

**JUSTICE SYSTEMS COMMITTEE
MEETING MINUTES
July 27, 2021 – FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Chair, Cmsr. Geri Stern, called the meeting to order @1:37pm</p> <p><u>Members Present:</u> Chair - Cmsr. Geri Stern, District I Cmsr. Alana Russaw, District IV Cmsr. Gina Swirsding, District I</p> <p><u>Other Attendees:</u> Cmsr. Laura Griffin, District V Cmsr. Barbara Serwin, District II Angela Beck Rebekah Cooke Carolyn Goldstein-Hidalgo Teresa Pasquini Pamela Perls Jill Ray, Supv. Andersen’s Office</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS:</p> <ul style="list-style-type: none"> • (Rebekah Cooke) I wanted to give everyone an update (regarding her daughter). She was in Angwin for six months and released to Pathways. I want everyone to know, it seemed while she was going through this trauma that drugs was a big part of it and it really brings it home that she needed this help in the worst way and she is doing great. I am not sure the program at Crestwood, if I could stay it is the best, but what I do think just having her in a healthy environment where they are staying off the street, getting off drugs and getting all the right medication was a huge/beneficial for her. She is currently at Pathways and is not doing great there. I would hope, spending all this money on a person and having to take away their rights to protect them and then they are released in an environment where there is not adequate step-down. The facility is not a place where I think anyone here would want to stay (cockroaches, and other health violations – photos will be emailed to MHC after meeting via the Executive Assistant). Thankfully she will be transferred to an amazing opportunity. I’m speaking out as I know we just had a contract with Crestwood and I know it is not inexpensive. I think the county is not getting its money’s worth and it would be really good for those signing these contracts to go and see the conditions – the disgusting bathrooms, the infestation of cockroaches, surely they can afford an exterminator and have the bathrooms cleaned. All that being said, thank you to everyone. • (Teresa Pasquini) I just want to share the site visit to Gray Haven(in Napa) that Lauren and I took. Continuing on our Housing that Heals journey, it was a last-minute visit. I wrote a blog about it and will share the link with Angela, discussing the site visit with pictures. I was hoping Stephanie Regular would be here, I know that she and Jeff Landau also went for a visit there and found it amazing, as well. This is a new program; the county of Napa is dragging their feet on starting a contract. They are offering beds pro-bono right now. It’s a mansion on a huge property. There is also nimbyism signs surrounding it. The neighborhood is not welcoming the facility, which is understandable. Hoping the Gray Haven transition goes well. Thankful all around. Lastly, I wanted to draw attention to the CalMatters piece that I had in op-ed printed on conservatorships and comparing conservatorships “the free Brittany’ movement compared to my movement to free my son for the last 22 years. I was 	

<p>also quoted in another CalMatters article that talks about the difference in conservatorships and since this committee has been so great in exploring that issue in our county, I just wanted to bring it to your attention. <links shared> I am excited about continuing the conversation regarding how conservatorships are not evil for everybody and can save lives and stabilize. You don't have to be a 22-year conservatorship, so hearing Rebekah's daughter's story is the purpose. Stabilized, stepped down (locked to unlocked) and continue that recovery path and they do save lives.</p>	
<p>III. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> <p>(Cmsr. G. Swirsding) The Richmond Police Department (RPD), the City Council has defunded the police department. As a result, there are a lot of things they are unable to do, they are overworked and many have left. They are still advertising has hiring but supposedly they won't be hiring anymore. What bothers me, is it effects different services in different ways. I had an opportunity to be interacting with some high school age kids, at an outside event, they came up and said they are afraid of going to school due to the defunding and the police being removed from the school. There are no more resource officers on campus. They felt secure in knowing they had their cell phone and knew if they called, the police officer would be there to support. Some of these youths even called when there are issues going on at home. Those resource officers would be able to send an on-duty officer that knows the parents/kids. To hear from these kids, I'm concerned, as they are unstable (at home) and I feel for the family because they had these officers for support. I spoke to a few of the police officers with RPD and they stated they do have officers to go out to the site and help with the consumer and family and is still ongoing, but the discussion at the City Council meeting is they want community members to be doing this, not the police department.</p> <p>This concerns me because in Richmond, we have really good set of officers that work with many of the mentally ill youths, for example the 11 near our freeway, there are CHP, Sheriff and RPD, as well as some San Pablo PD that work with these few. Now with them being defunded, it is a concern, recently there was a housefire because it was cold and it almost burned down an elderly couple's home. It concerns me for them not to have the resources either to call. Antoine _____ (NAMI) are meeting to try to solve some of these concerns, what to do when all this is going on? The city council thinks it's great because they are talking about Mental Health, but the problem is there are no solutions and they have already defunded. (Cmsr. Stern) Gina, would you be willing to put together some items for an agenda for next month on that? (G. Swirsding) Yes, I am helping the elderly couple, who are living with some relatives, and they could lose their home.</p> <p>(Cmsr. A. Russaw) I sent a list and I am unsure what has previously been on the agenda or already discussed, the biggest priority I would like to address while on this committee is: The lack of services I see in East County. It is not sitting well with me. I live in Central County (Concord). I have been looking for schools for my son who does have some issues and I have been looking in Pittsburg, Antioch, as well as Concord. I just feel like it is a 'resource desert' in East County for anyone having any mental health issues and would love to see how we, as a committee, could try to resolve or work toward progress in that area.</p> <p>(RESPONSE: G. Stern) Do we have a behavioral health services (BHS) resource in East County similar to the one that was just opened in San Pablo. (G. Swirsding) Yes, there is. I have been to East County. (A. Russaw) There is a children's clinic, but I have just heard the waiting list is immense. So, I was wondering if some of the CBO's can help more, because the county obviously can't do it all. (G. Swirsding) Correct. I am aware of what is going on in East County because many west county residents moved to east county. I am aware of what is going on out there and I can apprise you of services out there. Mostly with youth, they had a</p> 	

<p>very good place that picked them up from school (after school program) and were able to talk. I do not know if that exists any longer. (A. Russaw) I agree but feel the county just wasn't ready for the influx of people that came from West county to East county and feel folks are just falling through the cracks.</p> <ul style="list-style-type: none"> • (J. Ray) Alana, this is such a huge issue in East County and you are right, the population growth exceeded the ability for the county, at the time, to pivot and create programming. The Juvenile Justice Coordinating Council, in their efforts away from the Juvenile Justice System is very focused on efforts on intervention and prevention. They have been putting together an entire list of all services throughout the county. They do recognize there are huge gaps in various parts of the county. So, they are looking at using funds to add programming in those areas where they have identified gaps. It is being worked on but you are absolutely right, it's been a long overlooked, especially in the far east county. The county is definitely aware and developing programming with CBO's, which is the most effective source until they can identify CBOs, we are looking at CBOs both inside and outside the county to contract with. • (Cmsr. G. Stern) Jill, where do consumers go in the interim when this is being worked on? (RESPONSE: J. Ray) Well, there are 211, so if someone is looking for services they can call 211 and could be screened to determine needs, then based on insurance coverage, do they have private or public insurance? 211 is the current number to call for any mental illness. We are not using 988 as yet, but it is the number implemented. The legislation has not been fully passed/implemented in the state of California. If it does become law, what the county has created with the Crisis Response and 'no wrong doors' so no matter where you call (911, 211, 988) you will get to the services needed. We don't want anyone to have to look up some special number for a crisis. The list is publicly available, the Juvenile Justice Coordinating Council has regular meeting and are intensely meeting for that department of juvenile justice realignment taking place (closing the state youth prisons). 	
<p>IV. CHAIR COMMENTS:</p> <p>I tried to get a hold of David (Seidner), and finally heard from him this morning and found out he's going on leave. I don't know what that means. He was unable to answer the questions for agenda item VI that Doug wanted answered, so I was frustrated as he is our main contact at the jail. Who is covering for him while he is on leave? When is he coming back? (RESPONSE: Jill Ray) We can find out who the correct contact is and any status we are able.</p>	
<p>V. APPROVE minutes from the May 25, 2021 Justice Systems Committee meeting Cmsr A. Russaw moved to approve the minutes as revised. Seconded by G. Stern. Vote: 3-0-0 Ayes: G. Stern (Chair), A. Russaw, G. Swirsding Abstain: 0</p>	<p>http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

VI. DISCUSS the need for Detention Facility Statistics for those who are Incompetent to Stand Trial (IST) to determine how many incarcerated persons currently from Contra Costa County (CCC) are 'waitlisted' for a State Hospital IST bed.

Questions posed by Commissioner Douglas Dunn:

- How is the 20 State Hospital beds contract currently utilized by Contra Costa Behavioral Health Services for CC residents?
- How could negotiations over ICT State hospital beds affect their future utilization?
- With which State Hospital does CCBHS have contracts, currently Napa State Hospital (14) and Metropolitan State Hospital (6) and what is the current dollar amount if each of these contracts?
- What is the Current classification of State Hospital Beds used by CC residents and what is the number of persons by self-identified gender and ethnicity occupying those beds?
 1. LPS Conservatorship (Civil only)
 2. Misdemeanor Incompetent to Stand Trial (MIST)
 3. Felony IST
 4. LPS Murphy conservatorship (combined civil and criminal justice system)
 5. An offender with a Mental health Disorder
 6. Not guilty by reason of insanity
 7. Sexually violent Predator

Those invited to the meeting to address these comments were unable to attend today's meeting. These questions will be sent to Dr. Tavano to address or direct/refer to correct person to answer.

Questions and Comments:

- (Teresa Pasquini) I do not have the answers to these questions, but I would direct you to Behavioral Health, as well as Stephanie Regulars presentation to NAMI in July. I will share the link. There are a lot of answers to these questions and I learned a lot, I was reminded of things that we tend to forget as family members regarding the role of the public defender and the different roles they play (conservatorship vs. IST) and the statutory obligations they have for each role. It was a very good presentation and encourage you all to watch.

Link to NAMI CCC July 2021 Zoom meeting with Stephanie Regular spoke, was shared in chat : <http://www.namicontracosta.org/gm-07-2021.html>

VII. DISCUSS Law Enforcement physical restraint alternatives during a mental health crisis call

This is an item I have been thinking about, spoke to a number of people about it and it needs to go through Dr. Tavano, but I sent a 60-page document to everyone that was written by two PhD students at UC Berkeley and UC Santa Cruz on bioethics, about the possibility of using medication in the field, rather than waiting to get to the emergency room. There was an experimental utilization of this in Minneapolis with the Hennepin County police department and their paramedics. They were using a drug on a variety of emergency calls that was like an anesthetic and not working well. That is not what I am proposing. I was trying to find some literature that talks about the possibility, during a mental health crisis team call, that a nurse or an LVN is present to give the person who is a danger to themselves or others, that we would be able to administer 5mg of Haldol after consulting with the psychiatrist in PES before they get to the hospital instead of having to do some kind of more aggressive intervention.

Page 51 of this article, it addresses how we need to keep the lines between the medical personnel and the police very distinct and the police do not have a say in when Rx are administered, it needs to come from the psychiatrist. Those boundaries need to be really clear. I was just throwing this out as an idea, the article talks about 4th amendment rights and, according to this article, giving medication in the field can

be okay with 4th amendment rights and was wondering if anyone had any feelings or thoughts on this.

- (Cmsr. A. Russaw) I do not know what the process is with officers administering Narcan in the field, but is it similar? When there is an opioid overdose, they have the kits available. Can it be looked at in the same vein?
- (Cmsr. G. Stern) I think this is a bit different. I sent an email to Robert Nelson (our contact at the sheriff's department), asking him to come to the meeting so we would have a police perspective.
- (Cmsr. G. Swirsding) I do know with life threatening matters, police officers can give meds, but I don't believe it to be psychiatric meds. One example, Berkeley PD when they have mental health issues involving a student on campus or in the community, they have a team (like our crisis team) that comes out and they do have someone that can administer medications if necessary. I have witnessed many events in Berkeley (esp. when my daughter was a student at UC Berkeley, I was on campus often). It is great observing them and how they work and negotiate with a consumer. Berkeley has had a crisis team for a very long time and I have seen some really big improvements.
- (Cmsr. G. Stern) After the Rapid Improvement Event (RIE), they are adding a couple more Mental Health Crisis Response Teams (MCRT). Do you know how many teams are available now? (RESPONSE: Cmsr. B. Serwin) Right now, we are still in development and we are going to launch with a non-police response team next week (the prototype). The overall, future state, there are three teams: (1) includes both a collaborative crisis response with the crisis intervention team, including a police officer embedded in the team; (2) a non-police response team and then; (3) a 'wellness team' with a clinician and a representative that is able to provide transport, if needed, to send to a clinic or wellness center. (Jill Ray) The team Cmsr. Serwin is referring to is the EMT and clinician.
- (Cmsr. G. Stern) have any of those teams talked about or discussed providing anti-psychotic intramuscular injections in the field if someone is acutely psychotic? (RESPONSE: Cmsr. B. Serwin) That issue has not come up whatsoever.
- (Cmsr. G. Swirsding) Geri, not everyone is on Haldol. I think, as a rule, I am very concerned who makes the decision on giving someone medication.
- (Cmsr. G. Stern) My concern is trying to reduce incidents like what happened with Miles Hall. Instead of tasers and guns and violent interventions that have resulted in death, we should try to have a much lower scale intervention that could help diffuse incidents. 5 mg of Haldol, can really put the cabbash on somebody's voices and get them transferred to PES to be evaluated. It would be much better than a taser or gun. That is what I am trying to explore. I was pleased with this article; it goes into such great detail how it (sort of) has been used but they used the wrong drugs and those didn't work because they can depress respiration and kill people. I don't know why they even used this particular drug. EMTs were in charge rather than a mental health team and making decisions with the police so that is NOT something we want to do, we want our mental health response team be in contact with PES and have some open communication and have the police as back up, not someone going in and shooting.
- (Rebekah Cooke) It is an interesting perspective, but because I kept trying to get my daughter help, had she gotten a shot to clear up, as soon as she got to PES just to get revolved back out into the cycle again, would have concerned me, but she was not a threat to society, more a threat to herself. I certainly can understand where someone has a gun and is threatening, I could see rather having meds administered than lethal force. I think with some ideas, they are great but don't know how they would be implemented. Having police back up can be cumbersome and not work well in most cases. The right and left hand do not seem to work together well.
- (Teresa Pasquini) I haven't read the article but will. My knowledge is that you can't force psychiatric medicine in the community and that is not allowed. Family

<p>members have raised the issue ‘why is there medication assisted treatment’ or Narcan for substance use but not for seriously mentally ill people that are psychotic that could use a shot? I don’t believe it is legal. (Cmsr. G. Stern) Please read the article because I wasn’t aware of any place that was doing this, but apparently this has been going on.</p> <ul style="list-style-type: none"> • (Pamela Pearls) Having done this kind of law, I would like to comment—I think they are looking at a much more restrictive legal question, which is: “Is it within the fourth amendment for Medical Professionals to use chemical restraints in assisting the police making the arrest” not the benefit of the defendant/consumer. Simply assisting the police and that is the legal question they are asking. (Cmsr. G. Stern) The title of the article is “Medical Professionals, Excessive Force, and the Fourth Amendment” and it does speak to this throughout the entire article. It goes into great detail about how to get around the fourth amendment in order help people and do interventions without abusing the fourth amendment. If you all could read the article and then understand where I am coming from. It is a long article, and it will take some time to read, but it is a very good article and speaks to the concerns about abusing consumers rights and how to get around that and them the help they need without excessive force and fatalities. • (Cmsr. B. Serwin) The article, does it describe how the administration of chemical restraint actually plays out in real life. (RESPONSE: G. Stern) Yes, it goes through a number of situations in which this particular anesthetic (Ketamine) was used and how it did not work in a number of ways, because it is really the wrong drug. We are not trying to make people unconsciousness. • (Cmsr. B. Serwin) This is about the process; this is someone who is not cooperating and agreeing to medication being administered in the field. (RESPONSE: G. Stern) On page 20, they go into different types of drugs that can be used. • (Cmsr. B. Serwin) I wasn’t thinking the types of drugs, but more what leads up to it, the precipitating factors. (RESPONSE: Cmsr. G. Stern) Right and there are a number of precepting factors, I can’t recall all of them as the article is quite large and goes through a number of them. (Cmsr. B. Serwin) I think it would lead to a big struggle, a fight and then all the escalation. (Cmsr. G. Stern) When you have a proper show of force team and take someone down to the ground, as a former psych nurse, I have been involved in many instances where we had to take violent down and you inject them, they calm down within a few minutes and there is not a lot of struggle. It diffuses, calms the situation and can be transported. What I would like (suggesting) is have a line to PES and have a psychiatrist on the phone to advise those in the field. That would be the best-case scenario, rather than having someone making an independent decision in the field. That’s not a good idea, there should be contact with PES during the call. • (Cmsr. G. Swirsding) I questions, I did scan the article and I recall when I was on the Haldol, I had to sign a piece of paper stating that I accept the drug. In my experience of being in the hospital way back then, when people were out of control, they would come in and some of those people I know did not agree with that and would carry them into isolation until they could get the agreement. If not, they have a court thing. (RESPONSE: Cmsr. G. Stern) Well putting someone in four-point restraints or in seclusion room, those are all ways to calm people down and just historically 5 mg of Haldol is a lot less invasive than putting someone in four-point restraints. • (Cmsr. G. Swirsding) I would like to see the Sheriff representative come in. 	
<p>VIII. Adjourned at 2:59 pm</p>	