

**JUSTICE SYSTEMS COMMITTEE  
MEETING MINUTES  
September 28, 2021 – 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. Gina Swirsding, District I Cmsr. Alana Russaw, District IV</p> <p><u>Presenters:</u> Mariana Torres Noy, Mental Health Program Chief, Contra Costa Regional Medical Center (CCRMC)</p> <p><u>Other Attendees:</u> Cmsr. Laura Griffin, District V Cmsr. Rhiannon shires, District II Cmsr. Graham Wiseman, District II Angela Beck Jennifer Bruggeman Tuan Hall Pamela Perls Christy Pierce</p>	<p>Meeting was held via Zoom platform</p>
<p><b>II. PUBLIC COMMENTS: None</b></p>	
<p><b>III. COMMISSIONERS COMMENTS</b></p> <ul style="list-style-type: none"> <li>(Cmsr. G. Swirsding) I wanted to speak about the eviction moratorium ending and the Board of Supervisors (BoS) vote to end the moratorium. I am extremely concerned because it will increase our homelessness population in the county. It sounds like the BoS are really on the side of the landlords and not the tenants. I know several people that will end up homeless and the added stress on those tenants in danger of losing their housing and worrying about eviction.</li> </ul>	
<p><b>IV. CHAIR COMMENTS: None</b></p>	
<p><b>V. APPROVE minutes from the August 24, 2021, Justice Systems Committee meeting</b> Cmsr. Graham Wiseman moved to approve the minutes as revised. Seconded by A. Russaw. Vote: 3-0-0 Ayes: G. Stern (Chair), Alana Russaw, G. Wiseman 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. DISCUSS developments and challenges within Behavioral Health Court over the past year, current client demographics and volume, client success rate, and relationships between Behavioral Health Court with other county mental health-related departments and programs. Mariana Torres Noy, LCSW, Mental Health Program Chief, Contra Costa Regional Medical Center (CCRMC)</b></p> <p>I have some data to present to you but I will be just speaking to you today. I want to introduce Christy Pierce, Public Defender’s Office, who is a partner of ours and here today to chime in.</p>	

I wanted to acknowledge, first, that we are in a pandemic and to give you an update, I haven't presented to the Commission while in the pandemic and it certainly give the Commission a sense of what we are doing now. When the pandemic started, all our groups in primary care terminated face-to-face (for obvious reasons) and there was a pause. Behavioral Health Court (BHC) took a pause at that time, as well. A brief overview of Behavioral Health Court, which falls under CCCRMC and Clinics, is a team that consists of mental health specialists. Currently three are assigned to BHC and includes a deputy from the Sheriff's office assigned to the team, as well as Christy Pierce from the PD's office. It is a 'post-plea' program.

Clients are referred to BHC and everyone must agree the person is appropriate and qualify. This include the PD, the Deputy, and the District Attorney (DA)'s office all must agree the person qualifies and once admitted, they can qualify for one to two years of case management services, including enrolled in SSI and any services they need connecting with their psychiatrist, individual therapy, group therapy and linkage to behavioral health services. Whatever the need, they would provide those type of case management services. In the past, there was a large substance abuse component and a lot of drug testing. That has been paused due to the pandemic and there is also linkage to residential and outpatient substance abuse treatment.

Those are the types of services and it is one to two years. (Christy Pierce) The only other mention is the BHC, the court part of this, the clients come to court every two weeks and it is a more collaborative court. There is not a DA present during the court hearings. The Judge does a lot more 'checking in' with the clients than in other courtrooms, so there is a lot more of the judge asking each client "How are you doing? How are feeling?" This is every other Monday afternoon over Zoom and has been since the start of the pandemic protocols.

Currently, we have 14 participants enrolled in BHC. Over the last 12 months there have been 28 referrals and have denied 14 referrals / accepted 14; not all get enrolled in BHC, as their case is resolved in other ways, other dispositions that do not include BHC. We have terminated only one person over the last 12 months and we have graduated four (4) participants and expect to graduate another four (4) participants in the next three months. So, we have continued with our services even though a lot is over Zoom and telephone. We did have an outdoor graduation for the four and the judge appeared and had a nice drive through set up and families set out by their cars. We plan on doing similar for this upcoming set of graduates. The status of BHC alumni is that we provide support to approximately ten (10) alumni, in the form of psychiatry appointments, short-term therapy, letters of support (such as in child custody matters); we provide services if we can.

**Questions and Comments:**

- (Cmsr. G. Stern) Who is the Judge that is currently presiding over the court?  
(RESPONSE: Christy Pierce) It is Judge Brady. She is over the Mental Health Diversion Court as well as the Competency Court proceedings.
- (Cmsr. G. Stern) Do all of those that come in to BHC have a place to live?  
(RESPONSE: Mariana Noy) Many, if they don't have a place, almost everybody that comes through. We do have an option for those that don't use substances, but a lot that do and have a history will go directly from jail to residential treatment and then we will work with the residential treatment setting to find an SLE (sober living environment), to get the resources to try to place them outside of that. It helps to keep someone stable but we will not exclude someone because they are homeless.
- (Cmsr. G. Stern) Do you ever try to find, if someone is homeless, and a participant of BHC, do you or the group attempt to find them a place to live?  
(RESPONSE: Mariana Noy) Absolutely. We will do what we can to place them in our shelter system, to get funding for them and resolve issues with their families. Sometimes there are stay away orders and we will try to resolve those types of things to help them find stable housing. That said, we are not successful in

actually making that happen. If it's the client's choice in choosing to be homeless or just not being able to secure a place. But we do try to access multiple ways to find housing for our clients.

- (Cmsr. G. Stern) Do you find that homeless contact system is effective? And if so, what percentage of the time do you find someplace for them to go? And what percentage is just a failed attempt? (RESPONSE: Mariana Noy) I don't know if it's a failed attempt, but we definitely try. It's obviously small numbers and we just don't give up. We try to rule out of the places. Sometimes it is just getting them back in residential treatment if they are unstable or placed where they are 'couch surfing' with a friend and using drugs again and it's about putting them back in treatment. I don't have data on this, but part of housing someone, the biggest barrier is making sure they have SSI. We work really hard in getting that in place to house these participants. (RESPONSE: Christy Pierce) I don't see any gaps. I feel like BHC does a good job helping the clients find housing and working with the county resources. Obviously in Mental Health Diversion and AOT and other courts I have worked with, as a comparison, I have not felt this has been a problem with the BHC clients.
- (Cmsr. G. Stern) So for BHC, you have a better outcome for housing than maybe diversion or detention releases. (Mariana Noy) we also have an opportunity to work with them for long-term (one to two years) while they are released, and so we have a long time to help stabilize them. Sometimes it is from the jail to the residential treatment so we have time, which is good. In jail, it is harder to accomplish as sometimes there is no release date, etc. and it is harder under the gun to do that type of planning. I would say we generally have a system that we don't give up and, even when they have burned a lot of their bridges with their families, we continue to advocate and support them through their journey and know that housing is a very important piece of their recovery.
- (Cmsr. G. Stern) Those in BHC, they have been diverted so they do not have a felony on their record, correct? They have to go through the program and can be clear of a felony? (RESPONSE: Christy Pierce) Sort of. They are post-plea. So that means we negotiate a plea deal for them, and instead of going to sentencing, they get sentenced to BHC. If (and when) they successfully complete BHC, then we do an expungement, which is essentially a legal process by which we can have their charge taken off their record. During the period of time, they are on BHC, it will show they have pled to whatever the charge is and many are felonies. Example, the 14 clients that are currently on BHC, it will show their sending charge on their record. The four that will graduate this quarter, at the time of graduation, I will file the paperwork and the judge will sign to have their charges expunged.
- (Cmsr. G. Stern) So during the time they are in BHC (that one to two years) and they are trying to find housing and have to fill out a rental application, they would have to check the box that says they have been convicted of a felony. That could be a barrier.  
(RESPONSE: Christy Pierce) If their sending charge is a felony, yes. (Mariana Noy) It could potentially be a barrier, like most our clients are placed with a family or in sober living or in residential placement so it doesn't tend to be a huge barrier for us in particular. We are working on the foundational pieces of helping them get a job and become stable so they can move on, but that is not something that is really an issue for our group of patients at this moment or since I have been part of BHC.
- (Cmsr. G. Stern) Do you find when you are trying to locate a job for them, the fact that they have an active felony is a barrier to employment?  
(RESPONSE: Mariana Noy) We have some that have worked at Denny's and they are working and gainfully employed.
- (Cmsr. L. Griffin) What is the age range? Is there a specific age range for clients that are accepted in BHC? (RESPONSE: Marianna Noy) Just adults, 18 and over)  
(Cmsr. L. Griffin) Nothing for children in this type of setting? (RESPONSE:) No

<ul style="list-style-type: none"> <li>• (Cmsr. G. Stern) I sat in on one BHC session before COVID and it was really fascinating, the interaction. I have never seen a judge be that active for that long of a period of time. Like a parent scolding, supporting and guiding. It was interesting and I think it's a really great program you have. I hope we can continue to expand it because it's really a great way to take care of people without just letting them go back into the community and (perhaps) flounder while they are trying to find their footing after being charged with a felony. (RESPONSE: Mariana Noy) Also, I just want to acknowledge that this county, they expunge records after completion. A lot of times, a lot of BHC will just get rid of the committing case and it's a really big deal that these people have an opportunity once they have graduated to have their entire record expunged. It is fabulous to see how the judge becomes the main case manager and, even if your case isn't on the calendar, you appear to help support the other participants. It is a group therapy just going to court in general.</li> <li>• (Cmsr. G. Stern) Yes, one of the things I witnessed in the courtroom, the people in the audience would comment or cheer or jeer or, sort of have little snipes and whoever was on the hot seat at the moment and I thought that was a bit unusual. Not sure if they were family, friends or those sitting in. Sometimes it was a bit cruel and sometimes funny. It was quite an unusual setting. (RESPONSE: Mariana Noy) I understand, and it goes back to the fact that it is a collaborative court and it is up to the judge how much they tolerate. If the judge wants to shut it down or actually want the participants to talk, they allow for it. It's really up to each individual judge what they tolerate. For some of them, it is a labor of love and like that part of the court, the side that is not as traditional. We try to keep it supportive. (Christy Pierce) The interesting thing, I have appreciated, is that my clients have group therapy sessions with each other twice a week and then every other week have court together and it really is a peer supportive program in a way some of the other mental health court programs I have experienced don't exist. The clients get to know each other more, support and are there for each other more. I appreciate that and it seems to be helpful.</li> <li>• (Mariana Noy) The other part, too, in a traditional courtroom, as an advocate, sometimes I will try to silence the participants because I don't want them to say something that is going to harm them. In this kind of setting, that is not likely to happen. The judge just wants to know what is going on with them so we can help support them through this. That's the difference, they have a voice in this court that they may not have in another setting.</li> </ul>	
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<p><b>VII. DISCUSS the topic of "Jail or the streets: the destination of the diverted, homeless, and mental ill in our county" to include the question of who is ultimately in charge of the process and decisions, and the question of what will happen to those individuals when the State Hospital reduces Murphy Conservatorship beds. Solutions, suggestions and actual realities. Open Discussion</b></p> <p>This topic is on the agenda as I was trying to find out from Diversion (David Seidner's group and Dr. Sutherland) how they work with placement after someone has completed their sentence. No one seems to have any idea how this works, which is a bit disturbing and I wanted to know if anyone in this meeting today has any input. When someone is finishing their sentence to be released, what is the process for finding them a place to live? Do they get any financial help? Have they been set up with SSI? How does this work? What is the process? How do we prevent recidivism?</p> <p>(Christy Pierce) This is a really good question and a really good topic. I would say there isn't one set way. It is quite varied and runs the gamut from clients standing outside West County Detention facility with nowhere to go, to clients who are being picked up by someone from our office, one of our transpiration folks or a treatment provider and taken directly to a program where they then can stay. The bigger issue is there isn't a set system in place. I know our office works with Jail Mental Health, and if we know someone is going to be released, we can call or email. If someone has medication(s),</p>	
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we can alert the jail regarding this person being released (tomorrow) and make sure they have 30-days' worth of medication in their property and if you can help find a place for them to go.

The jail staff, often, doesn't know the person is getting released, nor do we know. We will go to a hearing and don't know if you are going to win the hearing. You will win the hearing, the client gets ordered released that day or you lose the hearing and the client stays in custody. There are a lot of variables and having a checklist system in place would be really great. I know the jail did the intercept mapping a couple years back and some good changes came out of that. For example, they have all the cell phone charging stations in the lobby now, because historically, people would be released and handed their cell phone but the battery would be dead and there are no more payphones or change for one. It is also my understanding that they used release people at 3:00am-4:00am and busses don't start until 5:30am-6:00am and they would be standing/wandering around. It is my understanding they have shifted the release time. Still, it is really varied. It is a really good question.

(Cmsr. Geri Stern) I'm wondering from an intake perspective, why someone coming in with mental health issues, is this person being admitted from the street? Did they have a home address? Were they in a program? Living with friends? Family? And then start at that point, to have something in the file that states we need to start working on disposition when this happens as part of their rehabilitation program, etc. To leave it to the last minute and dump them on the street seems like a recipe for recidivism and spending more money on jailing them. It seems we need to be more proactive and I don't see how this is happening? The thing that concerned me, is there was no one I could identify or find who is involved in this. No one will take responsibility for this. I would like to know how to move that conversation forward to find who is responsible or implement some mechanism so we can have a more humane way to reconnect people with entering society in a more uniform and cohesive way. Not just jolted on the street and left to figure it out for themselves. Most of these people, I would imagine, don't have the resources or the ability to figure out how to navigate.

(Cmsr. Gina Swirsding). Pre-COVID, many in jail are homeless and don't have family support. This is one of the reasons, they have no resources to help them. I know this because we have one person here in Richmond. He does have family, he was in Vietnam, and he can't stand living in a house because he was a POW. We tried to work with the parents that live in the area, the police new about him and once they figured out his pattern, they knew how to deal with him and he never went to jail again. I don't know how to solve the problem, there are a lot of homeless here in this area and the police have said, during the winter they go into jail so they have a place to stay. Many don't even want housing, there are rules and they would rather be homeless. Many are those in the jail system. (Cmsr. Stern) It appears it would be helpful for some department in the jail system that would have a meeting during the intake process and ask them about their housing situation and some plan for post-jail housing to figure out where they are going and see if there is a possibility to get them into a residential treatment center, shelter or something so it is not a continual revolving door.

(Cmsr. Gina Swirsding) Another point that is a concern, many homeless have lost their benefits because they don't cooperate. They were in housing, but due to not taking their meds, not following the rules of the housing they are in, taking drugs. They lose everything. (RESPONSE: Christy Pierce) I have been thinking to this for a long time. When someone is in PES or on 4C in patient, they have a discharge planner, a social worker that does discharge planning and have read enough psych emergency records to see the discharge plan is. Sometimes the client wants to be discharged to the street and sometimes they will and give them money for a taxi to take them to where they want to go. I think a parallel model could possibly work because there is a model in place at the hospital for 4C and PES. In my mind, I have been thinking to and processing that scenario so there is a model for it and we could apply it to West County and Martinez Detention facility.

(Cmsr. Geri Stern) I thought that model existed at the county jails. It seems to be a no-brainer to have a social worker assigned to each person to talk to them about disposition. It seems like an obvious thing to do and to find out there is nobody and no process in place seems extremely odd to me. Why is that not a reality? Do you have any history on this? Was there ever anyone there who did (or does) this?

(RESPONSE: Christy Pierce) Jails are, traditionally, the sheriff's department was tasked with housing and incarcerating people and that is their entire task. I think it is only recently the groups like the MHC and others are starting to look at humans in a more holistic way and we need to think about where they are going from this place and this point in time. (Cmsr. G. Stern) Yes, we have people who are homeless looking for warm shelter, we have people coming in off the streets getting behavioral health intervention because we have no long-term health beds and the jails are taking the place of housing long-term mental health beds and the money is going to creating jails and not treatment centers and housing.

(Cmsr. Alana Russaw) I was just wondering how much the jail on the hook or liable for an of those services delivered. I can see someone being released "The jail said they were going to put me in motel for six months" or the "The jail said..." I just think about of those being processed and if there was a social worker was involved, how much West County would have to follow through at that point? I can see lawsuits and a many other situations popping up. (Cmsr. G. Stern) Well someone needs to be on the hook for it? We are housing them in jail and taking responsibility through the county, why shouldn't we also try to find the best possible disposition for people who have earned their freedom? I think the Supervisors want to get that specific, it is a lot of work to find housing and there are so many other things that are taking their time. I'm sorry Commissioner Dunn and Teresa Pasquini are not here, as they were working with a group on the Murphy Conservatorship Hospitalization issue, where the state was trying to take those patients and put them back into the community. There are no long-term beds, where are those people going to go?

(Cmsr. Graham Wiseman) This is an issue that didn't just pop up this week, this year, this decade. We have been dealing with this for a very long time. Who is dealing with the right way? Where can we look and see a county that is doing an outstanding job, or even a mediocre job? The Mental Health Commission, especially regarding youth mental health, I found Fresno and San Diego counties are setting amazing examples of collaborative environments where, not only the county but Kaiser, Sutter and John Muir work together collaboratively to provide mental health support for young people. We don't do that in this county and one of my missions is to make that change. Where in the state are there success stories? I don't think we need to hope or wish, there are programs we can adopt. If not in California, maybe we look further. But there are successful ones. I know people engaged in it, often feel overwhelmed and say, "I can't handle all this when I know my friend (cousin, child, etc.) has different supports". So where do we go? So, I'm calling professionals in the county, who is doing it right?

(Cmsr. G. Swirsding) Arkansas, Mississippi, Hawaii, Oregon. These are states that, even their mental health hospitals, they are resort like settings. They garden, have swimming pools and exercising and treat the people in these states, they care about those that mental health issues and work hard in dealing with this. Those are the only states I know that are doing it right. I know consumers in those states who are in housing and do go to the hospital when they need to because they are treated humanely. Those are examples and there are no examples of places in California that are like that. (Cmsr. G. Stern) Do you think that is a factor of cost of living, housing in those states are much lower cost of housing and living? (Cmsr. G. Wiseman) That is valuable input, as we look at any kind of state rankings, as far as government services, education and so forth, there are 48 states that say thank god for Mississippi because they always rank at the bottom. Number 48 in the country for student spending is California, which is embarrassing considering the richness of this state. If you can get specific names of specific programs run by specific hospitals or counties, that would be really helpful. That is something we could look at and say is this something we can

adopt for use in our county or is it just flat out the way they are structured it wouldn't work. Instead of anecdotal, let's get specifics.

(Cmsr. Geri Stern) Is there someone we can contact in Contra Costa County's Social Services department to see how they can be a liaison to the detention centers? Is there anyone we can contact? Does anyone have any names or phone numbers? I am happy to call and see what the process might be for connecting them with the detention centers and start the conversation. I don't know about budgets but I would like to get a history and see if this was ever done before. Is there a problem or anything that would prohibit me from doing that? I don't want to overstep my role.

(Cmsr. G. Wiseman) The two people to start with, Enid Mendoza or Dennis Bozanich, email either and ask by starting with the issue and where we are going with this and the solution you are working towards, not just can we talk. "We would like to find out more about the collaboration between Health and Human Services and the Courts and perhaps you can direct me to someone." I don't believe this goes through Behavioral Health Services and it would not be an issue. Just ensure the Chair, Vice-chair and the Executive Assistant are copied to avoid duplicate efforts. As well as let us know what comes back because we need to know from the full commission level what is going on in our county.

(Cmsr. Gina Swirsding) As a consumer when I was in and out of the hospital numerous times. What changed for me, is that people were caring. That what needs to happen. These other states are more caring. It makes a difference.

**VIII. DISCUSS possible updates to the Mission Statement for the Justice Systems Committee. Open Discussion.**

**Current Mission Statement:** *To work through families and interagency collaborations to ensure that individuals, with mental illness in the justice system, are given respect, dignity, and human rights and are provided with the services that are available to them as changes in the law occur and funding becomes available.*

Last year we worked on our mission statement for the Justice Committee. I looked at this recently and it is a pretty broad statement but it is also pretty shallow. Do we need to be more specific or should we leave it as it stands? We have covered this year, because of Rebekah Cooke and her comments regarding her daughter, we got into a very deep discussion about conservatorships and the issues that arise from LPS Conservatorships and other conservatorships. We spoke to so many different things.

I am wondering if we should expand on this Mission statement or does everyone think it is okay as is? Does it need to be expanded? Changed?

- (Cmsr. Graham Wiseman) I think Mission Statements should be as broad and open as they can be. What we may consider critical and imperative this year, in five years will not be.

**Additional Comments:**

- (Cmsr. Alana Russaw) My same feedback is what I have been saying in the general commission meeting. We do a lot of planning and talking but I am still not seeing a lot of action. I am not blaming on any one person at all. I know there is bureaucracy and politics. Maybe I personally should be doing more so that I can feel that more action is being accomplished. (Cmsr. G. Stern) That is very much appreciated and we should have a conversation between now and next month to figure out some ideas you would like to flush out that may not be getting addressed.
- (Cmsr. Geri Stern) Regarding open seat for District I (John Gioia's district). I wrote an email to John Gioia and gave him her name and never heard anything from him or his office. (Cmsr. G. Wiseman) It has not been filled. I also spoke to Supervisor Gioia on the needs for the MHC and, much like Alana was referring to, we really want to make sure the commissioners engaged on the commission are people who are looking for actions because we cannot continue as we have been.

Increasing our ability to measure what is going on and what those measurements are, then we have something to base our improvements against. I really appreciate what Mariana is sharing what the numbers were for the people coming into the program and who is graduating from the program because that is tangible and something we can say 'Hey, this is a program that is working, is it working at it's best? Let's find out. The presentation we had today really helps as we move forward. What can we affect change on and what is the best way to advocate for that change?

Speaking of advocacy, I put a link in the chat for Mental Health Matters Day ([www.mentalhealthmattersday.org](http://www.mentalhealthmattersday.org)). This is typically an in person live in Sacramento event once a year. You come together, meet legislatures, speak about mental health priorities. Tuan Hall will be a guest speaker there tomorrow. Registration is free and I encourage you all to sign up. If you want to learn what you can do to make change, then go see what changemakers are doing. It is attending events like this, learning what their voices are raised high about and either joining the chorus or taking their activism and using it yourself. There are some really great opportunities to affect change. I saw over in the chat from Christy just recommending a couple of counties to look at. That is fantastic. That helps us where to go and find out...let's go look at San Diego, Santa Barbara, Los Angeles and Fresno and see what they are doing. As we all know, Los Angeles has the largest population of incarcerated mentally ill people. I am not sure we want to encourage that model, but maybe we can see what they are doing to address that and incorporate some of those changes. Alana, your message goes straight to my heart, we really do need to make a change.

- (Cmsr. Geri Stern) Can we invite commissioners from other counties who are doing some innovative things to come to our zoom meetings? Would that be appropriate? (RESPONSE: Cmsr. G. Wiseman) That would be something to take up with the Executive committee as we look at that. First we would want to engage our own county and see what they are doing and recommending and then ask what the receptiveness is to having additional information. If someone in our county is aware of a specific program doing quite well compared to others in other counties and we start bringing in 'chefs from another restaurant' they don't understand how we operate here, our funding. I know one of the things about Fresno is that they have a different funding model and, especially regarding the collaboration with other health care providers and is not something we have here and it is a big build for us here in CCC. I would discourage that. You may speak to the one on one and gather some information and present what is going on in their county but present it to the Executive Committee to see what we want to do with that information.
- (Cmsr. Gina Swirsding) Has attended the Mental Health Matters Day meeting and recommends it.

**IX. Adjourned at 2:59 pm**