

**JUSTICE SYSTEMS COMMITTEE
MONTHLY MEETING MINUTES
July 25, 2017 – FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Committee Chair- Gina Swirsding, called the meeting to order @1:07pm</p> <p><u>Members Present:</u> Chair- Gina Swirsding, District I (arrived @1:06pm) Duane Chapman, District I Michael Ward, District V</p> <p style="text-align: center;"><u>Commissioners Absent:</u> NONE</p> <p><u>Other Attendees:</u> Dr. Dan Batiuchok, CCCBH- Program Manager for Juvenile Mental Health & Probation Services Ken Gallagher, Research/Evaluation Manager Joe Partansky, Advocate for disability and detention rights Margret Netherby, NAMI member Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p>* Liza/EA-Transfer audio to computer file and complete minutes</p>
<p>II. PUBLIC COMMENTS-</p> <ul style="list-style-type: none"> • Joe- Informed regarding Council on Mentally ill Offenders (COMIO) and encouraged attendees to view website: www.cdcr.ca.gov/comio/Members.html 	
<p>III. COMMISSIONERS COMMENTS</p> <ul style="list-style-type: none"> • None 	
<p>IV. ANNOUNCEMENTS</p> <ul style="list-style-type: none"> • Gina- National Night Out will be on August 1, in Richmond and nationally. 	
<p>V. MOTION to APPROVE the minutes for the June 1, 2017, meeting minutes.</p> <ul style="list-style-type: none"> • Duane moved to motion, seconded by Mike, to approve the June 1, 2017 minutes. VOTE: 3-0-0 AYES: Mike, Duane and Gina NAYS: none ABSTAIN: none Absent: none 	<p>*Liza/EA- will make finalize minutes and post to County website.</p>
<p>VI. COMMITTEE DISCUSSION: to identify questions, for next month’s meeting with the Program Chief of Children’s mental health Services, regarding obtaining information pertaining to the current Foster Care Youth wraparound services-</p>	<p>*request suggestions from Children’s Program Chief regarding obtaining</p>

<ul style="list-style-type: none"> • Gina- has had conversations with community members who have received wraparound services and the comments were all favorable. Concerned about youth exiting from Juvenile Hall (JH) and what services are provided after the individual has been released. Would like to hear more from JH. Also concerned about foster care youth and what services they are receiving, while not in a “family” setting and/or a family support system is not available for the youth? • Duane – what is wraparound services and who qualifies? Suggest a representative from Social Services be present to define • Dan- at last month’s meeting spoke regarding the referral programs and how most of the programs are family focused. To expand the scope of the discussion, it is important to bring someone from Child Welfare office. His program is focused on the probation aspect, while the youth are in detention. • Duane- also suggests that someone from probation office and someone from the school district come to discuss the issues regarding follow up and early intervention services • Gina- does agree that education is very important and a Social worker would be important representatives to inform the committee regarding their roles and services • Duane, it is important to get everyone to come to the table and discuss all aspects regarding early intervention and prevention programs for youth • EA will inquire w/Children’s Program Chief regarding contacting key people • Joe- There are approximately 16- 19 different school districts throughout the county, maybe the Program Chief knows the person in charge of all the school districts in the County, that oversees all the superintendents? • Duane – the county does fund special education programs in the schools, the person in charge should be able to inform the committee regarding their programming. Best to check with Vern, he will be able to inform the committee the direction and the key people that need to be contacted. • Duane- it is important to find out if teachers have been trained regarding mental health? Teachers have the direct contact with students. Ask the school districts... we want to wake up the school system to everybody- it is an issue, since drugs have been out – include FIRST FIVE too, address the issues when children at a young age. Why aren’t teachers being trained, continuously? Mental health training and suicide prevention needs to be made aware of at all schools and teachers need to be trained. We need to be clear on the role the committee wants to take and the direction and level of support. Define what areas have the greatest need for advocacy and changes. Invite Vern first, to open the discussion and ask for suggestions. 	<p>presenters from Social Services and/or Child Welfare office (for foster care youth), Probation office (follow up services) and as many representatives from the local school district offices (early intervention services for youth) and a FIRSTFIVE to discuss their early intervention programs</p>
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VII. COMMITTEE DISCUSSION: to identify questions, for next month's meeting, regarding the mental health treatment follow up services, for youth exiting juvenile hall

- Gina- had suggested to Pat Godley to divide the ward in half, half for children and half for youth/teens- there is not an inpatient facility for children and youth. Hospitals can be a safe place for youths trying to commit suicide to recuperate
- Duane- concerned the children and youth in PES, they may be released too soon
- Dan- the licensed clinicians at JH, work seven days a week. Clinicians work closely with youth that have acute mental health issues or that are expressing suicidal thoughts
- Gina- personal impression of PES is that it is a locked facility and it is scary for an adult, worse for a youth/child. People are screaming, or tied down; everything is heard throughout the unit.
- Dan – Since he started working at JH, through his knowledge and experience, JH staff does handle acute crisis and often do not send patients to PES, unless there is an added benefit for the patient to be sent to PES. Patients are sent to PES, only if there is something that PES can do for the patient that JH cannot do. The staff at JH is trained to handle the situation. PES, legally, is the only unit that can provide injectable medication. A youth will be sent to PES, only if an injectable is absolutely necessary and there is no other alternative.
- Gina is there a place to them to go for medical help
- Duane- if a child is placed at JH, it is a court order and cannot go anywhere
- Dan- at JH we try to provide the best services we can and provide the best form of treatment with the resources that we have. We are the provider for mental health services at JH. We are capable to provide the best services possible for the youth that we build relationships with while at JH. PES maybe a safe setting where a person can be monitored, although it does matter where the person comes from? If the person is homeless or from an out of control environment, then PES might be the safe place- it depends where the person will be safest and only if necessary and absolutely needed.
- Gina- wishes that more programs would be available to youth, early intervention
- Joe-when he was a social worker for the US Army, there was a psych clinic on call, 24/7.
- Dan- JH does have a medical director that is on call, to provide medications and we do have a psychiatrist that comes twice a week to assist. To clarify, we cannot do involuntarily injectable, only if and when necessary, an EPI pen or diabetes is appropriate within the JH setting.
- Margaret- John Muir does have a psych children's ward

<ul style="list-style-type: none"> • Gina- John Muir’s children’s psych ward is only for nonviolent kids and if there are enough beds. The St. Helena hospital does take some kids, but there always seems to be a shortage. When the kids exit from JH, what is the follow up? • Dan- anyone exiting our rehabilitation treatment program- Girls in Motion (serves 10-15 girls), the RANCH has a YOTP program (serving 30-35 kids at a time,) and JH they receive referrals to our Functional Family Therapy Program upon release. If the program is full, the referral will be redirected to a Multi-Systemic Family Therapy program (MSFT) or Multidimensional Family Therapy program (MDFT,) psychiatric services will be continued. The non-program youth, anyone identified with having mental health needs and will be referred to our regional probation liaisons, (licensed mental health clinicians,) the families will be contacted to connect them to services. We are taking it to another step, not just kids identified with mental health issues, any youth that does exit JH or the RANCH, and we will be implementing a process that everyone has a follow up with each family, upon being released, to check if there is a need for mental health services. The goal is to have a system in place where everyone who has accessed the facility will either referred to a program or at the very least have a follow up phone conversation with one of the liaisons to check to see if mental health services are needed, to whomever the care giver may be, even foster care or a group home. • Mike- what would be an example, to the extent of what the aftercare services would look like, upon exiting? • Dan- We can offer counseling, if on medications they will be given a 30 day prescription and a refill for another 30 days and a doc appointment (psychotropic meds) until their Medi-Cal is reinstated. The liaisons or probation will follow up with doctor appointments, refer them to counseling, clinics, community based organizations that might specialized counseling, if needed. It is up to the liaison to use their expertise to make the assessment and right referrals. There are more intensive services, wrap around services are involving all services from various programs and coordinating them appropriately. Usually, family programs are more intensive and can be from 3 to 6 months and multiple times per week. The services provided depend on what step down services, treatment goals are met and the provider will determine, as long as they are Medi-Cal eligible. Private insurance is more challenging because they are at the mercy of what they provide and have no control but can refer on a sliding scale. We have only 3 liaisons and have to rely on our larger network to provide services, probation and the social worker takes a role to coordinate. The probation officer will be the case worker and make sure that the services are continued. • Joe- has had prior experience with youth and NAMI- there are courses on how to understand the mental health system and 	
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<p>providers. There is a free MENTAL HEALTH CRASH COURSE by NAMI, on Wednesday nights, from 6:30- 8:30PM at the Family Justice Center 2151 Salvio Street, suite 201 in Concord in the TODOS SANTOS PLAZA and the phone number is (925) 676-5771 and the website is: crashcousehelp@aol.com</p>	
<p>VIII. DISCUSS what programs are identified, within the county, to support victims of gun violence and/or the creation of a mental health support program for the victims of gun violence.</p> <ul style="list-style-type: none"> • Gina- victims of gun violence have no place to go. The police department can send some people to “Violent Solutions,” no fee and a person does not have to have insurance. The Native American clinic, in West County, use to offer the same services to help people that have suffered or traumatized by gun violence and it is closed. People that are victims of gun violence and sexual abuse can have revenge tendencies and there is no place for these victims to go to get help, especially for kids. There needs to be something to help these victims to overcome the traumas- and suffer from PTSD, a place to get help and counseling, while they wait for mental health services • Dan – There is a grant, going to a number of Bay Area Counties to train more people in trauma and help trauma victims. There is one clinician trained in trauma focus and we are in the process of training more staff, we are making the effort to increase knowledge regarding trauma, framework, and behavior. Probation staff, at JH, is also becoming more aware of trauma reactions and behaviors and understanding the impact that trauma has on the individual. • Margaret- what if we contact NAMI- to org a subcommittee to create a program to help the community- a larger umbrella- a lot of gun violence comes out of MI (mental illness) as well, whether in the military and even within the family. NAMI does have a warmline in their offices near Patterson and Oak streets in Concord. • Gina- contact someone from NAMI- to organize a subcommittee to organize a class (Will Taylor is no longer the Executive Director for NAMI) • Margaret- Gigi Crowder is the new Executive Director, and who promoted the MENTAL HELATH CRASH COURSE, from NAMI. Contact her to see if NAMI can do a training regarding Post Traumatic Stress Disorder, known as PTSD • Duane- the police department usually has a program, it depends on the needs and if the family wants mental health services, sometimes families don’t want mental health services. It might be a good idea for Ken, from the Quality Assurance program to check into, with the Police Chief’s Association and find out what programs are available. • Gina- Is the Behavioral Health Division responsible to offer these programs? Can the Deputy Director, Matthew Luu, come to the committee meeting to discuss what programs are available for 	<p>*Committee request if the Deputy Director can inform the Committee regarding trauma focused programs that are available</p> <p>*Committee would also like the liaison from the Police Chief’s Association to discuss what trauma focused programs are available throughout the county</p>

<p>trauma victims?</p> <ul style="list-style-type: none"> • Gina- maybe Matthew, a Police Association liaison and a representative of NAMI can come and inform the Committee of the programs that are available to trauma victims, both for children and for adults. We should work with Vern first and he can offer suggestions to the Committee. • Ken- was a criminologist and is interested in this committee due to his previous background • Margaret- the Martinez police department is raising awareness and assisting the community. There are neighbor groups that are being formed to communicate with the police department when suspicious activity is detected. Encourages to work together and to help one another, also suggested to attendees to read a book called "GAMES PEOPLE PLAY" helps identify different ways of reacting- dignity, respect for human life and to get more involved in being part of the solution. 	
<p>IX. DISCUSS the possibility of the creation of a referral community card for mental health services</p> <ul style="list-style-type: none"> • Gina- wants the committee to create a double sided, pocket size, referral community card that includes the numbers for NAMI, suicide prevention, violent solutions and other numbers to help people to get the services • Margaret provided a referral card- • Dan gave a card from CONTRA COSTA CRISIS CENTER • Duane- would like to create a letter to Dr. Marie Scannell, Program Manager of Forensics and AOT and ask if the referral card is something that the AOT program can use and Duane will contact Police Chief's Association- Chair. • Gina-wants to provide a card that will fit in a policeman's shirt pocket to be given for the community. Wants a card made for each part of the county. • Ken- offered to provide service maps and will forward the map to the EA, separately, for adults and children for distribution. 	<p>*Ken will forward service maps to the Committee to assist in the creation of a community referral card. The service maps will be discussed at the next meeting.</p> <p>*Duane will contact the liaison for the Police Chief's Association</p> <p>*the Committee asked the Manager of Forensics if she could attend the next Committee meeting to provide input regarding the creation of the referral card</p>
<p>X. Adjourn Meeting: at 2:50 pm</p>	

FINAL MINUTES APPROVED 2/27/18