

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

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions</p> <p>Committee Chair, Cmsr. Geri Stern, called the meeting to order at 3:35pm</p> <p><u>Members Present:</u> Cmsr. Geri Stern, District I, Committee Chair Cmsr. Pamela Perls, District II Cmsr. Gina Swirsding, District I Cmsr. Gerthy Loveday Cohen, District III (Virtual) Cmsr. Tavane Payne, District IV (3:45)</p> <p><u>Guest Speakers</u> Diana Block, California Coalition for Women Prisoners Coordinating Committee Dr. Suzanne Tavano, Behavioral Health Services (BHS) Director</p> <p><u>Other Attendees:</u> Cmsr. Laura Griffin, District VI* Cmsr. Barbara Serwin, District II* Angela Beck Jennifer Bruggeman Gigi Crowder, NAMI CC Paul Cummings Jill Ray (Supv. Candace Andersen’s ofc)</p> <p>*off screen/nonparticipatory due to quorum restrictions</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS:</p> <ul style="list-style-type: none"> (Gigi Crowder) I’m going to talk about women, looking at the African American cultural disparities that are so widespread in this county, like in other counties, that more often than not by their communities, especially African American are criminalized at a disproportionate rate. Hopefully, that is a concern for this committee, and that perhaps would be something you can focus the attention on in 2023. 	
<p>III. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> (Gina Swirsding) There are lot of issues with PTSD (post-traumatic stress disorder), especially with the children in middle school and high school on the issues of service animals. The reason, many of these kids experience trauma from issues of where they are living. They are suffering with issues of mental illness and sometimes have issues of revenge. Many of these kids experience these feelings and they don’t know how to control these feelings and act out and then end up in Juvenile Hall (JH) and eventually jail. This group I belong to discussing PTSD with service animals. How that benefits the person to be able to take care of an animal. It helps them in school. The animals are trained to react a certain way to help counter when the person is experiencing anxiousness, depression, anger, etc. If children are expressing anger, the dog will intervene to help the child. That is why I was asking about the service animals in jail. I do now allow service dogs Contra Costa County (CCC) in the jails because I have asked about. It depends upon where. 	

<ul style="list-style-type: none"> • (Tavane Payne) They are called temporary holding cells. Not a lot of the departments in CCC (like 25 or 26) and a lot have temporary holding facilities, which means they don't have food service and they have to be transported to MDF or WCDF within a certain amount of time to service that. • (Pamela Perls) At some point, I would like us to discuss different eligibility for conservatorship. There are two new pieces of legislation that I am going to investigate (I ran out of time for today and it isn't on our agenda). We can possibly bring that up under Agenda Item VII. 	
<p>IV. COMMITTEE CHAIR COMMENTS:</p> <ul style="list-style-type: none"> • Just one general comment. I have already shared this with our commission Chair, Commissioner Griffin. I am going to be writing a letter to Governor Newsom, and whoever else I need to send this to, the rules are confusing and have changed the way we hold our meetings. <Comments to the meeting participants and having over quorum discussed, explained and resolved> 	
<p>V. APPROVE minutes from February 21st, 2023, Justice Systems Committee meeting:</p> <ul style="list-style-type: none"> • Cmsr. Gina Swirsding moved to approve the minutes as noted (pg. 6), fourth bullet, last sentence 'from my understanding there NOT be the ability for the sheriff to follow someone after release.' • Seconded by Cmsr. Tavane Payne <p>Vote: 5-0-0 Ayes: G. Cohen, T. Payne, P. Perls, G. Stern, and G. Swirsding</p>	<p>Agendas/minutes can be found at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. RECEIVE Presentation California Coalition for Women Prisoners (CCWP), Diana Block, CCWP Coordinating Committee</p> <p>Diana Block, founding and active member of the California Coalition for Women Prisoners (CCWP). Our organization was founded in 1995 and have been working with those in women's prisons (women, transgender, non-conforming people) for the past 27 years. Cmsr. Stern reached out to our organization for a speaker and I explained I was not sure we could speak to that best inform this committee's interest (my understanding is) you are pursuing mental health services in jails and prisons, as well as specifics regarding incarcerated transgender folks. I will speak to some of this and take questions at the end. I also explained that we do not currently do work in Contra Costa County Jails, so I am unable to speak to that but did find a general organization that does do work and I can forward that information for the future. Primarily our work is focused on the women's prisons, rather than the jails. Although, we do currently have a 'participatory defense group' in San Francisco and do work with the SF County jails.</p> <p>CCWP has partnered with people inside the women's prisons to develop advocacy programs since our founding. We really have always prioritized the guidance and voices of those in prison and formerly incarcerated when released from prison. We have a legally visiting program which is one of the main ways we gather information.</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: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

We also have a correspondence and advocacy program. It is not a traditional 'pen pal' program. It matches people for the purpose of advocating for those in the prison, not just social interaction.

Our mission is to advocate around conditions of confinement, the problematic conditions for people in prison and also focusing on relief for those who are enduring extreme sentences and, in many cases, convictions that are unjust (in our opinion).

Relating to mental health, there are many that have severe mental illness (SMI) with challenges in prison and the jails. In general, prisons and jails are not a place where people receive adequate mental health treatment or programs. That is across the board, I don't know CCC specifically that well, but I would be very surprised if there was exceptional mental health care.

California prisons, overall, there was a lawsuit originally filed the year we were found (Coleman vs Wilson, 1995). All the problems found in 1995 regarding mental health care have not been resolved. This lawsuit focused primarily on the abysmal mental health care conditions in the prisons around the state of California; that included women's and men's prisons.

Some of the findings/basis for the lawsuit had to do with the fact that people did not get mental health care at all and often the solution for mental health problems are to put these folks in solitary confinement, just to get them out of the way. As you can imagine, solitary confinement only greatly exacerbates those mental health problems. There is no way people suffering from a wide variety of mental health challenges can improve by being by themselves. Another aspect of the problem is over medication of psychotropics and all sorts of (often inappropriate) medications.

These were problems that were cited in the original lawsuit, still persist today. Perhaps it has gotten a bit better, due to the attention on that aspect. In general, there is just not adequate mental health care treatment for people. We see that in the jail and the prisons and continues to be a great concern for those of us working with and try to advocate for those in prison.

Specifics around incarcerated transgender people, this is a big topic in the movement today among the advocates. As I understand, the county jails have different systems for housing transgender people. The state of California has a law SB 132 (passed in 2021, in affect 2022), allows for the transfer of transgender people, upon application, to the prison corresponds to their gender identity. Senator Scott Wiener sponsored the law.

The law was not implemented very well, very little preparation. It was responding to the fact that, particularly for transgender women, the level of violence and rape/sexual assault they were enduring inside male prisons was abominable and there was a need to be able to be in the prison that reflected their gender identity. Most of the applications were for transgender women to be transferred to the women's prisons.

Some have been transferred, there have been various issues that have evolved and resulted from those transfers and, in too many cases, instead of really trying to resolve the issues, many of those transgender women have also been put into solitary confinement.

Many of whom also have serious mental health challenges, especially if they have been living in the male prisons and subjected to a lot of violence for

many years. It only exacerbates what led them to be in prison in the first place.

The majority of women in prison are survivors of sexual abuse, either from their intimate partners or from their family members as children. That is a statistic that has been confirmed across the country. If you have people who are survivors, they obviously have trauma and a variety of mental health issues. The same can be said for transgender people in prisons and jails. They also often have, due to their gender challenges to the norm and expected, suffered abuse and discrimination, etc. This can also cause further mental health challenges.

Without adequate services and attention to the mental health needs, it worsens the situation for these folks. We, as an organization, can't really fix the situation or help while they are in a cage in prison; however, there are many things that could be done to make the situation better and mitigating to their needs and actually represent respectful mental health care. We see very little of that.

Comments and Questions:

- (Cmsr. Swirsding) In the prisons, do those that are disabled, do they have service dogs or service animals? (RESPONSE: Diana Block) No, I'm only really speaking to women's prisons. They are not allowed, there have been and are programs in the women's prison where some train service animals for programs on the outside but they are more for those in the honors programs and are allowed to train the dogs. Those inside that are incarcerated, in general, are not allowed service animals.
- (Cmsr. Swirsding) Does that include those that are blind? (RESPONSE: Diane Block) Yes. (Cmsr. Swirsding) So, how does one get around? I have a service dog and I am asking because I belong to a group and trying to advocate for this in prisons and jails, having a service animal. How are they able to get around? (RESPONSE: Diane Block) They do have people who are ADA workers, who are prisoners and they are assigned to help those that need that service. I can't say it is adequate, it isn't 100% of the time and depends on those others; there is a lot of potential for abuse in those situations, as well, in terms of how dependent the disabled person is of another person. That is how those accommodations are routinely met.
- (Gigi Crowder) Are you familiar with the diagnoses and able to get the statistics around the type of diagnosis, i.e., Schizophrenia, Schizo-Effective Disorder, PTSD, etc. Are you just clumped into mental health and no diagnosis for these women. (RESPONSE: Diana Block) This is not my field of expertise in terms of mental health diagnoses. I know it isn't just clumped but I can't give statistics.
- (Gigi Crowder) So there are keeping records of the type of diagnoses? (RESPONSE: Diana Block). Yes, I don't want to represent it as if no one ever gets any treatment, but people often do see psychiatrists, primarily for the purposes of medicating those that need. There are medical records kept based upon those visits and treatments. Much is done through telehealth now. They meet over screen, even pre-COVID, especially for mental health issues. Records are kept, diagnoses made. People don't get much treatment, but in terms of their release (especially those with long-term sentences), the parole board see the diagnoses and often discriminate in terms of allowing for parole based

<p>on their mental health diagnosis. That is another unfortunate aspect, being penalized and kept in this problematic situation because of the mental health diagnosis. I am not here to say it is 100% of the time, but it definitely does influence. If everyone that wants to go for parole does get evaluated by a mental health professional and they evaluate your level of risk (to society), I am sure mental health challenges influence that designation and the degree to which that person is considered a risk.</p> <ul style="list-style-type: none"> • (Cmsr. Stern) Are you familiar with the new CalAIM program? For inmates who are going to be discharged. 90 days before they are discharged, they are enrolled in mediCal and set up with a therapist for follow up and things like that. Do you think that will affect the parole board? (RESPONSE: Diana Block) That’s a good point, I’m not that familiar with it and haven’t seen it in action yet. I am hoping that is a positive step forward. The parole board is only for those who have a long-term sentence and the board can decide whether they are ready to be released. Often, people stay way past the time they are technically eligible because the parole board doesn’t let them out. A lot of people who have determinate or limited sentences, they would be the ones that, when their sentence comes up, they would be eligible for this program. The other people, they are only set up with a program after they were deemed eligible parolees. It is certainly a good step to have that type of a program. Hopefully it will actually help them, give them tools, and they aren’t just left out there. • (Jill Ray) I am wondering what other incarceration facilities are you connect with because you made a lot of broad over-generalization and I wasn’t sure if it was all you are dealing with or ... (RESPONSE: Diana Block) I was mainly speaking about prisons. • (Jill Ray) So what, in this area, are you connected to or involved with? <Speaker connection froze and disconnected> <p><i><NOTE: At this point, the meeting was interrupted to point out a new attendee entered the room (Cmsr. Payne) and Jill Ray pointing out the meeting was over quorum; however, upon joining the meeting in person, EA (Angela Beck) had already advised Cmsr. Serwin to shut video and discontinue participation to avoid the quorum issue></i></p>	
<p>VII. DISCUSS the top three (3) priorities for the Justice Committee in 2023</p> <p>(Cmsr. Perls) What has been the priority up until now? Are we revising a list? Were there things we were already focusing on?</p> <p>(Cmsr. Stern) Past Goals/Priorities and where we are in accomplishing:</p> <ol style="list-style-type: none"> 1 <u>Director of Conservatorship stalled:</u> Last year, we were focusing on Conservatorships, which took most of the year, which resulted in making our motion the Board of Supervisors (BOS) from the committee to have a Director of Conservatorship for the State of California, it went to the full commission and forwarded to the BOS, but was not followed up in terms of any movement toward the legislative committee. It is still out there but not going anywhere. Initially, it went to Supervisor Andersen’s office and Dr. Tavano and we were told it wasn’t helpful and that’s where it stands. (Cmsr. Payne/Perls) It’s just stalled? Did we not survey the other supervisors? What can we do to move it forward? 	<p>Documentation on this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

Bring forward to Supervisor Carlson.

(Cmsr. Swirsding) I find it hard to understand, as a taxpayer I am able to go and voice my concerns (as an individual). (Cmsr. Perls) We have to bring it to the BOS that it is a subject of advocacy for the BOS to go to our state legislature and ask / solicit a legislator to submit a bill to change what exists in the law now.

<Int – Jill Ray, speaking to Cmsr. Serwin on no participation means no chat>

(Cmsr. Payne) What is the point of all our time to find this out, research, recommend if it doesn't matter anyway?

(Cmsr. Stern) That is a really important point. It does matter. We spent a year doing this and there is no movement, what's the point of doing the work if we aren't going to have movement? Well, the two people involved with the stalling of this, one is hear (Dr. Tavano) and you are free to ask her a question about that.

(Cmsr. Payne) Why did it not go anywhere, Dr. Tavano?

(RESPONSE: Dr. Tavano) The recommendation was made and the BOS did not choose to pursue it. I don't know if you looked deeply into the structure of conservatorship, if you understand how it occurs at each county level and how it funnels up to the State Department of Health Care Services (DHCS). Actually looking at the LPS (starting at 5150-through conservatorship) and that process going on at the state level and if they determine there needs to be this new position created, that is really up to them, but there is a whole new reporting structure being built related to LPS and conservatorship practices sit with LPS and within a set of codes and regulations. I don't know if the committee really looked into all that. In any case, I don't know why this is recirculating given that this was already discussed at some length a number of times and a decision was made. The commission is an advisory body to the BOS and it is up to the BOS to determine what they are going to move forward with based on any advice provided.

(Cmsr. Stern) that is interesting because, from what I was told...maybe I wasn't told the whole story (forgive me if I wasn't), but I was told that it was just yourself and Supervisor Andersen that felt it wasn't appropriate to take to the full board. Am I incorrect? (RESPONSE: Dr. Tavano) At the time, Supv. Andersen was the Representative to the commission and she did review it, she did discuss it with me, and it did not move forward and it is not that I made a decision about it.

(Cmsr. Stern) Now I am totally confused because you said you took it to the Board (Dr. Tavano) I didn't say that I said Supv. Andersen was the seated member of the BOS when it was being discussed. She took it under consideration, she did discuss with me, and then there was then a decision to not advance it further but I did not make that decision.

(Cmsr. Stern) that is what I understood, it was just the two parties (you and Supv. Andersen) and decided not to take it to the full board.

(RESPONSE: Dr. Tavano) I honestly could not say who else Supv Andersen may have discussed this with, but again, she was the seated member when this was under discussion.

(Cmsr. Perls) Jill, is there any reason we have to limit recommendations to ONLY the member who is appointed to sit with us as a supervisor? Our directive is to the Board of Supervisors, not one individual sitting with us as a representative. I assume it is because Supv Andersen (or the

current rep) will go back to the BOS as a liaison and let them know what we are doing or recommending if we don't come to them. Is that correct? (RESPONSE: Jill Ray) There is an issue of whether or not CCC wants to advocate for a 'Director of Conservatorship' at the state level. Setting that issue aside, as Dr. Tavano said, that was decided at the time. On the other side, each Supervisor have assignments on a variety of other bodies (21 different bodies). As that representative on that body, they do the work of the Board and bring it back to the full BOS when appropriate for action. It could be public protection, transportation or any other issue. When a piece of legislation or lobbying that should be lobbied by the BOS or added our legislative support list, it goes to our lobbyists for both the federal and state and will add it to the board agenda to support for the BOS to support that piece of legislation or idea. That is the process. On this particular issue you are speaking to, Supv. Andersen did a deep dive into it and it didn't make sense for the county for a variety of reasons to support that idea. I understand people thought it would solve a problem, but it is a bigger issue than that. Anyone can see our legislative platform. It is listed on line. If you all haven't seen it, it's listed online.

<https://www.contracosta.ca.gov/2859/Legislation>

(Cmsr. Perls) I'm not suggesting the committee go back over something necessarily, I just wanted to clarify that there is nothing that requires us to limit our recommendation to just going through the particular BOS Representative sitting with us. (Jill Ray) I encourage all appointees to go back to the supervisor that appointed them to touch basis and see where their priorities are on an annual basis to see what work you are doing toward the priorities of your own supervisor.

(Cmsr. Swirsding) Since sitting on the commission, if the supervisor is not interested, I go straight to the state. I recommend Skinner, who is very open to mental health.

2 Data diagnoses:

(Cmsr. Stern) We spent some time last year trying to get the diagnoses of those in detention, one of our focuses that has stalled, as well.

(Gigi Crowder) We actually did submit a PRR (Public Records Request) to the sheriff and got a response back and we have a couple of attorneys on our board and as chair you can come and join our criminal justice mental health advisory committee meeting this Friday (9:00am). We have made progress there, for a period of time, juveniles who we know 70% who are incarcerated have a diagnosed mental illness and, at one point since 2010, they were not allowing them to go to psyche emergency services (PES) and that has been corrected.

(Cmsr. Stern) Are you saying the sheriff is giving you diagnoses?

(RESPONSE: Gigi Crowder) No, I received a response with some clarification with numbers and they sent a letter and stated if you need further information they will talk about that on Friday.

(Dr. Tavano) It is hard to hear you but I did want to add to say there is a method in place with youth at JH and is determined to be in need of crisis stabilization. That is occurring, but not all of our youth is being transferred to PES for evaluation because of the members of team that is there. Dr. Stephen Field, our Medical Director, has been spending a good amount of time at JH. He has been working with the other health

services staff at John Muir to go through to update policies and procedures and I am really happy to say we just hired an amazing mental health nurse practitioner (NP) who is assigned to JH and comes to us with great experience and enthusiasm. She will be all in person, which is what we wanted and I see some really positive momentum going on now.

(Gigi Crowder) to add to that, it wasn't the M-F typical work hours I was worried about, it was what happens on the weekend after Friday at 6:00pm when a young person in jail is experiencing a mental health crisis should not have wait until Monday morning for Dr. Fields or the NP to come in. (Dr. Tavano) Thanks Gigi. Steve Blum is the program manager and is on call when needed and comes in on the weekends and after hours. Also, Dr. Field is basically on call 24/7.

(Cmsr. Perls responding to Cmsr. Payne re: diagnoses) My understanding (this is a big concern) is one of the primary justifications from the sheriff to expand the jail was not that he wanted more beds, but wanted room for mental health services. So one of the things this committee wanted to do (and I came in after they started) is they wanted to know just general number, no privacy information, what kind of diagnoses the incarcerated have so that we could match them to appropriate services and to advocate for that, which was his explanation for the expansion. The other reason (I think should be pursued) is that it has been going on for three years and there is no legal justification for the county to deny this information to the commission/to the committee as we have formed it. I think it is important for the committee to follow through because we don't get some of the hearing we would like to get from the BOS. It is very important for us to step up and have strong voice.

(Cmsr. Stern) Those were the two major focuses we had and we had different speakers come in from different departments. We have been following the changes in the county and trying to have people come in as the new programs come up. We had someone from A3, Stepping Up. The floor is open for suggestions for new and current goals.

What would you like to pursue this year, since we have a lot of new initiatives that the governor is proposing. He has just put out a huge declaration about how he wants to improve mental health in the state of California and there is bond initiative coming up in 2024.

(Cmsr. Payne) There is a lot of disparity in our juvenile justice system. I personally have witnessed, in the mental health area, especially for females. There is one unit for females. The males are classified according to age, gang affiliation, crime, mental status and all this. There are seven units for males. One unit for females and you can be of any age, any gang, commit any level of crime, and have any level of mental illness and be on that unit all together and that is a problem. (Cmsr. Stern) I'm assuming, because we did a tour of the jails, it is because of the numbers being as high as the men.

(Cmsr. Payne) It can be. I have been on the unit when there has been 30 females and then they have to add more personnel to deal with the larger number because it is set up (JH) there are two correctional officers on unit per 30 people. Once it gets above that number, they add a third.

(Gigi Crowder) There is a lot of work being done around working on some of the disparities. We are in the middle of the process of implementing the

closure of one site to have more community access and we are really making process with the Juvenile Justice System (JJS). It is the Adult System of Care that I feel this committee could take a look at around the disparities now.

(Cmsr. Stern) It is my understanding that the Juvenile probation is shrinking (60 today). The numbers are coming down and I can see it would be hard to create several units for young women.

(Jill Ray) The Juvenile Justice Commission Meeting at the beginning of the month, we have four girls in JH, the Oren Allen Youth Rehabilitation Facility (OAYRF) closed in February and all of that population **<could not hear, others speaking over>** the re-use which the community tracks programs so we now have a whole other program keeping youth in the community with supports and there has been a large change in juvenile justice within the last few years. <INT> (Cmsr. Stern) in general the numbers are coming down so it would be hard to get more... <INT> (Cmsr. Payne) I would say to change that to females in the adult population with mental health problems.

(Jill Ray) another clarifying point because I wasn't quite done. I just wanted to clarify because it was mentioned we are expanding the detention system and I want to be clear and in the record that it is a net-zero gain of beds in the detention system, what they are doing is opening up beds for mental health and SUD treatment, specifically, which is something we don't have within our detention system. Not that people need to go to jail to get those serves, but if they are in jail and need those services, we need to be able to provide it to them. It's a net gain of zero beds but will offer more programming area in Martinez once we get that facility up and running and provide the services. And it is to directly avert recidivism. If we can get people stabilized and out and functioning then hopefully they won't recidivate, and in turn, diminish our population.

(Cmsr. Swirsding) I'm representing District I, Did you go to the Richmond Conference? I know Dr. Tavano was there. One of the main subjects was about juveniles, which is my main advocacy interest. I speak to kids in my area all the time. I have PTSD and when I was a victim of crime (shot at), you go through stages, just like stages of grief. PTSD is the same thing. My concern is, the people in Richmond (of color), they experience a lot of this throughout the county but it's every where in District 1, it's in the schools, the community is trying to something about it but to recognize a child who is at risk and to be able to deal with it there before they end up taking revenge. I have lived experience with the revenge thing. I never acted on it because I was an adult but still went through the feelings. The thoughts are there. I can see any kid responding. I think something focusing on kids that go to JH, when they are released, involving not only the community but the schools as a whole on getting this person help. So when they are released, they are not repeating.

<INT> (Cmsr. Stern) I think that is what the CalAIM program's goal is, because when they are released, they are going to be set up with therapists and housing and I'm hoping some sort of follow up so those kinds things are addressed.

(Gigi Crowder) The focus, for a long time, has been on Richmond and this population. Your supervisor is very active. But if you look at the demographics for this county, there are more young people that need access to this funding and these programs in the Pittsburg/Antioch area than

Richmond. Jill and I both share, we are making progress with Juvenile restorative justice approaches and all of that so adults; however, when you have a county that are less than 10% are African American, once you go to our criminal justice/mental health unit and you see the disproportionate number of African Americans and LatinX for the population side. That would be a much more major concern because we've had committees talking about that forever, with very little progress towards reducing the disparity. So, if a committee like this who have been charged with looking at concerns and once you take on addressing that, I would think it would be a top priority over, even, women. Because there are much fewer women anywhere, ever, incarcerated in any community / county even when there are very few African Americans, they always have a disparity for Black males.

(Cmsr. Stern) I want to speak to that, it is a nationwide problem, not just CCC, because it is structural racism and I think if we are going to take that on as a committee, our focus needs to be very specific because it would be difficult for us to resolve a nationwide racism problem.

(Gigi Crowder) I wouldn't ask you to, but I would ask you to look at due cause and align yourself with other committees doing the work. There is no presence of anyone from Mental Health on many of those committees. I'm on the Racial Justice Oversight Body in the role of clergy because mental health not risen to the point where it is taken serious in the overall county system as it relates to our criminal justice system. They didn't create a slot, it comes up at almost every meeting 'mental health, mental health' but advocacy needs to happen for there to be a slot and for the discussions to take place. Everyone on the committee, even though there someone for different lifestyles, they always bring up mental health but there is not even proponent's seat for mental health.

(Cmsr. Perls) It's a perfectly legitimate subject to take on disparity in mental health treatment, we cannot take on under our mandate just disparity, so we would have to be able to say that the people of color coming into the jails are not being treated at the same rate as others who are getting treatment, or we can include in our discussion of mental health treatment as a result of finding out rates of diagnoses, that in fact there is terrible racial discrimination but we can't just take on racial discrimination under our mandate. <talking over each other, unable to decipher>

(Dr. Tavano) I am sorry the conversation went into a different direction when I raised my hand, I was going to comment on something different. I don't know how much this committee follows the laws that are being moved forward and different regulations, etc. But going back to what happens to help identify behavioral health issues, while people are still incarcerated prior to being discharged and get them a discharge plan, there is actually a statewide initiative where there are new medical benefits that would be available, those benefits will <cross conversation, cancelling out speaker comments> administered by the sheriff. It will also occur in JH.

(Jill Ray) I appreciate Gigi's passion. We both hear the same things and when you talk about equity, I don't think it can divided out, if you look at the faces and the statistics in both our JJS and our detention system, you will see why Gigi is so passionate about it. I think there is a lens this committee being the Justice Committee could look at that and we are rolling equity out across all our departments, divisions, advisory bodies, homelessness took up an equity

<p>subcommittee. AB 109 Community Advisory Board is doing two different surveys, one is of providers and they will do a survey in the jail of inmates to ask them what they need upon release. What would help them in being successful in release. It might be really interesting for you all to take a look at that. I am going to guess there is going to mental health supports in there and it is certainly something you can advocate for. Also, there is a lot of work in our county with diversion to divert people away from the system and why some communities have better opportunities of diversion than others and some of that is mental health. Mental health services is a diversion. I think there is a variety of ways you can look at that, not just race, but the reality is the population you are looking at with this committee is racially unequal in our county and there is no excuse for it.</p> <p>(Cmsr. Stern) When African American Youths and Adults are discharged or released from jail with mental health problems, do they have the same selection of psychiatrists that everyone else has? Or are they discriminated against because of financial reasons?</p> <p>(Jill Ray) Those are such incendiary questions that there is no way I'm going to answer any of those. For every human being there is a different answer. What is their medical coverage? What family supports do they have? Where did they come from? What is the impacts they've had in their community up until then? What is the generational trauma they have experienced? There are so many different parts to that, there is no way I could give you an X,Y,Z answer. I think it is important to look at what is available out there? Who is connecting to services and why? Gigi has been a huge advocate for culturally competent services. <cross talk cancelling out each other></p> <p>(Gigi Crowder) – unable to hear ^^^ others speaking over her. Top priority for this group should be for a representative to be at the table. Just to have a voice.</p>	
<p>VIII. DISCUSS CalAIM Program allowances for inmates to apply for MediCAL 90-days prior to release (see Attachment D)</p> <p>Comments and Questions:</p> <ul style="list-style-type: none"> • 	<p><i>Agenda item not covered, ran out of time. Pushed to next month's meeting</i></p>
<p>IX. Adjourned meeting at 5:03 pm</p>	