

**08/23/21**

**Teresa Pasquini**

This is a follow-up to my public comment at the August 17th meeting of the IST Solutions Workgroup. My name is Teresa Pasquini. I am a local, state, and national advocate for all who live heroically with severe mental illnesses. I am a lifetime resident of Contra Costa and served on the Contra Costa Mental Health Commission for 9 years (2006-2015). I was an original member of our county's MHSA Stakeholder group and a founding member of the Behavioral Health Care Partnership where I served as the Chair for 5 years and was a member of the Executive Team of Contra Costa Regional Medical Center. I also served on the Board of NAMI Contra Costa for two years and have been a long-time NAMI member. I currently serve as a Board Member of the newly formed Hope Street Coalition.

Most importantly, today, I am speaking as the proud mom of a Contra Costa County client who has been 5150d over 40 times, conserved by the Contra Costa Public Guardian's Office for 20 years, placed in multiple out-of-county placements, both locked and unlocked. As I stated in my public comment, my son was arrested as a patient, criminalized, deemed Incompetent to Stand Trial, and held in solitary off and on for 4 years before finally having all charges dropped after being diverted to a Mental Health Rehab Center in Merced County. That placement allowed him to recover, achieve medical and psychiatric stability and successfully transfer to a community placement in Santa Clara County where he has lived for two years. I am hopeful that he will one day be able to re-enter the Contra Costa community and receive the medically necessary and safety net protections that he needs to remain healed, housed, and healthy.

Because of my family experience, I began a journey in 2019 with another mom, Lauren Rettagliata, in search of a place like home for families like ours. That journey was described in the Housing That Heals paper, [https://hth.ttinet.com/Housing\\_That\\_Heals\\_2020.pdf](https://hth.ttinet.com/Housing_That_Heals_2020.pdf), released in May 2020. Please see attached summary also.

The Housing That Heals paper, describes "Housing That Heals" as a system of care that wraps a person in all of the necessary medical, clinical, rehabilitative, and social supports they need in order to live and die in dignity. The paper describes how an LPS Conservatorship helped to free Danny from a solitary cell and a potential state prison sentence (p. 31\* and 52\*\*.) That involuntary medically necessary care also restored his stability, safety, and health allowing him to transition to an Adult Residential Facility in the community while remaining on an LPS Conservatorship. Housing That Heals is a system of care that provides the right care, at the right time, in the right place.

A question often heard in all state and local meetings for criminal justice reform is "divert to where and what?" Lauren Retagliata and I tried to answer that question in our Housing That Heals paper. The paper outlines the funding disparities for

the Specialty MH population. Those disparities have simply not been adequately addressed in California for years. They can not be forgotten now.

All stakeholders must understand that not everyone can be diverted from jail, a hospital bed, or involuntary treatment. However, there are promising opportunities such as this one that Lauren and I recently visited in Napa. We have shared this resource with our county partners. See this post for photos: <https://www.facebook.com/teresa.pasquini.3/posts/10215270987806576>. As described in the Gray Haven post, NIMBYism may prevent this amazing facility from expanding. This isn't stigma, this is discrimination. Discrimination is keeping this population from living in dignity and health and preventing housing solutions from being created. It must be addressed if we are to move IST alternatives from jails and scarcity to abundance.

We need a system of solutions that is flexible, funded, and full. We now have a system of care that is broken and incomplete for gravely disabled people who need treatment before tragedy. We must no longer cherry-pick which brain illness deserves a right to treatment and dignified housing or who is left to die on the streets with their rights on. Housing That Heals provides a road map that will meet the purpose of the IST Workgroup "to advance alternatives to placement in DSH restoration of competency programs."

Please remember my Danny when you are considering short, medium, and long-term solutions. He was not a throw-away human being. He was not just a "FIST" or a risk assessment number. He is more than a number. He is my son, a young man with a severe brain illness who needed help and hope. Because people literally thought outside of the box, he is now a survivor of solitary and suffering.

It is time to break the rules, shatter the status quo and redesign a system of care for families like mine in California. I have seen it happen. I know it is possible. Thank you for your commitment to this critical issue.