

**MENTAL HEALTH COMMISSION  
JUSTICE SYSTEMS COMMITTEE MEETING MINUTES  
November 23, 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 @1:32pm</p> <p><u>Members Present:</u> Chair - Cmsr. Geri Stern, District I Cmsr. Alana Russaw, District IV Cmsr. Gina Swirsding, District I</p> <p><u>Other Attendees:</u> Cmsr. Barbara Serwin, District II Cmsr. Rhiannon Shires, District II Angela Beck Steve Blum Rebekah Cooke Janna Evans, Reentry Transition Specialist, Game Plan for Success Michael Fischer, CCHS Administrator, Health, Housing and Homeless Services (H3) Shelby Ferguson, Coordinated Entry Manager, Housing and Homeless Services (H3) Ellen McDonnell, Chief Assistant Public Defender Capt. Douglas Muse, West County Teresa Pasquini Lauren Rettagliata Christy Saxton Yuri Secoquian, Probation Manager (AB109/Pre-Trial) David Seidner, Chief of Detention Mental Health Jody Sicheneder, ASA III Inmate Welfare Sheriff's Office Dr. Suzanne Tavano, Behavioral Health Director Kenetha Washington, Social Worker, Public Defender's office Baylee Wechsler, Transitional Age Youth Coordinator, NAMI, Contra Costa</p>	<p>Meeting was held via Zoom platform</p>
<p><b>II. PUBLIC COMMENTS:</b></p> <ul style="list-style-type: none"> <li>• (Baylee Wechsler) I have a question, during Agenda Items VI / VII, are also planning on discussing mental health and housing services for recently or soon to be released incarcerated individuals. (Cmsr. Stern) will try to incorporate if we can, there is a lot to cover in one meeting and we will do our best. This is a preliminary meeting and I am so grateful you all here pre-Thanksgiving. It shows your commitment and we have a great representation of people involved in the process.</li> <li>• (Lauren Rettagliata) I have not had the opportunity to meet Christy Saxton yet, but I did send her an email inquiring if we could tour, both room-key and home-key, because there is a need to see how these blend into the whole housing scheme in our county. So, I do hope that she has opportunity to go back and find the email and let us know.</li> </ul>	
<p><b>III. COMMISSIONERS COMMENTS: None</b></p>	
<p><b>IV. CHAIR COMMENTS:</b></p> <ul style="list-style-type: none"> <li>• During the Mental Health Retreat, I had to step out toward the end and was unable to bring up the interim care facility that is available Alameda County by the name of Gladman Mental Health Rehabilitation Center (MHRC) that has 40 beds. We do not have anything like this in Contra Costa County (CCC). The closest would be Hope House, but it is not an inpatient facility. I would like to explore this</li> </ul>	

<p>further to see if we can develop something similar in our county that might help with some of those individuals that need a step down service. Gladman seems to be a really good fit for that but only in Alameda with only 40 beds.</p>	
<p><b>V. APPROVE minutes from the October 26<sup>th</sup>, 2021, Justice Systems Committee meeting</b>  Cmsr. Geri Stern moved to approve the minutes as revised (small typos). Seconded by A. Russaw.  Vote: 2-0-0  Ayes: G. Stern (Chair) and A. Russaw  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. DISCUSSION between Health, Housing and Homeless (H3) and Detention Mental Health Services, and Behavioral Health Services (BHS) regarding the integration of housing services for recently released detainees with mental health issues.</b></p> <ul style="list-style-type: none"> <li>➤ What kind of planning takes place now?</li> <li>➤ What are potential improvements to the process? Could a Social Worker be assigned to those about to be released? .</li> </ul> <p>(Cmsr. Stern) Initially, the reason this meeting was called is that one of our previous Justice meetings with Maria Scannell and someone else from detention services, there was a comment made about how individuals are sometimes released from jails with only a day notice (or very little notice) and may not have housing and it concerned me and thought, ‘maybe we can do better’. I contacted Michael Friedman, who was really very positive and excited about this meeting. He suggested getting all the stakeholders together to coordinate a round table discussion and get all these ideas together. So here we are.</p> <p>(Michael Fischer) Originally the call was to discuss housing related to Detention Health Services. During our conversation, I let you know that H<sup>3</sup> (Help Housing and Homeless Services) is primarily responsible for people entering our coordinated entry system, which are those in the community that access 211, a shelter, a care center or one of our outreach teams. We are not doing a lot of internal work with the detention facilities. However, there a lot of people on this call that do a lot of the housing supports for the detention facilities. We do have some departmental contracts that we contract with that provide housing support. Those contract providers are on this call and just wanted to ensure that if the questions come up regarding what services are being offered, you have the people that can answer those questions.</p> <p>(Cmsr. Stern) The first focus is “What kind of planning takes place now?” When someone is released from the jail, is there a social worker involved? Is here any kind of planning that we can ensure so people are not left to their own defenses and, perhaps re-enter the judicial system because they are feeling desperate?</p> <p>(Ellen McDonnell) From the Public Defender’s (PD) office, I can try to give a ‘big bucket’ answer, which is that it really depends. We at the PD office, have approximately six (6) different social workers on our team, but we have approximately 19,000 individual cases refereed to each year. (We don’t keep all of the 19,000 but, ) there is a really large volume of individuals that are arrested and released from our local jails in a variety of situations.. Some are in and out quickly, some have served longer sentences and were able to plan. I would say we do a lot of work with our county partners that are on this call, with our social workers in house, with community-based organization (CBO) programs and resources. Where we have advance notice, we try to put together re-entry plans that will involve as much stabilization and utilization of all the different resources at our disposal as we can. However, when talking about releases, it is a pretty high number of folks. David (Seidner) might have a better sense of the exact numbers (on a daily basis). They may book 20-30 people a day and release similar numbers and it definitely depends on the situation. For example, Probation works with individuals upon release, we have other social workers that are imbedded in the jail (on the call as well). Of course, Many folks will receive medication and other</p>	

resources when they are in custody and our office makes every effort to work with folks in the jail to ensure they have a two week supply when released and that there is as much transition planning as possible. I would say these efforts can always be bolstered and broaden from what it is now. .

(Cmsr. Stern) Where do you see the weaknesses? (RESPONSE: Ellen McDonnell) I would say that housing (as we all know in the Bay Area) is always a challenge. One success we all had as a system was working really closely together during COVID and utilizing some of those, such as Project Room Key and other resources to have that quick access to housing for those released from the jail. Housing is often really difficult. We have all spoken to case management coordination, navigation and transportation. Often, again, someone is released after a court appearance that happens and they might be processed out in a matter of hours and it wasn't known or anticipated before that timeline; and being able to re-act very quickly is often a challenge to put a plan together with a couple hours' notice to ensure individuals aren't released without a full plan in place.

(Cmsr. Stern) Michael, do you have any resources that your group could be helpful to the probation department? Or are you already working with them in some compacity? (RESPONSE: Michael Fischer) Yes, we work with the probation department quite frequently. We have ten contracted AB19 paid beds that are paid through probation at our local shelters and we also have probation housing navigation program. We contract with an agency called Hope Solutions, so Probation officers can make direct referrals to Hope Solutions' Case Management. Their housing navigators will assist person with hotel placement, temporary placement or housing placement and provide subsidy. We are already working strategically with the probation office, and working on a 'jack ramp' with the PD's office for holistic intervention partnerships and contract with the HUME Center for that partnership. In the same aspect, they are providing housing navigation support connection to re-entry services, lots of different holistic interventions (as we call them). Our shelters we currently have, there are 60 beds in Concord, 39 in Richmond and 172 beds that will be opening in Pittsburg. However, a lot of those beds stay at 99-100% occupancy at all times. We have more inflow due to homelessness than we have outflow, so we are always at capacity. .

(Cmsr. Stern) When people are released, do they get notified what resources they can contact or are they just sent out and say, 'here's some money for a bus ticket'? what are they given to for direction upon release? (RESPONSE: Ellen McDonnell) I would say that depends on individual situations. Some individuals are on probation and have those connections that Michael was just describing. Some individuals will have been working with the PD social worker and may have some resources or plans in place through that portal. Whereas other individuals may have worked with Janna and the Game Plan for Success (GPS) team and may have a re-entry plan in place through that resource. Then others may not have had any of these resources offered or might be in and out much more quickly and not able to take advantage of those resources. I imagine somebody from the Sheriff's Department would be best equipped to detail if there are bus or BART tickets and what other pieces they may receive upon release from jail these days (I wat to ensure that is accurate).

(Jodi Sicheneder) It is requested that we have BART and bus tickets for inmates upon release. In our lobby, they can call 211 from any of the phones there with all the information from the Contra Costa Crisis Center is there. The information with the re-entry needs is there. I will let Janna explain a bit more about our GPS program and will be able to explain those she works with and what she is able to help with.

(Janna Evans) Game Plan for Success (GPS) came out of a county-wide approved-release planning and pilot program that took place in 2018/2019. We kicked off GPS in September of 2019. It is offered to anyone inside all three facilities and involves risk-need, responsivity assessments, using the Offender Re-Integration Scale (ORS) to identify their criminogenic needs, substance use needs, mental health needs and basic needs such as housing, employment, documents. Then we (as a team of three) do our best to get what we can to them before they leave. If we can help them obtain their

social security card (SSN), we start that process. If we can help them apply for MediCAL, we start that process. Those that go through our program, which now exists of 20 packets of modules (as we went into distance learning for more than a year and a half) but people have been participating in our program, completing the packets, learning about their options in the community. When they work with us, they get an individual development plan to accomplish while in the program (such as getting their IDs, going to class for substance use, parenting class for those needs) and leave with transition plans. We have the same problem Ellen was speaking to; that is, individuals leave and we don't know they left and those people (unfortunately) left with no transition plan. However, the third member of our team, Darryl, our re-entry employment specialist, he also acts as the key follow-up person. When an individual leaves and we aren't aware, he tries to get in contact with them (email or other) to get them connected to either the re-entry success center or the re-entry network, as well as meet their re-entry coaches from one of those two entities, depending which part of the county they are returning to. Since its start, we have had 542 participants.

(Cmsr. Stern) David (Seidner) How do you, through detention health services (DHS) interface with Janna's department and the PD for discharging of detainees?

(David Seidner) It is a similar process, echoing what Ellen has said, unless the individual's is sentenced, projected release is a moving target. I defer to Ellen to speak to that. When someone is sentence we have a projected release and we have a much more concrete way of doing re-entry. When an individual goes to a court appearance and they are released, we typically are not informed. We have a process. There is a group email box for community partners: [DETMentalHealthReleases@cchealth.org](mailto:DETMentalHealthReleases@cchealth.org). The PD Social Workers email us, the Behavioral health case managers email us, attorneys will email us directly with potential release days. So, we have an email that is used directly to communicate to us when there is any information about releases. Typically, an individual will get thirty (30) days of medications within their personal property. We will request from nursing release medications and because of the pharmacy, we do really need one (1) to two (2) days. If someone goes to court at 1:30pm and get released at 5:00pm, it tends to be difficult to get medications into their property. In our psychiatrist note structure, there is ability for an eScrip, so if we can't get the medications into the individual's property in a timely manner, then the psychiatrist will send a prescription to the person's pharmacy of record. That needs to be updated as well if they are moving around the county and going to different programs. Medications, COVID testing, personal protective equipment (PPE) all of those records available to them, so they can go into congregate living. We are anticipating a group home or crisis residential or just returning back to a family situations. All of our Mental Health Clinical Specialist are assigned caseloads and a part of their treatment process I reentry. A fair number of individuals that we serve (unfortunately) are going on to prison, so re-entry is less prevalent with certain parts of our population as they are going on to CDCR. There is a mental health specialist II vacancy and recruitment announced last week. Once we fill that position, it will be their sole responsibility to go to the three facilities (MDF, West County and Marsh Creek). In our electronic medical record, we do have those SAMHSA re-entry checklist, we fill it out and give the hardcopy to the people. Thank you Cmsr. Stern for sharing an updated re-entry plan from CSG , which included a COVID section. We are looking into that and it was a very helpful resource. Lavonna Martin is our new Deputy Director and has deep knowledge and understanding of housing and has communicated to me that 2022, re-entry is her focus and will become the mission and will be much more on the forefront of DHS. CalAIMS is coming into play in 2023. MediCAL applications, not just for individuals with mental health challenges but for those with medical challenges, so it is expanding and beefing up re-entry services is definitely our mission for 2022. GPS is amazing and we invite them into our case conference if there is a need for mental health services or medications and we assist GPS. There is a good amount of integration by being co-located.

(Cmsr. Stern) What percentage are those individuals who slip through the cracks because of timing, meds? And for those given eScrips, do they have a way to pay those

mediations? Are they all on MediCAL? What happens to them?  
 (RESPONSE: David Seidner) In our EMR, we have a re-entry checklist (first tab) and the second tab is the MediCAL applications and part of the re-entry process is to reach out to the BHS financial counselors. We fill out the short-app, get it to the financial counselors and ask the financial counselors to turn on the MediCAL if we have a projected release date. That tends to work out okay. It is an imperfect process but turning on MediCAL is a part of our re-entry process. It's talking to our patients. Is the person aware we are sending an eScrip to the Walgreen's on Alhambra? They may not be. Those we serve are really the experts on their releases. The attorneys are wonderful, but we ask our clients 'do you have a guestimate when you are coming out?' and they are usually pretty close. Where there are some gaps to plug/the scramble. It is heart wrenching when someone is getting released the same day, that puts the system in crisis. Lavonna's thought is to get a more robust re-entry team that is much nimbler and has more of a rapid response. Like Ellen mentioned about transportation, someone is coming out of West County, how do we place a call to their success center? How do they send the van over to pick the person up? Where is that soft landing? How does it come into play? The person may not be able to couch surf a family member. It is complex, dynamic, fast and a lot to pull off successfully. The more time we have, the more planning we have and the more successful the re-entry transition can be. Many of those we serve in detention are actually not connected to BHS, so getting access to the clinics. If case management is indicated, incorporate FSP's, the FSP liaisons, how to integrate them into interactive detention mental health, so every relationship we can strengthen, that is what we are trying to do and it still may not be enough.

(Cmsr. Stern) How do you see the new position of Lavonna... (David Seidner) Lavonna Martin is our Deputy Health Director and was the former Director of H<sup>3</sup> and has been with detention for several month now (July) and is out of the office with Director Anna Roth. (Cmsr. Stern) So do you that position as expanding your ability to help with these unexpected discharges. (David Seidner) it is a huge accelerant. The first thing I asked Lavonna was "Can we raid your cupboard for H<sup>3</sup>?" Lavonna is present, she is a competent, talented and incredibly gifted with a long rolodex of network and contact that we absolutely want to leverage. Lavonna, for us, is a game changer for entry. Her leadership, mission and resources are something we were lacking. We are happy to have her as our new leader. (Cmsr. Stern) Well that's very exciting. Good news on that account.

**Questions and Comments:**

- (Teresa Pasquini) I just want to say how great it is to hear all this. This is all very positive. I am grateful to the Mental Health Commission's Justice System for pulling this group together. I participated in the original sequential intercept mapping process and that was (maybe) three years ago. The Rapid Improvement Events at the jail were awesome but there has been a gap on what is going on in all this, so I think it's really helpful, especially to those of us that are really focusing on a vision of Housing that Heals for Contra Costa and across our state. We want to ensure everyone gets the right care at the right place at the right time. So, thank you very much everyone. I am assuming there will be data coming out of all this and probably through CalAIM and informatics developed that will help us track how all these programs are going. We heard 19,000 people are arrested annually. Is that right? (RESPONSE: Ellen McDonnell) Those are cases that are referred to the PD office and not all necessarily in custody. We may be able to get a better number from the Sheriff's Office (SO) of folks that either booked daily, month, or annually, or released. That would probably be the best number for this question of re-entry after local incarceration.

**VII. DISCUSSION regarding how can H3, Detention Mental Health Services and BHS better serve those who are conserved and those with mental health issues with housing/placement upon release?**

- How can all concerned parties know that a detainee has a conservatorship?
- Who is responsible for notifying the conservator of a conserved detainee of an imminent release?
- How can we notify the conservator of a conserved detainee of an imminent release?
- How can we assure placement for detainees upon release?

(Cmsr. Stern) How can all concerned parties know that a detainee has a conservatorship? (RESPONSE: David Seidner) Current practices around those incarcerated. There is a weekly email between County Council and Conservatorships Office. The county council will update me when someone is appearing in court and there is a possibility of a placement discussion that informs us and gives us the heads up that we work with the Conservators Office: Is there is a crisis residential referral indicated? Is it likely the person may be released? Is there a petition for conservator's office for a locked IMD? That communication was not as pronounced as previously. Since we have started the weekly emails, it has cut down a lot of the confusion and has increased our communication significantly and it also brings to mind how few conserved people are actually in custody. It has been five (5) to lower. It is a small number who are in custody, who are conserved who are receiving care and their recovery and wellness fluctuates. Of a small sample of five, three were doing spectacular - least restrictive and performing very well as one can in a custody setting. It's not a great place to be but they were incorporated and integrated into regular population. Then there were two individuals who were struggling and were under care. So, the improved communication with County Council and the Conservators office has been significant.

(Cmsr. Stern) That's good. Would you say the number of people who are conserved, coming into the jails, has decreased in the last four months? (RESPONSE: David Seidner) The last time we discussed this (a couple months ago), I was \_\_\_\_\_ (?) We spoke about, how does detention mental health know if someone conserved in the building. We didn't have a good handle on that. We spoke on leveraging our electronic medical record and all that. Sometimes the best fix are the fixes right in front of you. The communication being looped into County Council and the Conservators office cleared up all that information. I don't have a sense of the data on pre-email, but I do have information going forward. It has not been greater than five that any time.

(Cmsr. Stern) That was a result of having this discussion earlier this year? (David Seidner) Sure, the Justice Committee can take credit for that. (Cmsr. Stern) That's great. Any small victory, it takes effort to make change happen and hopefully those individuals won't fall through the cracks.

(Baylee Wechsler) I posted the question in chat. I first want to say thank you to everyone who shared resources available to those being released from jails in CCC. I had no idea any of those resources were available, so I appreciate your background. Thank you to Janna and David for sharing about GPS and Detention Health and the ways you are attempting to address the issue of providing assistance to those receiving last minute releases. I just wanted to ask everyone else in attendance what they thought about ways the county can reach out to and support those individuals with the short time frames between finding out they're being released and actually being released. What other programs exist or could the county look into? How can individuals in the community also try push for those types of programs?

(Lauren Rettagliata) I'd like to mentioned that David stated he spoke to the full service partnership providers (FSPs) just recently. I think this is a very important resource because, with it comes the wrap around services that many people need. The one problem I see, many times in FSPs, are that people are enrolled in the FSPs but is anyone tracking to see if they are actually use of all the wrap around services and if not, is someone looking into the possibility that the next step (AOT) is needed. If someone has been suggested in an FSP, was found to be what they needed, but the person is not participating, how do we move to the next step so that a person doesn't

suffer a re-incarceration. (David Seidner) I appreciate that very thoughtful question. There are two parts to this. We spoke to FSPs (1) come in and see the patients and let's educate you on how to have visits through the Sheriff's Department and how to navigate visits during COVID. Providing information and how to make the FSPs comfortable navigating and seeing patients in custody. (2) We are also holding targeted huddles (i.e., 10-15 min check-ins with the FSPs) They may be thinking about closing out the case, as the person may be incarcerated for a long period and there is an FSP waitlist, so having the meeting with the FSP and the treatment team to see how this person is receiving care in custody. Again, we don't have the criminal justice data, so if an FSP decides to discontinue the case, we don't know. A person could be sentenced to prison, or incarcerated for a long duration. The question regarding AOT (alcohol and other treatment) is absolutely in Detention Mental Health's wheelhouse. We have had some start/stops over the years. It comes back to projected release. So, we have started AOT investigations prematurely and the person would be incarcerated for 18-24 months. The tools are there and the energy to connect to AOT / FSP, it is getting a handle on release dates.

(Lauren Rettagliata) Release dates are one of the hiccups you encounter all the time. (David Seidner) It's the timing. If the FSP discontinues the case, that should be a factor for AOT. We used to have AOT physically come into the building and go over cases but it yielded very few referrals. Again, energy, time, the desire to do so, it is all there. We could refer ten people to AOT and the individuals become IST (incompetent to stand trial) and go to the department of state hospitals (DSH). I don't want to take up the whole meeting about this, but it is very difficult to start those legal processes when we do not know when the person is resolving their criminal proceedings.

(Lauren Rettagliata) I sent you a personal message (you probably haven't had time to review) when you were quickly going through all the placement possibilities, you mentioned 172 placements were coming online in Pittsburg. Exactly, what were you referring to? 172 rooms

(Michael Fischer) The 172 rooms, the county (H<sup>3</sup>) has purchased the former Motel 6 in the City of Pittsburg using Project Home Key (state home key) dollars. That hotel has now been fully remodeled and we have added a wellness clinic, an updated courtyard, painted outside, updated security and it will be coming online December 7<sup>th</sup>. It will have a 172 rooms for individuals that are experiencing homelessness

(Lauren Rettagliata) Did they shut it down for a while? In October, I went out to see the facility and it was in operation and there were people there. Was it then shutdown? I believe it was September or October and I just walked on site. (Michael Fisher) Yes, It was in operation as a Project Room Key Hotel. In April, it switched over to Project Home Key hotel after the purchase, it was shut down in June and transported people off site and placed them in two other hotels that were operating. They have been residing there temporarily while the construction has been happening. Construction will be completed and we will be re-opening that site after the full remodel. (Lauren Rettagliata) Okay. It was strange, because when I was there, there were people on-site and the swimming pool was being filled in and the HVAC units were all being changed out but there were people on site. (Michael Fisher) Yes, and then we had to add a full fire sprinkler system to bring it to fire code. During that process we had to move everyone out of the site.

(Cmsr. Stern) Motel 6, is that one (1) hotel with 173 beds? Does that take care of one person? How does that work? (RESPONSE: Michael Fischer) It is one hotel with 172 rooms. The site serves adults only and it is multi-generational families. Some live in one room. Some rooms that have full beds, couples and some have two single beds for multi-generational families. The configuration can change to support those we are trying to serve.

(Cmsr. Stern) What is the maximum number that facility can hold?  
(RESPONSE: Michael Fischer) It is 200 at this point.

(Cmsr. Stern) Is there any more money in the state budget to acquire any more motels

in the county? (RESPONSE: Christy Saxton) There is actually a second round of Home Key that is open right now to all cities and counties. That has been sent out to all city administrators and councils and the county is looking at two different projects. Neither of which are hotel, but other rehabilitative sites. Depending on if we are successful or not, we will have zero up to approximately 84 dependent on our applications being accepted. But there is the second round of home key open as we speak and it is being run through HCD (Housing and Community Development). We have been working with different cities on potential projects to determine if they are going to also apply as it is not simply a county only opportunity. This is a change from Home Key 1.

(Cmsr. Stern) So each individual city can apply, in addition to the county? (RESPONSE: Christy Saxton) Yes, it can be city alone, county alone, us together, it can be city and a provider, county and a provider. So, they have really opened that scope up quite a bit.

(Cmsr. Stern) Do you have any idea what the total available is? (RESPONSE: Christy Saxton) I do. For California is approximately \$275bil, which sounds like an extraordinary amount of money. I will say the projects that I know we are putting forward, we will still not get enough money, so we are looking to close the gap in other ways. It depends on what we are trying to accomplish and purchase or rehab. We can get upwards of \$200k per door, in order to construct or rehab or purchase a motel. It is a very quick timeline so I don't think anyone can start a brand new development. Rather than purchasing and rehabbing existing buildings (including office building) is something they are looking at. That is one of the applications the county will be putting forward ourselves. It is converting an office building into micro units for approximately 60 folks.

(Cmsr. Stern) That's great. The one in Pittsburg, did state buy the hotel? It's no longer a Motel 6 at all? (RESPONSE: Christy Saxton) The county purchased it. The new name is Delta Landview. It was just renamed. That is the name of the facility. It is a first come, first served opportunity. Again, this is state-wide and there are different allocations for different areas of the state. It is all laid out on the HCD website of all the different allocations. In the Bay Area, we have a total of (I believe) \$900mil that we are able to access. We don't have all that money we can access as they are allocating it accordingly for different counties and different areas, as well as tribal. Then there will be bonus awards given for tribal, transition aged youth (TAY) and servicing chronically homeless. The deadline for the first round of Home Key II is the end of January. If there is any money left over at that time, they will re-open and accept additional applications.

(Cmsr. Stern) Is there a timeline, once the funds are acquired, then there is step two, which is looking for properties? (RESPONSE: Christy Saxton) No, you have to have the entire process already completed. In order to submit an application, you have to have site control, appraisals at hand, it is fairly extensive because it is a very quick turnaround. The state's expectation is the minute you receive the award letter (not contract, not money) you have eight (8) months to expend all the funds and 12 months finalize all construction. So, it is an incredibly quick turnaround. Because of such, they ask that everything up to that point is taken care of in terms of site control, who will be providing services and so on.

(Cmsr. Stern) Do they have some kind of streamlined agreement with the building department to streamline permit process? Getting a permit can take months and slow things down. (RESPONSE: Christy Saxton) To a certain extent, there is some CEQA (California Environmental Quality Act) we don't have to adhere to, again this isn't a situation where it is brand new construction so it cuts out a lot already. Additionally, because there is no federal money involved, it eliminates a lot of other hoops we have to jump through. For us, we are working hand in glove with county building permits, etc.

(Cmsr. Stern) Is there a projected number of units you are hoping to acquire in this round? (RESPONSE: Christy Saxton) Yes, we have a facility in San Pablo we are hoping



to push through, which is a total of 54 units but some will be able to accommodate more than one person (approx. 60 in that building). If we put forward our second application, it is 30 single room occupancy in Richmond. A total of approximately 84 units accommodating up to 90 people.

(Cmsr. Stern) Who can apply for residency? I live in El Sobrante and see homeless people everywhere (camped on hillsides, in parks, etc.). How would a homeless person be notified about this? (RESPONSE: Shelby Ferguson) Basically, short version, if clients want to access housing through our coordinated entry system in CCC, they can do that through one of our access points: 211, our call center, our two care centers in Walnut Creek and Richmond, or our core homeless mobile outreach teams. Those are three access points they will get assessed and the list for housing, but those are the easiest way to get people into housing.

(Cmsr. Stern) One more question, just off-hand, how many people who are homeless and mentally ill and chronically homeless even know about 211 or other service to contact? Do those in homeless outreach go to them and give them information?

(RESPONSE: Shelby Ferguson) Yes, we are very focused on our unsheltered population in CCC, so they are actively performing outreach. There is a lot of work with encampments and searching for those out there who may not be connected to services and will find them and give them information as well as basic need supplies.

(Christy Saxton) And they don't have to call 211 for themselves. We often will receive calls and our core teams go out based on any call. We will dispatch which core team is most appropriate and many team members have lived experience and are incredibly skilled at working with folks. It is not a one and done situation, it is often times ongoing repeated conversations working with folks to ensure they also feel safe in coming inside.

(Cmsr. Stern) So, those people going into these new facilities. Will there be someone in those facilities that can connect them with BHS? (RESPONSE: Christy Saxton) Absolutely, yes, we have wrap around services for all these facilities.

(Teresa Pasquini) I have a couple questions. This is wonderful, I am very happy to hear the progress with RoomKey and HomeKey, but I am more of an advocate for those who don't do well in permanent supportive housing and don't get the supports they need through coordinated entry, those who may need access to an IMD or may need to be conserved. I'm encouraged about all these great opportunities and I know there is a lot of money coming down for the BH infrastructure projects that have also been included in the governor's budget. I am assuming the commission will be tracking that in the future. I am concerned about IST population. I am wondering how well we are positioned to handle the influx of referrals that will be coming from that process, there will be a report issued any day. How are we positioned to manage the referrals from the SB317 that was passed? Those referrals directly to our conservatorship office.

There is a lot going on and while it sounds so great, and I'm so encouraged by all these possibilities coming, I am also concerned about the population that I feel very strongly about that may not access this system. I have had the privilege of working with the core team, they are excellent and I have shared this with the committee and others, there are some that need more than a core outreach team and those are the people I am most concerned about, preventing them from going into jail. How is BHS accessing the county properties that are available to H<sup>3</sup>? Do we all have equal access to existing properties? We are going to need access for this specialty mental health population.

(RESPONSE: Dr. Tavano) We have been looking for and applying for any grant money we can because we want to have housing available that is not necessarily run through coordinated entry. Coordinated entry is wonderful many reasons and a great many people, but not always for some of the clients we are working with that need to be housed. I am hoping to meet with Christy in the near future about prioritized entry process and examine that a bit more and collaborate on those incoming referrals. It is a combination both, applying for grants and looking for grants that there could be funding for housing and assigning that money to the CBOs we are contracting with and then hope to continue work with the coordinated entry system to see if we could do a

little bit more about prioritizing. There are many things going on in the Justice world, the misdemeanor ISTs, which the care and the restoration has always been the responsibility of the county. The newest thing now is that cannot be referred to state hospitals, so that means really serving them locally and finding housing or treatment or residential treatment facility that will accept this population. We are basically coordinating with DSH. We have AB1810 and just applied for some expansion on that grant opportunity (again) diversion from the state hospital for the forensic population. We are looking for all these opportunities and almost all are grant opportunities and we are waiting to see what comes out of the statewide planning process. I think there was a bit of misunderstanding that went on when the state initially started convening those sessions about the money available to counties to help this effort. I think what wasn't so clear is the county already had diversion funds and we could apply for some expansion but up to a certain amount. Certainly, H<sup>3</sup>, Detention Behavioral Health and BHS are all talking with each other and the question was asked about coordinating discharge from the detention facilities for people who are conserved, about to be conserved and/or in the process of being conserved and we actually have a small workgroup that includes David Seidner, Matthew Luu and the conservators, and also I've been convening a cross division meeting within health services related to this topic we were just talking about successfully coordinating care for those leaving detention, particularly focusing on housing.

(Cmsr. Stern) With all these new potential properties and all these rooms coming available, is there going to be some way or some website where detention services and David's department can see at a glance if there are any opening for people? Is that something that is happening now or could happen?

(RESPONSE: Christy Saxton) There's not a website I am aware of, at least for H<sup>3</sup>, our core teams have all that information, so as folks are going through coordinated entry, we know what our availability is. However, all availability across everything, I don't think there is anything in the works for that. David, I don't know if you have information? (David Seidner), that's correct Christy, we don't have access to some type of database system like that. (Cmsr. Stern) that sounds like that would be really helpful for people to see where there are openings, in the future when there is going to be so many new beds available to help plan. Just a thought.

(Cmsr. Swirsding). I hope we can discuss this topic more. My concentration is with seniors and veterans that are homeless. A lot of (Vietnam) veterans cannot take living in a house, especially if they were prisoners of war (POW), because they were enclosed in tight quarters. In our neighborhood, we take care of the homeless along our freeway. I have had conversations with several homeless vets. The federal government has a line to call for veterans specifically which helps to get them some form of housing for them. These are severe mentally ill people. The suggestion is for those that are mentally ill that cannot be in housing, which is with so much land available, why can't we just open an area for those that can't live in housing? Board off an area of land as their neighborhood with outreach? Second question, I would like the number for core so that if I have someone to refer for outreach. (RESPONSE: Shelby Ferguson in chat) you can call 211 and press 3 to speak to CORE dispatch.

(Ellen McDonnell) I just wanted to respond to Teresa. Thank you all, this is a dynamic group with great questions. On the AB317, the new legislation that will be effective in January, we have already convened Judge Brady who is the mental health judge, the LPS Team, BHS, AOT, Mental Health Diversion, Forensic Mental Health team as well, and started brainstorming regarding implementation. For those who are unfamiliar, this is the new law that aims to reduce the level of incarceration level for misdemeanants who are found to be incompetent to stand trial (MIST) who now can serve a lengthy portion of, or up the maximum of their sentence, in custody waiting to go to Napa state hospital or significant time in the state hospital. It gives various options to the court, individuals can be conserved if they are legally eligible, they could receive AOT, placed on mental health diversion or their misdemeanor charges could be dismissed. Right now, we believe we have approximately 30-45 people in this existing states that, come January 1, if they are not restored before that date, this law would

be applicable and then it is applicable to anyone else that is MIST going forward. This will be a very dramatic change in legal procedure and the way we react to and treat mentally ill individuals on MIST cases. So, at the PD office, we are excited about this change but we recognize it is going to be a different onus on all of the partners and we are working together to ensure we can roll this out as quickly as possible after the January 1 implementation date, or before, but there is a lot of complexity there in terms of changing the workflow and screening individuals really quickly for different types of potential relief. What the judge was proposing was even bringing all of the different partners into the courtroom. So, at some of the first court dates, someone could be screened to see if this is potentially a good AOT case, a good LPS or conservatorship case or mental health diversion. Right now, screening someone and getting all the records in place for any one of those options can take a month or two, and legally all the system partners are going to have to move a lot faster. I think we are really eager to roll this out and work with everyone. We think it represents a really positive change and will reduce incarcerations for this really vulnerable population. We know it's a really necessary change and I now this group will be interested to see and hear how this rolls out. We are meeting with Judge Brady the first or second week of December to continue this conversation with the partners.

(David Seidner) Just to get credit from Ellen's great speech and back to Teresa's point. The person who has very challenging mental health needs, no they are not likely to access 211 or coordinated entry. The population that is absolutely slipping through the cracks when it is solely on the onus of the individual to navigate solo with no support and back to Ellen's points. There are two rings: Care and Legal. The legal ring has to get sorted out. Frequently we are reminded we have to wait our turn. Health is not driving what is happening to individuals in the criminal system. We are stakeholders and need to be at the table. This play at IST, the person is found incompetent, come back to custody, they are restored (maybe they are unable to be restored), there is a whole multitude of legal circumstances. Then the health team has to pivot. What Ellen is speaking to are interventions that we need to do them, but they need to be timely, beneficial and we waste resources and frustrate our clients. So, once this coordination hangs up in the legal process then the health team can now be in position to do the care coordination. I think it is an important question. We can start with the IST population. How many get 5150'd? How many go to Behavioral Health? How many get conserved? How many hit the street? That is the whole we want to plug. How many IST, symptomatic, don't meet criteria for 5150 and are being released from MDF or West county? To cut through all of it and find that segment, it is not a needle in the haystack but it has to be strategic. How do we engineer the system for that individual, where all the other legal and care systems miss?

(Dr. Tavano) Just wanted to mention that I appreciate Cmsr. Swirsding's comment on how people can know what to do. I just wanted to add that in addition, we get calls from all over and a call might come in from mobile crisis, MHET, or Core. What we find is there is a lot of cross collaboration that goes on, Core might start with outreach but there are issue that would apply for the mobile crisis team coming, there is a lot of coordination between MHET and MCRT. There is a lot of coordinating between CBOs available. What we are finding is there are a lot of grants, we are going after them and the huge majority or infrastructure grants which means bricks and mortar and very few have funding for services. That is really challenging because we can build buildings, but then we need resources (people) to support the clients in these buildings. It is something we are watching, even when funding might include direct services, meaning staff, it is usually time limited and then we need to thing toward sustainability. It is a very interlocking and complicated discussion.

(Rebekah Cooke) I find it interesting, Dr. Tavano. In other words, getting that campus that helps the medication and therapy is not something we are looking at, is what it sounds like I'm hearing. My question is my daughter is getting off conservatorship in January and going to a homeless shelter. Would it be unreasonable to think that she would be able to get into a room instead of a homeless shelter her conservatorship?

(RESPONSE: Teresa Pasquini) It should absolutely be something that should be

<p>happening. There should be some coordination there and offering available for somebody that was AOT for two years, homeless, got conserved and a lot of funding was invested in their recovery. Obviously, choice will come in now if there is no conservatorship, but I think this should be conversation that is built in to all these system conversations. How do we manage someone stepping down from conservatorship? There is a new law that will come on the books next years for stepping down someone from conservatorship, possibly into AOT so they don't fall of the cliff. I think it is something that should be part of the conversation.</p> <p>(Cmsr. Swirsding) I just want to say this is so unacceptable to me that this is happening to her daughter. This is a person that went through AOT, conservatorship and now she may be homeless again? I am so sorry. It is so sad to me.</p> <p>(Cmsr. Geri Stern) It has been a long journey, Rebekah, and I hope our group has provided you with some direction, help and it sounds like there is longer to go. You will need a lot of support.</p> <p><i>December meeting is scheduled the week between Christmas and New Year's, so we will not be having a December meeting and see you in January.</i></p>	
<p><b>VIII. Adjourned at 3:02 pm</b></p>	<p>No meeting for December due to the holiday.</p>