

**MENTAL HEALTH COMMISSION
MHSA-FINANCE COMMITTEE MEETING MINUTES
MARCH 17th, 2022 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Chair, Cmsr. Douglas Dunn, District III called the meeting to order at 1:31 pm.</p> <p><u>Members Present:</u> Chair, Cmsr. Douglas Dunn, District III Cmsr. Leslie May, District V Cmsr. Rhiannon Shires, District IV</p> <p><u>Members Absent:</u> Cmsr. Graham Wiseman, District II</p> <p><u>Other Attendees:</u> Cmsr. Barbara Serwin, District II Cmsr. Yanelit Madriz Zarate, District I Maria Scannell, Program Manager Contra Costa County Forensic Mental Health Services Gita Bahramipour Angela Beck Jennifer Bruggeman Dawn Morrow (Supv. Diane Burgis' ofc) Jen Quallick (Supv. Candace Andersen's ofc) Baylee Weschler, Social Justice Advocate, NAMI CC</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS: None.</p>	
<p>III. COMMISSIONERS COMMENTS: None.</p>	
<p>IV. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS: None.</p>	
<p>V. APPROVE minutes from February 17th, 2022, meeting:</p> <ul style="list-style-type: none"> • Cmsr. Douglas Dunn moved to approve the minutes as written. • Seconded by Cmsr. Leslie May <p>Vote: 3-0-0 Ayes: D. Dunn, L. May, and R. Shires Abstain: none</p>	<p>Agendas and minutes can be found at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DISCUSS and VOTE on the following motion: <i>“Per the Board approved Commission bylaws, the Mental Health Commission advises the Board of Supervisors and the Behavioral Health Director on the entire Behavioral Health Services annual budget. As a result, the Commission delegates this budget oversight advisory fiduciary responsibility to the Finance Committee.”</i></p>	<p><i>Agenda Item tabled for future discussion Motion to be readdressed at a later date TBD.</i></p>

Directly from the mandated responsibilities, it states the following, Item 2 “Review any county agreements entered into pursuant to section 5650 of the welfare and institutions code (WIC)” So, basically the import of this motion is that, yes, we recognize the Mental Health Commission (MHC) has advisory recommendation ability to the Board of Supervisors (BoS) and Behavioral Health Services (BHS), but in terms of financial matters, we are asking them to delegate the budget oversight fiduciary responsibility to the MHSA-Finance committee. So that is what I am asking for and the floor is open to discussion.

Questions and Comments:

- (Cmsr. Shires) I agree and think this is a great motion. I think it puts us in a position of really being able to take a closer look of what is happening and gives us a bit more power to submit more suggestions and advise, etc. as we are supposed to be doing. I totally support this.
- (Cmsr. Serwin) I agree the commission advises on the annual budget, but I do not agree that it leads to the commission delegating the budget advisory role to the finance committee. I think it is an unnecessary step, we look to the finance committee to do that work but, the commission itself, overall can review documents or make financial suggestions, I think is a bit limiting to us overall; to delegate to any one committee as specific role. I do not see the need for it. (RESPONSE: Cmsr. Dunn): The reason I worded it this way, was to ensure we have the ability to dive deeper into particular budget items than the commission would normally do.
- (Cmsr. Serwin) I do not see this as being necessary to delegate the responsibility strictly to the finance committee. I think they are two different things. I think it is absolutely something the commission should look to the finance committee to do. Do you see the difference between delegating and it seems to be just more part of your mission statement? Because you do not need to use motions to spell out what your committee does. (RESPONSE: Cmsr. Dunn) Again, the reason I have these series of motions, is that I whipped through the 2017-2018 version paper copy that I had in front of me of the MHC Bylaws and I could not see anywhere it stated the finance committee does this, this and this. Quality of care does this and this. Justice Systems does this and this.
- (Cmsr. Serwin) That is because it is a state level mandate, it is not up to the state to mandate specifically how each commission or board wants to organize itself. We organize ourselves to our bylaws by defining those three committees as our main focus. We have changed them before, it used to be by age and now it is by finance, justice and quality of care.

- (Cmsr. Dunn) The bylaws themselves, nowhere specify what the roles of each committee are and that is what I was trying to do.
- (Cmsr. Serwin) and that comes through your mission statement. The bylaws would not be so rigid as to state what each committee does because it evolves. I think a good place to start today would be to flip the agenda and start with the Mission Statement.
- (Cmsr. May) I, too, agree with this. Maybe there might be one word change. However, because of the fact that there were established mission statements, on this particular asking is for commission bylaws, we did have a responsibility of reviewing all budgets. We were doing that from the time I came on, we were reviewing the entire BHS annual budget, along with the agencies / organizations receiving MHSA (Mental Health Services Act) funds. Somewhere along the line, that was removed and voted on. If we go by the most recent pattern for the last two years, we have been asking for information regarding the budget from BHS and have not received anything at the end of the last meeting, there were documents turned in but those were not budgets, not what we asked for. It is almost like we are being forced to accept anything / anytime it is thrown out to us. To me, that is very insulting to us as adults and as human beings. What I think what we were say with this motion is that the finance committee has the ability to get the information – it should be provided to us. We can go through it and then provide it to the whole MHC, we have the authority to give this information like we used to do. Then we share it with the whole MHC and discuss and make determinations, ask for more clarification, etc. We should be receiving this information timely and what we asked for, not what you want to give us. Then it can be forwarded on as we are being the finance committee. That is what we used to do.

<Motion tabled and moved to Agenda Item VII.

VII. DISCUSS and VOTE on the following Committee Mission Statement:

The Finance Committee has primary ongoing fiduciary "advisory oversight" responsibility for EVERY county Behavioral Health Services (BHS) contract, as well as responsibility for financially advocating for programs that can further help all persons served or should be served by BHS.

Discussion:

(Cmsr. Barbara Serwin) The interesting thing to me about this mission statement is the first part is really specific. It is one of the essential jobs; whereas the second part of the sentence is much more general and defines, at the core, what this committee does. The Finance Committee financially

advocates for all programs that can further help. The mission of the finance committee is to advise on all financial matters relating to behavioral health services.

(Cmsr. Dunn) This ties into the 2017/2018 Orientation, there was a mission statement and it ties into Item II, that says to be the advocate of the BoS of the mental health division and the community on behalf of all Contra Costa County (CCC) residents who are in need of mental health services and that ties into why I added that advocacy piece in the last part of the finance committee proposed mission statement.

(Cmsr. May) The Finance Committee has primary ongoing fiduciary 'advisory oversight' responsibility for EVERY county BHS contract, advise on all financial aspect of BHS budget, and is responsible for financially advocating for programs that can further help all persons served, or should be served by BHS. Those are three distinct things, but is laying it out all that needs to be in here. We want to make sure the BHS staff, administration of all levels, everyone understands this is what our mission is.

(Cmsr. Dunn) That is different than what I have, so it sounds like you are making an amendment?

(Cmsr. May) It is adding what you said, and after the word contract, adding what Cmsr. Serwin stated, advise on ALL financial aspects of the BHS budget, and is responsible. That is something different than from advocating for programs that can further help all persons served or should be served by BHS. That is three different parts to this mission statement that all work together for the benefit of the people we have been appointed to serve.

(Cmsr. Dunn) I agree with that Cmsr. May. Ms. Beck, have you been able to capture all of that?

(Angela Beck) I was trying to.

(Cmsr. Shires) With most organizations, a mission statement is more ideological. It captures the essence of what people are wanting to do or their mission. Then, beyond that, there is more (what my sense is) of actual goals under the mission statement, objectives – this is how we are going to go about accomplishing that mission. I get confused when everything is getting thrown into 'well this is our mission statement'. It's a bit of a rhetorical question. (RESPONSE: Cmsr. Dunn) Thank you Cmsr. Shires.

(Cmsr. Serwin) The mission statement is just that, 'the Mission' and the goals are separate. They are based on the mission but the mission statement is the simplest possible of what the organization does. I have here, the Quality of Care committee, we are working on our mission as well, this '50 not for profit mission statements' that I have pulled down. An example would be:

- Association of Retired People (AARP): 'to enhance quality of life for all as we age' or

- The Museum of Modern Art: 'to share great modern and contemporary art with the public'

Just really simple, this is what we do. No embellishments. When I think of the finance committee, I think of it as being that second line. Contracts is a part of it, that is one thing we do, but we also review MHSA contracts, to review their behavioral services revenues, grants, etc. So, we do a lot of different things when we do our deep dives, right? Contracts being one of them. Big picture, we advise on fiduciary matters related to the BHS budget. If you want to have the part about financially advocating, that is fine too, but I would simplify that anyway possible.

(Cmsr. Shires) If we are going to be advising BHS where we think money should be allocated, how do we go about doing needs analysis? What is our mechanism for actually looking at the county and assessing where that money would be most beneficial?

(Cmsr. May) That is a good question. That would be part of what we list as our responsibilities of the committee. There has been, for lack of better words, 'roadblocks'. We have not been able to gather that information. In lieu of the differences that we need to have bylaws, we have our mission statement and then there are our bylaws. I shared with Cmsr. Dunn the Best Practices 2022, and actually went to the Cal BHBC and they tell us, there is a link on mission statements. We also attended a meeting that this subject was addressed and posted on their website. It was very inclusive. Other mission statements were very inclusive, not one line. We needed to broaden it so that anyone from the public pulls up our agendas, they can determine to attend based on what our mission is. It draws interest to being part of something, even as the member of the public, and maybe one day becoming a commissioner. Our mission statement should be listed on every agenda.

(Baylee Wechsler) I appreciate this mission statement, particularly the latter half, because I think there is a lot of work that needs to be done in improving BHS in this county and I think this committee does a great job advocating for those without access to a lot of services they should have access to. I think it is important to point out that this committee can play a great role in ensuring there is equitable access to services, specifically the last part of the mission statement that 'should be served by BHS' and I think everyone here is aware that there is inequitable access to services in this county and I appreciate the idea proposed. All persons served or should be served by BHS, at the same time, it might be helpful or more clear to be a bit more precise in saying something like 'We at the finance committee believe in advocating programs that ensure equitable access to BHS for communities' as not so much a served a should be served but acknowledging not everyone has access and we want to

ensure everyone does have access to programs. To succinctly communicate that concept would be a good way to edit this statement.

(Jennifer Bruggeman) Just listening to the comments and really what Commissioner Shires said regarding the question of if you are going to advise administration about how to prioritize funds, what are you basing it on. I just see a lot of overlap with the work of MHSA and CPAW (Consolidated Planning Advisory Workgroup). We have a needs assessment process we go through, and as you know we have a very lengthy involved stakeholder process that we facilitate in order to get feedback from the community. I am just suggesting that maybe we work together a bit more because there is a lot of information that might be helpful to you all and I am happy to work together to share that.

(Cmsr. Dunn) Thank you Ms. Bruggeman. The CPAW process is very good. I am a member of CPAW and the steering committee and I am somewhat familiar with the process. The BHS budget or the MHSA portion of the budget, which CPAW has created is about 25% or so of the budget. There is another 75% that I don't feel the commission and the finance committee, in particular, has been as responsible for advising as it should be. I hear what you're saying, at the same time, I am trying to be more encompassing than the function of CPAW and MHSA, as that is approximately 25% of the budget. The MHC, in terms of financial digging into, the finance committee is responsible for 100% of the BHS Budget.

(Jennifer Bruggeman) Absolutely. I am just saying there may be some information that could be useful to you in your decision making process that I am happy to help you get through.

(Cmsr. Dunn) Subsequent meetings I would be happy to get that information and incorporate it into agenda items for those meetings.

(Cmsr. Serwin) I go back to my original statement that the mission of the finance committee being to advise on all fiduciary matters. So, what are we speaking to that doesn't fit underneath that over-arching umbrella? That is what needs to be stated. At the highest level, this is what you do. Then you have the flexibility to say what kinds of analysis you do, what kind of numbers you look at, what kind of contracts you look at. In terms of the needs assessment, that is an interesting question. At the baseline, we need to be looking at the budget starting back in November all the way through April and there is responsibilities for each month, we go through the process of making the budget and getting the MHC's priorities together and understanding the budget being developed by Behavioral Health Services. Then we have contracts that are going on annually throughout the year. Then there is the MHSA process that works through its budget process which is separate and then have the big

hearing in May, which is something the finance committee needs to have chewed up that budget and should really be able to make recommendations to the commission of what we should be supporting. That is a tremendous amount of work, in and of itself and gets to the core activities of what BHS does. That is one later. That is a lot of work. In terms of needs assessment, I would say that is an ongoing process that the commission engages in, the community raises up needs and desires, and the commission takes that input and asks, "are we doing this?" How are we doing this?" It makes recommendations of how we could be doing this if we are not doing it at all. Or we ask questions about why it is being done this way, are there better ways to do it. So, I would say that is kind of an ongoing process. Then at the end of the year, once a year, we write an annual report. One of the key objectives of that annual report is to look at the landscape of the performance of BHS and to make commentary about how well it is done in certain areas, where we would advise differently and new areas we haven't broached. That, in itself, is an exercise of a needs assessment.

(Cmsr. Shires) I just wanted to respond, I would love to hear more from Jennifer on how they conduct their needs assessment. The second thing I want to bring to mind is that 'the squeaky wheel is the one that gets the oil' and what people come to the commission does not always encompass everyone in CCC or all of the communities in CCC. What I think would be really helpful, is if there is a way we can reach out to every district and how to systemize a way of doing this to get feedback from all constituents. Every community has different needs, different wants. Again, I do not know if that's already in existence, but if not, I know that would be helpful to me in the long run to help make decisions.

(Cmsr. Dunn) Thank you for suggesting that, because that is something for me, as chair, to consider and get on an agenda item for the next upcoming meeting as soon as possible. To bring this discussion to a conclusion, I am will suggest an amended reading. I propose to submit this amended motion:

"The primary role of the MHSa-finance committee is to provide ongoing fiduciary 'advisory oversight' responsibility for ALL aspects of the county behavioral health services (BHS) budget, and to financially advocate for programs that can equitably serve all persons served, or should be served by BHS.

(Cmsr. Serwin) That is an improvement, the very first line, you use the primary, could you re-read first phrase? <Cmsr Dunn re-reads> The only thing I would recommend shifting is that I do not think the commission doesn't want to delegate the primary responsibility for anything to anyone. I would say the 'primary role of the finance committee is too...'

<p>(Cmsr. May) I am listening, Barbara, you mentioned delegate. There was an offer of ‘equity oriented programs’ instead of financially equitably advocating. So that it is not so wordy. Equitable but not oriented.</p> <p>(Cmsr. Serwin) Equitable should be emphasized for all people.</p> <p>(Cmsr. May) All persons served, if they are getting services from BHS, they are not privately insured, normally. They will be county insured, Medicaid, etc. Anyone that falls under that umbrella of county BHS, which is a lot of people. That is why we state ‘all persons being served, or to be served by BHS’ I don’t like ‘should be’ it sounds better.</p> <p>The Finance Committee Mission statement reads as follows: <i>“The primary role of the MHSA-Finance Committee is to provide ongoing fiduciary “advisory oversight” responsibility for all aspects of the county Behavioral Health Services (BHS) budget, and to financially advocate for programs that can equitably serve all persons served by BHS.”</i></p> <ul style="list-style-type: none"> • Cmsr. Leslie May moved to approve Mission Statement. • Seconded by Cmsr. Rhiannon Shires <p>Vote: 3-0-0 Ayes: D. Dunn, L. May, and R. Shires Abstain: none</p>	
<p>VIII. DISCUSS the following Committee advisory responsibilities:</p> <ul style="list-style-type: none"> A. <i>Review and discuss all Mental Health Services Act (MHSA) Program & Fiscal Reviews.</i> B. <i>Annually Review and Discuss all other Behavioral Health Services contracts regardless of individual or blended funding sources.</i> 	<p>Agenda Item tabled for future discussion Motion to be readdressed at a later date TBD.</p>
<p>IX. DISCUSS and VOTE on the following Motion:</p> <p><i>Except for MHSA Program & Fiscal Reviews, all other individual contract reviews shall, at a minimum, consist of:</i></p> <ul style="list-style-type: none"> A. <i>Scope, Purpose, Function, and persons served.</i> B. <i>Dollar amount and funding source or sources.</i> C. <i>External factors affecting the funding source or blended funding sources.</i> D. <i>Contact information of the Behavioral Health Services personnel responsible for directly monitoring each of these contracts.</i> E. <i>Contact information of the service provider(s) operating each of these contracts.</i> 	<p>Agenda Item tabled for future discussion Motion to be readdressed at a later date TBD.</p>
<p>X. PRESENT and DISCUSS, available information by Marie Scannell, PhD, Program Manager, Forensic Mental Health:</p> <ul style="list-style-type: none"> A. <i>On the care of the current: Misdemeanor Incompetent to Stand Trial (MIST) population in the county</i> B. <i>Any information on the returning Felony Incompetent to Stand Trial (FIST) and LPS Murphy Conservatorship populations.</i> C. <i>Any related questions involving these populations.</i> 	

I will give an overview of what we are currently offering in terms of treatment for anyone deemed or likely to be deemed incompetent to stand trial (IST) and will give a brief history of how it was prior to the changes in the law that started January of this year.

For many years prior, we would receive a court order, to make an assessment and recommendation as to someone charged with a misdemeanor crime and deemed IST by independent evaluations and through the court. Our recommendation was focused solely on whether we thought the individual would benefit from outpatient restoration or inpatient restoration. If we made the recommendation for outpatient, in most cases, we received a second court order to provide the restoration. On a weekly basis, we would conduct restoration training and provided case management services in order to help support the person to get stable enough to benefit from the restoration.

As of January, the new laws, now those deemed MIST, the court now has four options: They can make a referral to us for our assisted outpatient treatment (AOT)/Laura's Law program; our mental health diversion program; to the conservatorship program (not under forensic mental health); or dismiss the charges. (Just to say up front) The court is still working out all the specifics of the procedures around this and we are working in partnership with the court, county counsel, the public defender (PD) and the district attorney (DA) in terms of getting the procedures in place. Over the next six (6) months, procedural-wise may change.

We may get a court order, now, to do restoration that orders us to do an AOT investigation, which means we do the same process we have been doing with our AOT program for the past (five or six years) and that individual still has to meet all the criteria that is stated in Laura's Law. If they meet the criteria, we let the court know. We simply report back to the court 'yes this person meets criteria and we are referring on to mental health services (MHS) to provide AOT services' or we report back to the court that this individual does not meet the criteria.

Similarly, our diversion program, the court will order us to perform our assessment if they meet the criteria for our diversion treatment program. Again, the individual still must meet all the criteria stated in the mental health diversion law. We then assess for their suitability for our treatment we offer under diversion. Both the diversion and the AOT offer very similar services, including:

- Therapy (group/individual);
- General case management services (financial counseling, housing services, DMV, etc.);
- Medication management;
- Vocational rehabilitation;

- CSW works with both program and offer wrap services, and a range of other peer support services as well as an AOD (alcohol and other drugs) counselor.

When there are issues around needing substance abuse treatment, we have a variety of options and can support them through the access line to get qualified through all of the AOD division services. We have an inhouse AOD counselor that can work with them on relapse prevention and/or supporting with other AOD treatment programs that they can get connected to. With the diversion program now, there is basically two paths for an individual to come to us. Prior to January 2022, the attorney (almost 100% of the time) the PD will petition the court for diversion for the individual and then refer to us to present what we think is the most appropriate and helpful treatment plan for the individual. The court has the final say on granting diversion. If the individual successfully completes diversion, in up to two years, the original charge is completely dropped and will not show up on their record at all. Obviously incredibly valuable.

One of the ways we have seen it be most valuable is those with first time charges, they can avoid starting to have a criminal record. That is really exciting when that happens. The additional path is coming directly from custody stating this individual has been charged with a misdemeanor, the court is saying they are MIST and would like you to assess for suitability for your program. We are never assessing if they meet criteria for diversion, only assessing their suitability for our treatment program.

The treatment plan for each person is very individual with what is going to help them best get back into a stable life in the community, out of the criminal justice system and have the support to maintain long-term.

Currently, the diversion program has 32 open cases and 13 pending. In diversion, 23 have been charged with a felony, so this is incorporating individuals with felony charges who have either been deemed or likely to be deemed IST. For the diversion, only six have had a misdemeanor charge. There are three who have felony and misdemeanor charges. The diversion, even prior to the new law, was offering services in large portion to individuals with felony charges. Since January 2022, with the new law, AOT has received three court orders.

- (1) met criteria, referred to MHS and offered services.
- (1) unfortunately, nobody had any information on how or where we could contact the person. They had already been discharged from custody so we were never able to locate them.
- The third individual, as we started the investigation, it became clear they were not in need of mental health

services. They were in need of substance abuse services and referred to AOD.

Another aspect that we are very fortunate with regarding diversion, is that the program is funded through the department of state hospitals (DSH), of which you are likely all aware. Part of that budget does provide us funds to help individuals with housing. What we have set up is a contract with Putnam Clubhouse and the money goes through them. We request from them and they send a check right to pay rent or temporarily house an individual in a hotel until we find the appropriate housing or placement in a treatment program. We have not yet, but if we have someone to the point of moving into more independent living and need help with a deposit or first/last month's rent, would be able to use this part of the budget funding.

This gives us a pretty wide range of housing options. We can use it for board and cares, room and boards, SLE's, hotel (temporary basis) or anything that will help someone have stable housing. Both programs, as you are likely aware, the two biggest challenges we run into is medication compliance and stable housing.

That is pretty much the overview, it is all still being worked out and I would be happy to come back in six (6) months after it is settled to come back and give an update if you would be interested in. (Cmsr. Dunn) We definitely would be interested, Dr. Scannell. Thank you.

Questions and Comments:

- (Cmsr. May) There are few things I would like to ask but you answered many. How many AOD counselors are currently employed and ready to work with these individuals? (RESPONSE: Dr. Scannell) Within forensic mental health, we have one. I would say (at least, if not more), 50% of our diversion clients are support them in getting them connected to the whole range of AOD services the county has and we coordinate with them throughout their treatment.

(Cmsr. May) Second part to this, I was at a meeting yesterday and wondering, you are not counting on any of the Measure X funds, as I saw that someone wants money for substance abuse and mental health services and my feeling is 'no, the county has already received money for that' and it was making me feel that the county is 'double dipping' since there has already been funds received to support this program (MIST/FIST). The first round of Measure X has already been distributed, is your program already receiving funds from Measure X? (RESPONSE: Dr. Scannell) Not to my knowledge. I have not heard any (even talked about) applying through Measure X for these programs. I cannot say definitely not, but I have not heard anything about it.

(Guita Bahramipour) Thank you for the wonderful

information you shared and we are so glad that AOD is definitely part of this, it's about time. I just want to know about the Putnam Clubhouse, as you mentioned they will be paying. Are you speaking about the CCC Clubhouse, Inc.? Why would they, if they receive a grant from the state, why would they turn around and regrant again? Can you explain more about this? (RESPONSE: Dr. Scannell) Yes, good questions. Putnam House is located in Concord on Willow Pass Road. As far as I know, it is a national model of peer support run clubhouses throughout the country. The connection we have around the housing piece is that we initially put out an RFP for housing to contract with an agency. We only received one response and (I think) it was literally \$1mil over budget. We had to become creative and look at other options. The county had previously had a similar setup with Putnam for a transpiration program and I don't know any of the details about that program. So, what is set up is not services from Putnam Clubhouse, it is more that they are the administrators of the funds. The total in the grant for housing is \$250k. \$50k goes to Putnam Clubhouse (like they are our bank account) and we request a check on behalf of an individual's need. They either send a check directly to the landlord or we pick up/they drop off and it is delivered to the landlord. As far as services Putnam Clubhouse offers, I am not really familiar and not the best person to answer that questions. I can say I have always heard all positive reviews about their program.

(Guita Bahramipour) Yes, I am very familiar on that part, I know them very well from AOD, but I was not aware of like the banking side. Thank you. I would like to ask if the county is able to apply for a grant? Specifically, there is a fantastic grant for schools that I was not sure if we could apply for those grants and if you can, get them as they are great programs. Putting the programs in place, who would be running it? (RESPONSE: Dr. Scannell) Yes, the county definitely applies for grants. We only serve adults and would not be in schools.

- (Cmsr. Dunn) Are you aware that the DHS has put up a \$571mil/year proposal before the state legislature to help counties with the felony incompetent to stand trial population that is supposed to come back to the counties as a result of the lawsuit? There is some funding being provided, are you aware? (RESPONSE: Dr. Scannell) I am not personally and would love to see what information you have and would pass this on above me. (Cmsr. Dunn) I sent it on to Dr. Tavano and will make sure I send it right to you.
- (Cmsr. Serwin) I apologize if this is outside the scope of this conversation or if you already covered and I just

didn't grasp it. The number of people coming from the state for the coming year, do we have a grasp on what that number might look like? How it may impact resource needs for the coming year? (RESPONSE: Dr. Scannell) I believe Cmsr. Dunn has those numbers better than I do. It is not been clear to me, in our partnership to this point with the court, what that process is going to look like. Hopefully, someone is not just going to be discharged from the state hospital without any connections for services being made in advance, at the same time we do not want them to be discharged and sit in local custody for long periods of time. It is all still getting worked out on the state level before it is down here at the county level.

- (Cmsr. Dunn) To add to this, Cmsr. Serwin, I participated heavily and know that one of Dr. Scannell's staff participated in some of the subcommittees involved with the state level IST solutions workgroup. Due to the outcome of the lawsuit, the state has three years to get processes worked out with the counties before FIST folks start coming back to the counties. The legislation that the DSH states that if certain criteria are not met by January 2024/2025, the DSH can stop accepting all LPS referrals (including Murphy conservatorship referrals) and persons that would be admitted will cost the county BHS 50% more per day than it does now, in CCC would be a cost of almost \$1150/day. It is in the legislation if things do not get worked out.
- (Cmsr. May) One more quick question. I read an article regarding Governor Newsom and care court. This needs to happen or fining the counties. What kind of impact would that have on MIST/FIST? It seems looped together. Do you think there will be an impact? (RESPONSE: Dr. Scannell) Yes, Care Court he just announce two weeks ago. To be honest I do not know as it is relatively new. The little I have been able to read/hear about, there is not a direct connection to the IST population. To me it sounds like, in many ways, it is similar but there are differences to AOT and Laura's Law and some overlap with diversion. Two of the main differences is almost anyone can petition the court for individuals to have Care Court services and, I think there will be a heavier emphasis on services to individuals who are homeless. That is my preliminary impression from two weeks of trying to ready what is available. (Cmsr. May) The main thing I am reading from this is that now FAMILIES can now petition, and prior families really did not have that power to do so.
(Dr. Scannell) Correct. My understanding is that family can petition the court and a licensed clinician would make

<p>an evaluation to see if that individual meets the criteria for it.</p> <ul style="list-style-type: none"> • (Cmsr. Dunn) Last Friday I was able to participate in a zoom meeting with Dr. Mark Ghaly, Secretary of the California Department of Health and Human Services (DHHS), and he made it very clear (and he did most of the entire presentation which is unusual not to delegate), the IST portion is a different process than care court. We are looking at criminal court involvement for MIST/FIST, LPS Murphy situations, but care court is planned to be a civil court only process. <p>There are a lot more details and he asked for any questions that participants had to get back to the DHHS by March 25th and I have several questions I have to ask and will be forwarding those to that website he gave and when that information becomes available on the DHHS website, I will forward to our Executive Assistant (EA) Angela to forward to all the commissioners. I don't think it is available yet, but it should be shortly.</p> <ul style="list-style-type: none"> • (Dr. Scannell) Obviously the big question with the care court is how counties can apply for funding to help expand services to be able to provide good quality services to care court. (Cmsr. Dunn) Very good point, as one of his slides, Dr. Ghaly had the statement: "We believe there is enough funding with the \$10bil in federal financial participation, MediCAL, realignment and MHSA, to cover this existing but recommended for court costs and PDs, it would be additional costs. I personally don't think they have reckoned what this will cost. 	
<p>XI. Adjourned meeting at 2:57 pm</p>	