark about client status as a conservatee, client history and what would be appropriate discharge plans. That's a lot of questions. Then I gave some examples and would like to have more examples here. For example, providers did not always know that an incoming client is

conserved and clients are sometimes discharged without the conservator even being notified. You mentioned the 5150, Cmsr. Stern, can you repeat that? (Cmsr. Stern) That if they are placed in a 5150 in another county, it is not clear the county their conservatorship is in is notified. They may not know the person is conserved, the client may not tell them. I'm not sure they have any electronic notification that would notify across county systems to let them know, statewide directory or something that has a list so that all conservatorship within the state can communicate and see that data. (Cmsr. Serwin) I may have captured that correctly, I do say 'providers do not always know an incoming client conserved, sometimes clients are discharged without the conservator being notified' but I think I'm getting the 5150 portion incorrect. Do you mean when I say providers do not always know an incoming client is conserved? I would live another example.

- (Cmsr. Dunn) Currently, all Contra Costa County (CCC) Conservatees, temporary LPS conservatees or one-year renewable conservatees, are placed in out county placements. Contra Costa currently does not have an in county mental health rehabilitation centers (MHRCs).
- (Cmsr. Stern) We have Rebeka Cooke's example. Her family being released from residential treatment before ready, placed in a homeless shelter bed and ending up reoffending and getting arrested. There was no place for her to go to get help. She finally received some response from Mathew Luu but it took over a month to get a response. I am not sure a director at the state level would respond any quicker but there could be people assigned under that Director who could address concerns of family members. (Cmsr. Serwin) How does that work? If you are release in Sacramento county, but your parent or a caregiver or conservator, if they aren't there to give you a ride back to contra costa, are they given a bus past back or a train pass? How do you get back home?
- (Teresa Pasquini) The conservator's office. I believe they have a peer to transport the conservatees, which is not always the best plan. This is a question that needs to be discussed. You may want to consider sending/sharing your motion with the 'calm board' and bringing in the other mental health boards across the county, that if you want to build momentum, you are making a case for a state position, you may want to consider enlisting the support of other mental health board across the state. This is a statewide issue and so, you might want build support for this concept. (Cmsr. Stern) Once we hear what the BOS has to say. If we get pushback from them, we then need to regroup and get support from community members. (Cmsr. Serwin) what about starting that process now so that by the time we get to the committee we are working on this? (Cmsr. Stern) Teresa, if you want to suggest that I'm going to need a list of those boards to contact <interrupt Cmsr. Serwin> there is an organization that coordinates resources and communication between all boards and commissioners throughout California. I can send you the information, who directs it an all that.
- (Cmsr. Stern) That is quite a lengthy and comprehensive letter, Cmsr. Stern. Thank you, I didn't know you were going to go to that degree of specificity. I am happy you did. (Cmsr. Serwin) well, I think we need to as it was initially dismissed as that we need to take a deep dive, but we already have and I wanted to really lay out that this committee has really already done their due diligence. It isn't just one or other, but we really

<p>need to start at the top and that person needs to support working all the way down through all the issues.</p> <ul style="list-style-type: none"> <li>• (Cmsr. Swirsding) I just want to emphasize there is a huge lack of communication. My friend that passed away that had severe mental illness was under conservatorship out of Fresno or in the central valley. They released him, placed him in a home, no supervision and he walked out of the home and was hit by a car. The person under the conservatorship (his mother) was never notified that her son was taken out of a locked unit under conservatorship and placed in a home (non-locked facility). He died. I am telling you there is a huge lack of communication. His psychologist didn't even know he was released.</li> <li>• (Cmsr. Stern) Yes, we know there is a severe lack of communication within the county, as well as cross county and statewide. This is why we created passed the motion and why we are crafting this letter to the BOS to develop this legislation.</li> <li>• (Pamela Perls) Just quickly, I was going to suggest that I have a number of developmental disability advisory committees that work on legislation. I imagine a number of them would be interested in signing on to your letter. To Whom should I send those suggestions? Counsels, committees, coalitions (Cmsr. Stern) send it to me in an email and I can send it to everyone all at once.</li> <li>• (Cmsr. Stern) Thank you everyone. It seems to me the head of BHS thought we weren't really serious about this when we made that motion, but I think we will enlighten them considerably. We are not just going to be swatted down like insects with a fly swatter.</li> </ul>	
<p><b>VII. REVIEW Conservatorship concerns and DISCUSS issues that need to be addressed</b></p> <p>We touched upon some of these issues but will continue on with this discussion next month.</p>	<p><i>Due to time constraints, this agenda item moved to next mtg.</i></p>
<p><b>VIII. DISCUSS What use of data can we agree upon now that Detention Health has agreed to collect "some data" on Mental Health Diagnosis in the Detention Center, Cmsr. Geri Stern</b></p> <p>I would like to discuss, because we did get a positive response from Director Lavonna Martin about potentially collecting some data from Detention Mental Health. I'd like to get some ideas from people about what they would like to do once we get this data and share briefly how we received this response.</p> <p>I sent an email to Anna Roth, Suzanne Tavano and to Lavonna Martin, as well as Rajiv Pramanik (he does tech interventions for the county?) that we were not being taken seriously and we wanted to collect this data and that it was important. I think Anna Roth was the first name on the response to our letter and I think she maybe said something to Lavonna Martin regarding, why can't we do this and so Lavonna Martin said "Oh, maybe we can." What we want to do is collect the mental health diagnosis of those in the detention center, my thought initially was, once we know what types and what categories of people are being detained, we can focus more directly in the community and develop more resources in the community rather than in detention.</p> <p><b>Questions and Comments:</b></p>	

- (Teresa Pasquini) Just off the top of my head, I know there has been a lot of requests for data over the last year and, so I am glad you got a response. I appreciate your leadership and tenacity on that. What comes to my mind is one thing Lauren and I put in our paper is how the drivers of despair, disparity and discrimination, one of which is that there is no consistent definition of serious mental illness that is used across systems and so everyone (sort of) just falls under this behavioral health umbrella or the mental health category. I did review your minutes from last meeting (or two meetings ago), I wasn't here to attend and know you had a conversation with Lavonna and David Seidner and that there were references in your minutes that there was some data given about people with mental health issues. What I am curious about is how many seriously mentally ill versus to a lesser degree. That was part of our issue Lauren and I raised in our paper. How is it being determined who is seriously mentally ill? Who is waiting for a state hospital bed? Who is IST? We got that data from Stephanie Regular, so what kind of information is being shared in other executive committees? There was also talk about CalAIM in their executive committee. Where is the information being collected in Contra Costa that breaks down these different populations (Cmsr. Stern) It is not being collected in a particular place, that's why we are asking. (Teresa Pasquini) Well I think, I think you're wrong, I think it and I think there is data available in our system. (Cmsr. Stern) Yes there is, they have the data, that's why we want to access and find out what are the diagnosis is so we do know who is there. We are just not getting the data. We, as a community cannot make decisions based on data if we don't have the data. This is why we have been trying for over a year to have this shared.
- (Teresa Pasquini) I really want the commission to make sure they are sharing information with the public very transparently and whatever you receive, isn't being culled in the background. I'm not suggesting that is happening, but this the public forum. I am attending your meetings, you are the public face for us. I want to make sure that we in the community are getting the same information that the commission is getting.
- (Cmsr. Stern) The plan is to collect it, collate the data and distribute at a meeting so that people knew what was happening. We have to get it first and it's been very hard to get any response. There is no path forward at this point, it's just been an agreement that we could possibly get you some information, but we have to push harder.
- (Cmsr. Serwin) When I hear the data collection being talked about, it has always been with respect to diagnosis. Have we discussed using this as an opportunity to collect other data as well? (Cmsr. Stern) We don't know what they are going to give us. We need to have another meeting with Director Martin and find out what is she willing to give us.
- (Cmsr. Serwin) I think we need to be able to specify what it is we want, because I assume we want more than just that. There are two strategies you can ask for the first thing, get that and then ask for more later or you can go in and ask for a bigger set of data with the premise being 'you're willing to provide data about this, how about these other things, too?'
- (Cmsr. Stern) I think we need to do this step by step and not overwhelm them because it was hard enough (it took three years, Teresa) to get this far. I think we don't want to go in with a sledgehammer and scare them. I think we need to narrow our focus. They are very shy about releasing data and need to be careful on how we get this data.

<ul style="list-style-type: none"> <li>• (Teresa Pasquini) I would like to say (Sorry, but) this is very contradictive to what my experience was when I was on the behavioral health care partnership, which oversaw detention health and the executive team, so I really want to ensure, I'm not trying to suggest this is the case because that is not m experience with this administration and so I am wondering where the breakdown is? My experience was that there was a bias towards transparency in sharing data when I was on the executive team at the county hospital. So what has changed in our county.</li> <li>• (Cmsr. Stern) This isn't the county hospital, this is county detention we are asking. (Teresa Pasquini) I'm aware of that and the county detention is overseen by the CEO of the county hospital was also the executive of detention health at one time. I don't know who is over seeing it now. (Cmsr. Stern) Lavonna Martin is the Director of Detention Health. (Cmsr. Serwin) and she reports to Anna Roth. And Cmsr. Stern has now elevated it to Anna Roth because she couldn't get through to get this data and Lavonna Martin was coming into her role over the last year from H3. Prior to that, it was just a vacuum. And David Seidner &lt;interrupt by Teresa Pasquini&gt; yes, I was in those meetings with David, so I am grateful for you pushing.</li> </ul>	
<p><b>IX. DISCUSS Temporary Conservatorships as highlighted in the Martinez Detention Facility (MDF) Tour</b></p> <p>(Cmsr. Dunn) Temporary Conservatorships (LPS) are from thirty (30) days to six (6) months. Cmsr. Stern, myself and others on the tour at the Martinez Detention Facility (MDF) heard that when persons are not doing well on temporary conservatorships, I suspect this might be the case for LPS conservatorships (the one year renewable conservatorship), as well, if they aren't doing well, the easy button is to call the MDF, they have 24/7 mental health help and request they are accepted for a bit. Wasn't that the general take when we were on the tour, Cmsr. Stern? Lt. Beltram said, we really don't like to do that, this is not the best place for these folks. As I stated in my writeup is that I think this is part and parcel of the human log jam that Ms. Pasquini speaks to with the incompetent to stand trial (IST) situation in the state hospitals, as well as in the MHRCs where conservatees are taken. So far it is all out of county contracts right now. They are full, no place, jail is the default. It just points out that the log jam is everywhere and it is backing up into the jails.</p> <p>(Cmsr. Stern) Yes, there isn't enough space and they have built out a beautiful unit (M-Module) at MDF and they have space. (Cmsr. Dunn) Also the F-Module.</p> <p>(Cmsr. Stern) It just seems odd, how do they have the money to build in the jails but they don't build in the community. (Cmsr. Dunn) that is part of BHCIP Round 5 and 6.</p> <p>(Cmsr. Swirsding) It's as if we are going backwards. When you are mentally ill, you went to jail. (RESPONSE: Cmsr. Stern) I think the whole country is going backwards as of this week. We just have to keep doing our work and moving forward.</p> <p><b>Questions and Comments:</b></p> <ul style="list-style-type: none"> <li>• (Cmsr. Swirsding) It is embarrassing when the police come to your home when you have a mental health problem. I want to state that. I have cameras installed around my house now because they came to my home</li> </ul>	



when I missed a hospital program meeting. This is something they do with certain programs. But they didn't treat me right, I was having a very hard time and they hand-cuffed me to a gurney and put me in an ambulance, with all my neighbors out, like I was out of control and I wasn't. The paramedic even said it was inappropriate to hand-cuff me, but the police still did it. We need an alternative to jail, mental illness is not a criminal offense.

- (Teresa Pasquini) I'm grateful you all had your site visit and looking forward to the report. I am assuming the report will be made public. I am curious how that will be handled because it is really critical for the public to hear and see and know what you all saw. Lauren and I, when writing our paper, took into consideration our advocating for people to be anywhere but the jail. We know that the only place in America you have a right to treatment is inside a jail, that's where you have a constitutional right. It was the lawsuit that brought those rights forward and caused our county to invest in (what I call) a remodel. I was one of the few people to support the jail remodel before the lawsuit was public and I do believe we need to make sure that those having to be in jail have the dignity and care they need while incarcerated, but we also have to be doing everything in our power to have them never go behind that door. I just wanted to circle back to the Housing That Heals paper vision. What we called out in that paper, were things we feel Contra Costa and every other county that has had to settle a lawsuit surrounding their jails, that we need to focus on how to prevent that from happening. It is to build a continuum of housing that heals. We really tried to paint a picture of what that continuum needs to be in order to keep people out of locked doors longer than necessary and to get them to the right place at the right time and to receive the right level of care. It is never a jail cells.
- (Lauren Rettagliata) I was one of the commissioners, along with Cmsr. Serwin and a couple others that visited M-Module a number of years ago. Jill Ray from Supervisor Andersen's office suggested we do so, in order to see and understand how important it was during SB 586 when we were applying for funding to conduct a jail remodel that affect the West County Detention Facility (WCDF) in Richmond. I can't tell you the impact of what we saw that day left on us. How we saw lunch being delivered on top of trash barrels. There were men and women in this unit that were partially to completely disrobed. It didn't seem there was any privacy, we did understand that they were under suicide watch, but also there could have been some privacy between the male and female population. It was very disturbing because it looked like very small cages these people were being held in. I will never forget this. When we lost the lawsuit as a county, the one good thing I saw coming forth was that know, they told us it was impossible to put funds into MDF. It was absolutely not foreseeable and they knew the public backed up, they knew all the problems but that it was impossible. It is glad to know the impossible has happened and I would like to see to what extent. I do hope the public is allowed pictures to see what M-Module looks like today. I think it is very important for the public to know this. (RESPONSE: Cmsr. Stern) Just to speak to that, regarding pictures. We didn't take any pictures. I don't know if they have them.
- Lauren Rettagliata) I don't know if you would be allowed to, because you couldn't take ... they would have to be photos taken by the sheriff's office to ensure there were no compromising of identities of those in the jail (both law enforcement and those incarcerated) but we could see what the

facility looks like. I would hope that commissioners will be very descriptive in what it looks like and possibly the public could see pictures of what was done.

- (Cmsr. Stern) Just to put your mind at rest, it was quite an updated facility. Each room seemed very spacious and private and very clean, but they were still finishing work on it, it wasn't completely finished but it was well on the way to looking very modern and up-to-date. M-Module. I will keep that in mind and will seek help from others on the tour as we were intently listening and taking it all in. It was a very good, thorough hour and a half tour. They answered all of our questions.
- (Cmsr. Swirsding) I have visited this facility quite sometime ago. To this day, I could never go back in there again. I cried a lot for those people after I toured that facility. That is why I didn't go on this tour, I couldn't. I had not realized they remodeled it. It was very disturbing when I toured it all those years ago. (Cmsr. Stern) you are not required to go but it is quite different now).
- (Cmsr. Serwin) I just wanted to echo Lauren's comments what it was like in M-Module maybe six years ago and when we were on this tour, it was completely different. I didn't realize that this full-on renovation was going to happen because, to Lauren's point, we had been told the building is well beyond it's livable state and that it was just throwing bad money after bad money. It was very open, spacious. There was a lot of individual and group therapy areas that, with the older version, it was difficult to find any way to find privacy, let alone group therapy. It was hard to see the old version, how anything was accomplished. Also, with that said, I wanted to echo what Teresa said about, we don't want to misplacing money that should go out for housing that heals into our jails, but it is my belief we will always have more people that need to be in the M-module than we actually have placements for. So I do feel we need to continue reforming the mental health services within the jail system while we are pursuing housing that heals for them to step into.
- (Cmsr. Dunn) As I went on the tour, I remember Ms. Morrow and I commenting, in one of the general module that they were remodeling. We both noticed that the windows in the rooms were still quite small and, granted they are doing the best they can with a filled jail. It is at the end of it's useful life and it is what it is, but we noticed some of the rooms that inmates are in, the windows as very small and dark. Hopefully, they can rectify that in the remodel. That was not the case with the M-module or the F-Module. The F-module seems to be the main Mental health module and M-module is the health module.
- (Elissa Robinson) This was the first time going on a tour, just joining the staff a couple months ago and joined this committee, last month going on the tour was really my first exposure. So going in on the F-module being the older one and the M-module being what they just recently completed (from my understanding). So it was the F-module that seemed pretty chaotic, it was at capacity (70 people) and it was quite chaotic, the male/female population were separated. Just walking in, it felt like it was not a place that would be conducive to healing. However, going into the M-module, it was a different feel to it. They had incorporated art, there was actually a mural on the front yard area that looked out over Mt. Diablo. Art on the walls inside as well. They had the ADA accessible rooms that could be used if someone needed medical treatment. I could see a big difference between the two, and understanding what people might need if

<p>they are in the justice system and having a mental health crisis. The difference between the two. It was amazing to see that and recognize.</p> <ul style="list-style-type: none"> <li>• (Pamela Perls) I just wanted to point out that despite the architectural changes and the renovations, I think one of the serious problems is the training of the personnel. The suicides, not doing a careful suicide watch, not determining that this person needs a suicide watch or medication or whatever is needed. They have also had assaults and officer interactions that were inappropriate, so I think that is personnel and that isn't about bright windows and space, although it is very encouraging. I think that is part of the important point, the personnel and training.</li> <li>• (Cmsr. Stern) I thank you for your input, but we do need to stop talking about this, it isn't on the agenda but there will be a report and we will include everyone and have that discussion.</li> <li>• (Cmsr. Swirsding) I just want to ask if, can't we fight for the serious mentally ill that they all go into the M-Module instead of leaving them in something that is not up to standard, it really upsets me. (RESPONSE: Cmsr. Stern) That wasn't the sense we got when there. It is not finished yet, so they can not be placed there. But they will be once it is finished.</li> </ul>	
<p><b>X. DISCUSS Status of the Juvenile Detention Center</b></p>	<p><i>Due to time constraints, this agenda item moved to next mtg.</i></p>
<p><b>XI. Adjourned at 3:03 pm</b></p>	