

**MENTAL HEALTH COMMISSION  
JUSTICE SYSTEMS COMMITTEE MEETING MINUTES  
October 25<sup>th</sup>, 2022 – FINAL**

<b>Agenda Item / Discussion</b>	<b>Action /Follow-Up</b>
<p><b>I. Call to Order / Introductions</b> Chair, Cmsr. Geri Stern, called the meeting to order @1:33pm</p> <p><u>Members Present:</u> Chair - Cmsr. Geri Stern, District I Cmsr. Gerthy Loveday Cohen, District III Cmsr. Tavane Payne, District IV Cmsr. Gina Swirsding, District I</p> <p><u>Other Attendees:</u> Cmsr. Douglas Dunn, District III Cmsr. Pamela Perls, District II Angela Beck Jennifer Bruggeman Teresa Pasquini Jen Quallick (Supv. Candace Andersen’s ofc) Stephanie Regular</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) I have been asked to participate in “words to deeds” conference next week on a housing panel and will be sharing some lived experience there with a room full of state leaders. I know Stephanie and Robin Lipinski and our county public defender’s office has been very much involved with “words to deeds” for years. It will be my first experience.</li> </ul>	
<p><b>III. COMMISSIONERS COMMENTS:</b></p> <ul style="list-style-type: none"> <li>(Cmsr. Payne) Just so everyone knows, I am also retired from Juvenile Hall as a Correctional officer. I was on the girls unit and had every age, every criminal offense. They were not classified regardless of mental health issues.</li> <li>(Cmsr. Perls) Wondered if Teresa could explain this conference. (RESPONSE: T. Pasquini) Stephanie could probably explain it more succinctly. It is a collaborative effort of state and local folks, Forensic Mental Health Association of California. The MHSOAC (Mental Health Services Oversight and Accountability Commission) is a sponsor, the Judicial Counsel participates. It is a wide collaboration of justice involved partners. I was invited from some state leaders that are in this conference.</li> <li>(Cmsr. Perls) and the goal of this? Is it legislation? (Teresa Pasquini) I think the goal is to learn. It is a learning collaborative and I think the idea is going from talk to action (‘Words to Deeds’). I will be happy to share what I learn after.</li> </ul>	
<p><b>IV. CHAIR COMMENTS:</b></p> <ul style="list-style-type: none"> <li>Cmsr. Serwin was able to have a personal meeting with County Counsel and Dr. Suzanne Tavano about our request for collecting data. I just have informal notes to me, what came across pretty loud and clear is that they really didn’t know what we were asking for and shut it down before they had reached out to us to clarify. So it is a bit disturbing. We will be</li> </ul>	

<p>following up with this. The whole thing seems a bit muddled on their end and really didn't have any answers for our critique of their shut down on our request. It opened up some glaring holes in the whole county counsel process (for me personally) and I was a bit disturbed by it and it is all I will say at this time. We are continuing our request for collection of data because they did not have a good reason for shutting us down. In fact, the topic of confidentiality never even came up.</p>	
<p><b>V. APPROVE minutes from the July 26, 2022, Justice Systems Committee meeting</b></p> <p>Cmsr. Gina Swirsding moved to approve the minutes as written. Seconded by T. Payne.</p> <p>Vote: 3-0-1</p> <p>Ayes: G. Stern (Chair), T. Payne and G. Swirsding</p> <p>Abstain: Cmsr. Loveday Cohen</p>	<p><b>Agendas/minutes can be found at:</b></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. RECEIVE Update on Incompetent to Stand Trial (IST) latest information and current status, including plans for this population in light of new finding by the State of California, Cmsr. Douglas Dunn, MHC Finance Committee Chair</b></p> <p>(Cmsr. Dunn) Background documents for this agenda item have been included; however, I have one more "Section 4147 WIC code" that I should have added, which established the state IST workgroup (Ms. Stephanie Regular was a member), Mark Gayle, Teresa Pasquini and I attended as members of the public in these state Zoom meetings, but Attachment B is the suggested solutions the workgroup came up with before the Department of State Hospitals (DSH) had decided to repeal changes (due to a lawsuit), as there were certain changes that needed to be made in the short-, medium-, and long-term by 2024. Clients would need to go back to their counties by the end of 2024. It does not appear to be happening due to the State's 2022/23 IST Solutions funding proposals, will not allow new persons beyond the current population now (Felony IST; or FIST). The state is providing \$571mil annually to counties to take care of the population above the headcount allowed.</p> <p>Felony Incompetent to Stand Trial &amp; LPS Murphy Conservatorship Analysis (ref Attachment D), the families I have spoken with in the county that have been involved with the Public Defender's (PD) office – at least 60% of the 70-95 persons are black and indigenous young males. This has a real racial justice implication. As I state in my analysis what IST is. Ms. Stephanie Regular's point and the options that a misdemeanor IST (MIST) person has:</p> <ul style="list-style-type: none"> <li>• Mental Health Diversion (MHD);</li> <li>• Assisted Outpatient Treatment (AOT);</li> <li>• LPS Conservatorship; or,</li> <li>• Case Dismissed if an MHD, AOT, or LPS Conservatorship slot is unavailable</li> </ul> <p>*effective December 1, 2024 Care Court will also need to be considered. Those that are MIST will be eligible for Care Court</p> <p>The number of Murphy conservatees are growing in the county. I have been able (via zoom links from the PD ofc) the County Council office has indicated there are one to three (1-3) new persons considered dangerous enough that a Murphy conservatorship is being filed and that will be another overlay issue. There is also the current contract that involves criminal justice involved individuals that the CCBHS has with the DSH and could be well more than</p>	<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: <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>

\$7mil for 20 persons; a one-year renewable conservatorship and other justice involved that could be involved. If these efforts don't work out, these persons could definitely wind up being reincarcerated, which we are definitely trying to avoid, if at all possible.

My writeup on the funding analysis (see Attachment C) the DSH funding summary for \$571M/yr (which will increase to \$675M/yr in 2025/26). This is composed of several components and passed by the legislature. I have not heard what CCBHS (Marie Scannell) is going to be utilizing in regard to CC Forensic Mental Health. There is stabilization and early access to treatment; housing augmentation for current housing contracts (\$75k/client) to support appropriate housing levels; residential infrastructure set aside amounts; program funding; diversion housing (\$125k/client) for up to 18-20 months of housing that the DSH proposes to provide the counties in placements to CONREP (Conditional Release Program); FIST growth and county cost share.

**Questions and Comments:**

- (Cmsr. Stern) Are there limitations for people being admitted to AOT? Is there a maximum number they can accommodate? (RESPONSE: Cmsr. Dunn) 75
- (Cmsr. Stern) So, once that limit is reached, what happens to those people? (RESPONSE: Cmsr. Dunn) If MIST (and deteriorating) they can be considered for an LPS Conservatorship, or the case could be dismissed. This is where Care Court will step in. There is not a defined number for Care Court in this county as of yet.
- (Cmsr. Stern) Are there not specific places for those on AOT to be living if they do not have arrangements? How would Care Court be able to accommodate those that do not have an arrangement? (RESPONSE: Cmsr. Dunn) that is another issue the county will need to work out between now and December 1, 2024.
- (Teresa Pasquini) <in chat> What meeting was that discussion? (RESPONSE: Cmsr. Dunn) The NAMI (National Alliance for Mental Illness) Criminal Justice Advisory Committee Meeting. Held the second Friday of the month from 11:00am-noon.
- (Cmsr. Stern) There is a lot of money being allocated by the state and thru the county for housing. Do you know how long that takes for the county to utilize that money and create the housing for the IST population. (RESPONSE: Cmsr. Dunn) In terms of housing, there is a bigger issue at the state level. There is \$1.5B of 'bridge housing' which the Newsom Administration for those involved with Care Court. How this is to fit in with the IST above the \$571M is unclear, but the state will be providing this annually. It seems like a lot of money, but when you look at 58 counties, it isn't a lot at all.
- (Cmsr. Stern) Are those getting housing allocations as they are in treatment prior to trial, are they in jail? Or are they in the housing program out of jail? (RESPONSE: Cmsr. Dunn) This is for diversion, in treatment, in the community in adult residential treatment facilities (ARFs).
- (Cmsr. Stern) If someone has a murder/manslaughter charge, not conserved and IST in Martinez (MDF) would they be in the psych section? (Stephanie Regular) That depends on what point of the competency you are speaking of. If someone is pending competency, there are several points along the way. First the court declares doubt as to a person's competency, the court appoints doctors and this whole process takes months, if not years. The court will appoint one or two doctors to evaluate

IST. CCC has a severe shortage of court-appointed doctors, the wait is from seven to eight (7-8) weeks before we receive the reports. During that period, most clients are in custody and it does not matter what they are charged with and can be in West County Detention (WCDF) or MDF or in D-module in isolation. Once the doctor report is received, the court makes a determination whether the person is competent or not. The parties can either submit on the report and allow the court to just decide or the case can be set for trial. Routinely in our county, even when the doctor(s) state the person is IST, in cases that are special units (where they are assigned to a special unit district attorney), those cases are regularly set for trial, even when there is no evidence of incompetency. This summer, I believe we had three cases set for jury trials, on of which in June, there were three doctors testifying regarding the client's mental illness (IST) and there were no doctors to the alternative; however these cases are routinely getting set for trial. Unfortunately, there is a mistrust of mental illness and jury's often find our clients competent even when there is zero evidence presented regarding their competency.

- (Cmsr. Stern) So, a jury can override a psychiatric evaluation regarding competency? (RESPONSE: Stephanie Regular) It is up to the fact finder (either a judge or a jury) who determines whether or not someone is competent.
- (Cmsr Stern) Whether or not the jury has any education in the psychiatric field of study? Who decided that? (RESPONSE: Stephanie Regular) That's the law. Actually, there had been a bill pending last year, because, right now, the burden is on the defense to prove incompetency regardless of whether or not all the opinions from the experts state the client is IST. The bill would have shifted the burden to the prosecution if the doctor's report stated the client was IST. To avoid what we routinely see all around the state where the prosecution will set cases for trial, even when all the doctors reports state the client is IST, because the DA doesn't have to do anything, there is no burden of proof. That bill would have shifted the burden and it, unfortunately, died in appropriations last year. I would invite this committee to keep abreast of the legislation that is out there, because this is something that would have been really critical for our clients in CCC.
- (Cmsr. Stern) Can you please bring that to my attention prior to any vote? I wasn't aware of this, were you aware of this Doug (RESPONSE: Cmsr. Dunn) No, I was not. (Teresa Pasquini) I was but why wasn't our Board of Supervisors (BOS) aware? Or were they? Why? Was it part of the legislative platform for our county? I was aware of it, because I was tracking legislation last year and was on the penal code committee and testified. I first heard of this at the IST solutions workgroup. This is the kind of thing that is frustrating.
- (Cmsr. Stern) It is not only frustrating but we have a democratic legislature that is supposedly pro-mental health, who and how was this struck down? Do we know who was lobbying against it? (RESPONSE: Stephanie Regular) I can say the groups openly opposed were the Behavioral Health Directors and the District Attorney's Association.
- (Cmsr. Stern) The Behavioral Health Directors? Do you know why they were against it? (RESPONSE: Stephanie Regular) All I can say is what they wrote in their letter, which is that there were several pieces to the legislation. There were two sponsors of the bill, the California Public Defender's Association and several grass-roots organizations. The grass

roots organizations had originally proposed this legislation to fix a problem involving a particular woman's son. The son had been found IST from one jurisdiction and released and was till IST in that jurisdiction but charged in another jurisdiction (county) and no one raised the issue. So the bill was originally introduced to try to fix that problem so there was an initial presumption of incompetency of someone who had never been restored in another county. There were problems with the way the bill was originally structured before the CA PDA got involved. This was cleaned up, but the BH Directors were worried about this presumption of incompetency and someone having that for a lifetime, regardless of whether or not they were doing better or circumstances changed. That piece of the bill had actually been cleaned up prior but basically the bill died in appropriations, which is all 'back room' and it is hard to say what actually happens, other than where no one knows how a decision gets made that a bill is not going to be voted on.

- (Cmsr. Dunn) It sounds to me they didn't like the lifetime label of IST.
- (Cmsr. Stern) How is this protecting the clients? To save them from having a lifetime IST label, they go to jail? What is the next step to help people stay out of jail? This is (kind of) why I want to get this data from Detention Health Services and I can't help but think there is something behind it, other than privacy concerns, and maybe this is part of it?
- (Cmsr. Payne) I wanted to know what that Bill number was?  
(RESPONSE: Stephanie Regular) AB 1630.
- (Cmsr. Payne) Along with Cmsr. Stern, I'm wondering how do we get this back? (RESPONSE: Stephanie Regular) The previous author was Assemblymember Webber and you can always write to let her know how important you feel this legislation is and ask her to author another bill.
- (Cmsr. Stern) I am looking into this and it is a lot. Thank you for letting us know the bill number.
- (Stephanie Regular) I am very hopeful there will be a revival of that bill, but it's a challenging process to get an author.
- (Cmsr. Stern) Why is that? Why does it take so long to get an author.  
(RESPONSE: Stephanie Regular) Well, it is a lot of work and legislators all have their own agenda: Whether or not it's an election year; what they think can get passed; what are their priorities; what do their constituents want, etc.
- (Cmsr. Dunn) I was just going to suggest, the MHC should ask this be put on the legislative platform of the BOS for 2023.
- (Cmsr. Stern) Are you saying you want us to make a recommendation to the BOS? That will get struck down, I'm sure coming from our committee since they are so open to anything we have to say. I am happy to do it, but I don't have much faith they will listen to us.
- (Cmsr. Dunn) I will bring up at NAMI and then we can get NAMI CA to hopefully put this on their radar and force the issue. I personally think the BOS needs to be aware of this situation and what they want to do with it, that is another matter.
- (Teresa Pasquini) I tagged you and Cmsr. Dunn on the two agenda items on today's BOS agenda regarding the IST population / state hospitals. It was interesting that the items were pulled, there was some cursory conversation but they were not pulled for discussion. I appreciated that Supv. Gioia pulled them, but my request to him was that we have a conversation in CCC and where are these meetings happening where the

conversations are taking place? Where are we talking about it with our DA? Our PD office? Our BHS office? I just learned today about a meeting of NAMI CC that I was not aware of. This Justice subcommittee. I have been asking over the last several months about where are we holding these conversations in our county that are discussing these issue impacting so many people? So that we can have thoughtful conversations to help create advocacy? I met the family involved in this bill, they reached out to me after my testimony at the CA Penal Code Committee that I spoke to with three judges. There are families all across this state that are going through these situations (some are people of color and some are not) and I recognize the definite racial components to this population and I want that addressed, but I don't want anyone behind a locked door that doesn't need to be. Certainly not in jail. I'm obviously passionate about this. It's just frustrating because I have spent so many years trying to move this conversation in this county, the state and across the country. I just hope there is some action. If they are not going to pay attention to you, why? Why is that? Who is protecting the status quo in CCC? The items I sent, also included the LA Times article that mentions what Stephanie was quoted in (just in September). CCC has a stake in this conversation, we started this conversation. We need to be part of the ongoing solution and how is that happening if we don't know where the conversations are taking place? I am disappointed. Cmsr. Dunn, you share information, I totally respect and appreciate, but I want beyond that. We are supposed to be a data driven community. We need to come together and figure this out because the harm is just too great. There is a whole process happening in our county where the decision making is happening and who is managing what? I track a lot of stuff, but I don't know what or where it is. I would really like to see the MHC get information from either the BHS Director, the Health Services Director, the BOS representative or someone as to what is going on in our county with this population.

- (Cmsr. Stern) That is what Cmsr. Dunn has been trying to get for months, contacting so many in various departments and getting no answers 'crickets' and it isn't for lack of effort. It is a problem.
- (Cmsr. Dunn) Between our two committees, we first should follow up with BHS, like this extra \$6M, which is good for the county, but it was the first I'd heard about it. We need to follow up with Dr. Scannell, what does this involve? The state is providing extra money to the county, but at the same time, state revenues are starting to drop, so beyond 2024, what is going to happen to those hired under this extra money the county is getting from the state.? What purpose is it being used?
- (Cmsr. Stern) Marie Scannell is responsible for the allocation of that money, not Dr. Tavano? (RESPONSE: Cmsr. Dunn) Dr. Scannell is the acting Director of Forensic Mental Health. Dr. Tavano appointed her to that position because of increasing involvement in criminal justice mental health issues. So she seems to be the first to ask.
- (Cmsr. Stern) Well we can ask her to come to our meeting. Perhaps she can shed more light on this and answer some of your questions, Ms. Pasquini. At the very least if she can tell us where these discussions are taking place, and if she doesn't, we can task her with finding out and letting us know.
- (Cmsr. Payne) Did I hear correctly? When we present something to the BOS, they don't really pay attention to us? Did I interpret that correctly? (RESPONSE: Cmsr. Stern) I don't know. I didn't mean that exactly. I don't know I the BOS has been asking us or if our committee has been talking to

the BOS. We haven't presented to the BOS except the proposal to have the Director of Conservatorship, which didn't ever get to them, it was not supported.

- (Cmsr. Payne) Cmsr. Dunn asked to bring it to the BOS, you stated you would but you stated you felt it was pointless because the BOS doesn't listen to us. (RESPONSE: Cmsr. Stern) No that isn't what I was saying.
- (Cmsr. Swirsding) National Night Out, I had two people come up, let me know they have two people in their neighborhood that expose themselves, one is a female, one is male. One is a family member that stated she tried to get help for her sister and even getting her into a hospital. It has been frustrating during the pandemic. Before the pandemic, it was easier to get her into the hospital to be stabilized. I think there is much more frustration during this pandemic. There are a lot of cases in the courts that are taking longer to process, as well.
- (Stephanie Regular) I would hope the committee would just keep abreast of the legislation that is occurring in regard to the IST population. There has been a lot that has gone on over the past year, including a lot that is now getting passed in budget trailer bills that is particularly concerning because there is no full legislative process for it. One thing that was passed in the last session was the DSH can re-evaluate our clients in jail before they have ever been seen in a hospital and we are seeing this happening increasingly, where a client is found IST, sometimes it takes months or years before that finding and then the DSH evaluator will come in for a one hour remote evaluation of our client and say they are restored and then we have to start the process all over again. What is particularly concerning about one of the recent changes to that (that was in effect last year), they have changed it, so that now, the court did have the ability to summarily reject the certification. For example, I had one case where I received a certification and a petition for involuntary medication at the same time. So the court said, 'this is ridiculous, clearly this person is not incompetent, our jail is saying this person needs to be involuntarily medicated' and summarily rejected the certification. Now the DSH, it is required by law, before court can reject a certification, there is a new doctor's opinion regarding whether or not that person is competent. Basically, we are going back to the very beginning again, with that eight (8) week delay where a doctor has to re-evaluate, even if the PD, DA and court all agree the person is still IST. This is happening. It is happening more frequently that I am seeing, where legislation is getting passed related to the DSH through budget trailer bills. I just hope this committee would take a very active role in what is happening. Even when I have found out, sometimes at the last minute, have an opportunity to speak, it's one minute I can speak to try to convince a committee why this is really problematic. One voice is not enough. People need to write letters and communicate with their state legislators regarding their concern of what is happening.
- (Cmsr. Stern) I want to clarify, did you say when someone has applied to get involuntarily medicated that it disqualifies them for being IST?
- (Stephanie Regular) No, if someone is found IST, the DSH can certify them as competent, before the person ever goes to a hospital and before that person ever receives treatment. They are doing remote evaluations in our jail, of our clients, and certifying as competent. The most egregious one that we saw recently was an evaluator, seemed as if he was from another state, met with our client remotely. The evaluation started, with the jail

not having a good connection and the evaluator is meeting with our client on an iPad, the client had to stand in a hallway where there are people walking past him as the evaluator is doing this competency evaluation where the client is talking about highly confidential and very sensitive information. That meeting ended up dropping, the evaluator (a month later) had reinitiated the evaluation, couldn't get a good connection again in the jail and made the client stand outside, when the client complained he was cold and went inside, the evaluator called the jail and said give him a blanket and tell him to go back outside. This is how these evaluations are occurring. That evaluator ended up certifying that client as competent. This is what is happening in our county. This is the kind of legislation that is getting passed. Previously, before last year, the court could say that it is ridiculous, I am not certifying this client as competent and could reject that certification summarily. With the last budget trailer bill that passed, the court can no longer do that. The court does not have that type of discretion and, instead, the court has to appoint resources of a scarce court appointed doctors to re-evaluate that client and then that client spends another eight (8) weeks waiting for another competency evaluation and still remains to be seen whether the court rejects that certification and whether or not that starts all over on the waiting list, or not. I have yet to get the DSH to tell me plainly whether or not the person starts at their original commitment date or if they start all over again. We are looking at a four to five month delay before someone ever gets to the hospital. That isn't counting all the time pre-commitment that the client is waiting just for finding an incompetency.

- (Cmsr. Stern) Clearly this an egregious miscarriage of justice. What people and committees you would like us to make aware of these problems. When you say, we should talk to them, I don't know where or who to contact. (RESPONSE: Stephanie Regular) To your state senator or state assembly person.
- (Teresa Pasquini) This is a broader conversation to discuss about how this county and this commission goes about advocating and understanding these issues. I am so grateful to Stephanie for bringing this information forward and that is basically what I was suggesting to Supv. Gioia this morning was that I wanted the BOS to take a position on tracking what is going on with this population – before, during, and after. So we can have some sort of idea what is going on. They have deemed that to be non-discussion worthy.
- (Cmsr. Stern) It seems interesting that there is a lot of money being allocated to IST services, when just being evaluated by itself isn't being treated with the kinds of resources it needs.
- (Cmsr. Dunn) I am in agreement and I must say, Ms. Regular, the information you just shared is very eye opening. Cmsr. Stern, between our committees and, as Teresa said, it is a much bigger discussion and we need to figure out how to get this information to the BOS because, locally, they need to know about this.
- (Cmsr. Stern) There are so many different courts and supervisors, and there is only one person right now dedicated to mental health (Supervisor Andersen's office) and the rest are not focused on this and it is getting pushed down.
- (Stephanie Regular) There are a lot of mental health committees, it feels like I am attending a lot of them and it is doing something, so if everyone



on all these committees writes a letter, whether or not its your state senator or the DA's office. Something. I attend these meetings, it seems like there is a lot of data collection, but my hope (at some point) there is some advocacy and it is at the state level, or even at our local level. The courts, other than LPS are public, go in and watch and see what is happening and you can voice whether or not you agree with what is happening.

- (Cmsr. Stern) I know this probably a lot to ask, but you just gave us a lot of information, is there anyway you can concisely give us a description of what you are seeing and we can attach that to letters to state senators and assembly members. We don't have the information you have and we might misconstrue or misstate. We can reference your comments directly to make it more impactful. (RESPONSE: Stephanie Regular) I can't do that but I can reference the fact sheet for AB 1630, which gives a lot of facts about what is happening regarding competency and even starting there, this something I'd like to see different.
- (Cmsr. Stern) We can't do specifics you just spoke to, we can't share those? (RESPONSE: Stephanie Regular) You are welcome to reference the comments in the minutes but I can't do a write up.
- (Teresa Pasquini) You can ask questions like: How are we conducting competency evaluations in CCC jails? I won't unhear what I just heard. I'm sitting here literally shaking because, of course, I lived through it for four years and I know exactly what she is talking about but it has gotten even worse. That was something I thought I'd never survive or my son. It has gotten worse. (RESPONSE: Stephanie Regular) It is worse. I have been doing this for 11 years and it just gets worse. (Teresa Pasquini) It is getting worse and we can all just throw money around, put it all into the big BHS pot and talk about racial injustice, which we need to, but if we don't talk about this specific population, and the egregious discrimination taking place, we aren't going help our (redacted) community members) who are IST and they are going behind locked doors and not coming out.
- (Cmsr. Swirsding) Is it because the hospitals are overcrowded? (Cmsr. Dunn) I believe that has a lot to do with it. (Teresa Pasquini) But there is a lot of property they can resolve that issue.

**VII. RECEIVE Report on Committee's tour of the West County Detention Facility on September 27th, 2022**

Just a brief overview on the tour of the West County Detention Facility (WCDF) on September 27<sup>th</sup> (see Attachment E). All three of the Lieutenants conducting the tour were extremely wonderful to us, they were congenial, had coffee and cookies and all sorts of stuff for us. They answered all of our questions, but I wanted to give a quick overview. Even though I had been there just two or four years ago, I learned some new things or were clarified that I thought I knew.

It was stated that anyone that gets custody in lieu of incarceration must wear an ankle monitor and are not in the facility. We knew the Martinez and West County detention facilities divide their inmates into four tracks. Tracks 1 & 2 are at WCDF; the more severe issues are in MDF. The general population and protective custody inmates where different color clothing and uniforms. Inmates can request protective custody, which I did not know. Some of the reasons: if they are concerned about gang retribution, they can request

protective custody and they have a whole section that is just for them, their own laundry, meals, showers, etc. They showed us one of the communal cell blocks, everyone had to use a communal bathroom. I asked, "what if they have to use the bathroom in the middle of the night, several times. They said they can request to have a toilet in their cell if they have medical issue, although I don't know how difficult that is to achieve, but they seem to make it sound pretty easy.

The main kitchen serves 4000 meals a day at West County and it provides meals for both MDF and WCDF. They are accepting donations for books, so if anyone has any extra books, they will take them. Right now, if an inmate wants to make a phone call, they have to pay but as of January 2023, the inmate phone calls will be free. There are plans for a dialysis machine in the future (unknown when). Confirmed all female inmates are provided with free menstrual products (that wasn't always the case). During free time the Sheriff's commented that inmates self-segregate according to race and cultural identity. They are not housed separately but when they have free time, they break off into groups. There are no seclusion rooms at WCDF. If an inmate demonstrates they need a higher level of care, they are transferred to MDF. No involuntary medication is given at WCDF.

Interestingly, when inmates travel between buildings or classes for services, they must have their hands behind their backs but not handcuffed. I asked how to they make sure they keep their hands behind their backs. I was told they lose privileges if they don't comply and they want to have the higher level of privileges so they voluntarily comply.

Through AB109, the funding, the following services are provided:

- Adult Education – GED and prepped but no college level courses offered.
- English as a Second Language (ESL)
- Computer Skills
- Alcoholics Anonymous (AA)
- Parenting Classes.
- Sign and engraving plaque workshop. We were told that anyone can contact the Sheriff's department and have a plaque made. Anyone in the community.
- Landscaping programs
- Food handling and safety
- Customer service training

Game plan for success tracks what services inmates are connected to through workforce development board.

Visitation: ½ hour, two visits a week. The kitchen workers get three visits a week.

The work on the behavioral health section will break ground next year. I thought that it was supposed to happen a couple years ago, but it has been put off until next year.

Population: as of October 10<sup>th</sup> this year, there are 77 females in both facilities (MDF has 22, WCDF has 55). The capacity for MDF is 695 people, WCDF is 1096.

**Questions and Comments:**

<ul style="list-style-type: none"> <li>• (Cmsr. Swirsding) I have a question about family visiting. I recall from my last visit there was an issue with family visiting and there were problems, because there is no set place to have a family visit. It has been limiting and know some people with loved ones and it is one of the issues in WCDF compared to MDF.</li> <li>• (Cmsr. Stern) I don't know exactly how they are dealing with that. If you want to send me that question via email, I will pose that to Lt. Normandin and ask him what the plans are for improving that.</li> <li>• (Cmsr. Loveday Cohen) I recall the tour, they stated the new facility, they would have space for inmates to visit with their family (including kids) and would be contact room, right now they are in no contact with the plexiglass. Once they build the new facility in the area, they will be able have the kids sit with them and their family.</li> </ul>	
<p><b>VIII. Adjourned at 2:59 pm</b></p>	