CONTRA COSTA
MENTAL HEALTH COMMISSION

CONTRA COSTA
MENTAL HEALTH
COMMISSION
1340 Arnold Drive, Suite 200
Martinez, CA 94553
Ph (925) 313-9553
Fax (925) 957-5156
cchealth.org/mentalhealth/mhc

Mental Health Commission (MHC)

Wednesday, July 5th, 2023, ◊ 4:30 pm - 6:30 pm

This Meeting will be held in person and via Zoom 'Hybrid'

VIA: Zoom Teleconference: https://zoom.us/j/5437776481

Meeting number: 543 777 6481
Join by phone: 1 669 900 6833 US
Access code: 543 777 6481

In Person: 1025 Escobar Street, Martinez, CA 94553

AGENDA

I. Call to Order/Introductions (10 min.)

II. Chair Comments/Announcements (5 min.)

i. **Review of Meeting Protocol (see last page of Agenda)**

ii. **Meeting attendance rules: Please RSVP as soon as possible to guarantee a quorum; If not attending in person must be "just cause" notify the chair ASAP or "Emergency Circumstance" request must be submitted in writing and voted on by the commission. All absences must be noted in minutes for all meetings**
   - **Courtesy '2023 Attendance to date' email sent to each member individually with their attendance for the first six (6) months of the year**

iii. **Reminder all commissioners required to take the Brown Act Training (https://www.contracosta.ca.gov/7632/Training-Resources); and Ethics Training (https://www.fppc.ca.gov/learn/public-officials-and-employees-rules-/ethics-training.html)**

III. Public Comments (2 minutes per person max.)

During this time, any member of the public may address the Mental Health Commission (MHC) regarding any subject over which the Commission has jurisdiction, but which is not on today's posted agenda. There is a two (2) minute max per person time limit, in order to provide all interested parties with the opportunity to speak.

No action or discussion on any item raised on public comments, unless it is for clarification. Response to questions posed or action to agendize the topic will be responded to at next meeting.

IV. Commissioner Comments (2 minutes per Commissioner max.)

During this time, MHC members may share information and announcements. There is a two (2) minute max per person time limit, in order to provide all interested parties with the opportunity to speak.

V. APPROVE June 7th, 2023 Meeting Minutes (5 min.)

(Agenda Continued on Page Two)

CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

Mental Health Commission (MHC) Agenda (Page 2)

Wednesday, July 5th, 2023 ◊ 4:30 pm - 6:30 pm

VI. DISCUSS California Senate Bill – SB43 Behavioral health reform advances in the State Senate – Authored by California Senator Susan Eggman

VII. Adjourn @ 5:30 pm.

ATTACHMENTS:

A. SB-43 Bill Text - SB-43 Behavioral Health Reform
B. Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (Fiscal Year 2023 - 2026) DRAFT (https://cchealth.org/mentalhealth/mhsa/)
C. MHSA 3-Year Plan Public Hearing Presentation Update

Guidelines for Participants

The input of all participants in the meeting is highly valued. In order for all voices to be expressed in a productive, safe and respectful environment, the following set of self-governance guides are asked of all participants:

1. **We are committed to honoring people's time. Please help us by being on time, asking questions, speaking to the topic at hand, and allowing for others to speak.**
2. **Please keep yourself on mute unless you are speaking.**
3. **Wait to be recognized, before commenting and keep your comments direct and brief.**
4. **It is okay to disagree, as different perspectives are welcomed and encouraged. Please be polite and respectful and allow others to voice their views as well.**
5. **Please refrain from criticizing a specific person or viewpoint in a negative manner during the meeting. Outside of the meeting, you may connect with MHC Commissioners and staff for assistance in having your concerns heard and addressed through the appropriate channels.**
6. **Avoid providing any distractions, such as side bar conversations.**
7. **An individual may be asked to leave should they behave in a manner that threatens the safety of any participant or does not honor the terms of these guidelines.**

– The Public Hearing will follow the MHC meeting –

(Agenda continued on Page Three)

CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

Mental Health Commission (MHC) Agenda (Page 3)

Wednesday, July 5th, 2023 ◊ 4:30 pm - 6:30 pm

Call to Order the Public Hearing on the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (Fiscal Year 2023 – 2026) Draft

I. Opening Comments by the Chair of the Mental Health Commission

II. 2023-2026 Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan by Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services

III. Public Comment

In the interest of time and equal opportunity, speakers are requested to **please adhere to a 3-minute time limit, per person**. In accordance with the **Brown Act**, if a member of the public addresses an item not on the agenda, no response, discussion, or action on the item will occur, except for the purpose of clarification.

IV. Commissioner Comments

V. DEVELOP a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisors

VI. Adjourn Public Hearing

Authority for Public Hearing: California Welfare and Institutions Code (WIC) § 5848

(a) Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans' organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.

(b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the county mental health department for revisions.

(c) The plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the County Behavioral Health Directors Association of California.

SB-43 Behavioral health. (2023-2024)

Date Published: 04/27/2023 09:00 PM

AMENDED IN SENATE APRIL 27, 2023

AMENDED IN SENATE APRIL 17, 2023

AMENDED IN SENATE MARCH 30, 2023

AMENDED IN SENATE FEBRUARY 28, 2023

CALIFORNIA LEGISLATURE— 2023–2024 REGULAR SESSION

SENATE BILL NO. 43

Introduced by Senator Eggman
(Principal coauthors: Senators Niello and Wiener)
(Principal coauthor: Assembly Member Santiago)
(Coauthors: Senators Allen, Dodd, Menjivar, Roth, Rubio, and Stern)
(Coauthors: Assembly Members Chen, Friedman, Gallagher, Quirk-Silva, and Wicks)

December 05, 2022

An act to amend Section 1799.111 of the Health and Safety Code, and to amend Sections 5008, 5350, and 5358 of, and to add Section 5122 to, the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 43, as amended, Eggman. Behavioral health.

Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Existing law, for purposes of involuntary commitment, defines "gravely disabled" as either a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for food, clothing, or shelter or has been found mentally incompetent, as specified.

This bill expands the definition of "gravely disabled" to also include a condition in which a person, due to a mental health disorder or a substance use disorder, or both, is at substantial risk of serious harm, or is currently experiencing serious harm to their physical or mental health. The bill defines "serious harm" for purposes of these provisions to mean significant deterioration, debilitation, or illness due to a person's failure to meet certain conditions, including, among other things, attend to needed personal or medical care and attend to self-protection or personal safety. The bill specifies circumstances under which substantial risk of serious harm may be evidenced, as specified. The bill would make conforming changes. To the extent that this change increases

the level of service required of county mental health departments, the bill would impose a state-mandated local program.

Existing law also authorizes the appointment of a conservator, in the County of Los Angeles, the County of San Diego, or the City and County of San Francisco, for a person who is incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorder. Existing law establishes the hearsay rule, under which evidence of a statement is generally inadmissible if it was made other than by a witness while testifying at a hearing and is offered to prove the truth of the matter stated. Existing law sets forth exceptions to the hearsay rule to permit the admission of specified kinds of evidence.

Under this bill, for purposes of an expert witness in any proceeding relating to the appointment or reappointment of a conservator pursuant to the above-described provisions, the statements of specified health practitioners or a licensed clinical social worker included in the medical record would not be hearsay. The bill would authorize the court to grant a reasonable continuance if an expert witness in a proceeding relied on the medical record and the medical record has not been provided to the parties or their counsel.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.
Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1799.111 of the Health and Safety Code is amended to read:

1799.111. (a) Subject to subdivision (b), a licensed general acute care hospital, as defined in subdivision (a) of Section 1250, that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, a licensed acute psychiatric hospital, as defined in subdivision (b) of Section 1250, that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, licensed professional staff of those hospitals, or any physician and surgeon, providing emergency medical services in any department of those hospitals to a person at the hospital is not civilly or criminally liable for detaining a person if all of the following conditions exist during the detention:

(1) The person cannot be safely released from the hospital because, in the opinion of the treating physician and surgeon, or a clinical psychologist with the medical staff privileges, clinical privileges, or professional responsibilities provided in Section 1316.5, the person, as a result of a mental health disorder, presents a danger to themselves, or others, or is gravely disabled. For purposes of this paragraph, "gravely disabled" has the same definition as in paragraph (1) of subdivision (h) of Section 5008 of the Welfare and Institutions Code.

(2) The hospital staff, treating physician and surgeon, or appropriate licensed mental health professional, have made, and documented, repeated unsuccessful efforts to find appropriate mental health treatment for the person.

(A) Telephone calls or other contacts required pursuant to this paragraph shall commence at the earliest possible time when the treating physician and surgeon has determined the time at which the person will be medically stable for transfer.

(B) The contacts required pursuant to this paragraph shall not begin after the time when the person becomes medically stable for transfer.

(3) The person is not detained beyond 24 hours.

(4) There is probable cause for the detention.

(b) If the person is detained pursuant to subdivision (a) beyond eight hours, but less than 24 hours, both of the following additional conditions shall be met:

(1) A discharge or transfer for appropriate evaluation or treatment for the person has been delayed because of the need for continuous and ongoing care, observation, or treatment that the hospital is providing.

(2) In the opinion of the treating physician and surgeon, or a clinical psychologist with the medical staff privileges or professional responsibilities provided for in Section 1316.5, the person, as a result of a mental health disorder, is still a danger to themselves, or others, or is gravely disabled, as defined in paragraph (1) of subdivision (a).

(c) In addition to the immunities set forth in subdivision (a), a licensed general acute care hospital, as defined in subdivision (a) of Section 1250, that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, a licensed acute psychiatric hospital, as defined by subdivision (b) of Section 1250, that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, licensed professional staff of those hospitals, or a physician and surgeon, providing emergency medical services in any department of those hospitals to a person at the hospital shall not be civilly or criminally liable for the actions of a person detained up to 24 hours in those hospitals who is subject to detention pursuant to subdivision (a) after that person's release from the detention at the hospital, if all of the following conditions exist during the detention:

(1) The person has not been admitted to a licensed general acute care hospital or a licensed acute psychiatric hospital for evaluation and treatment pursuant to Section 5150 of the Welfare and Institutions Code.

(2) The release from the licensed general acute care hospital or the licensed acute psychiatric hospital is authorized by a physician and surgeon or a clinical psychologist with the medical staff privileges or professional responsibilities provided for in Section 1316.5, who determines, based on a face-to-face examination of the person detained, that the person does not present a danger to themselves or others and is not gravely disabled, as defined in paragraph (1) of subdivision (a). In order for this paragraph to apply to a clinical psychologist, the clinical psychologist shall have a collaborative treatment relationship with the physician and surgeon. The clinical psychologist may authorize the release of the person from the detention, but only after the clinical psychologist has consulted with the physician and surgeon. In the event of a clinical or professional disagreement regarding the release of a person subject to the detention, the detention shall be maintained unless the hospital's medical director overrules the decision of the physician and surgeon opposing the release. Both the physician and surgeon and the clinical psychologist shall enter their findings, concerns, or objections in the person's medical record.

(d) Notwithstanding any other law, an examination, assessment, or evaluation that provides the basis for a determination or opinion of a physician and surgeon or a clinical psychologist with the medical staff privileges or professional responsibilities provided for in Section 1316.5 that is specified in this section may be conducted using telehealth.

(e) This section does not affect the responsibility of a general acute care hospital or an acute psychiatric hospital to comply with all state laws and regulations pertaining to the use of seclusion and restraint and psychiatric medications for psychiatric patients. Persons detained under this section shall retain their legal rights regarding consent for medical treatment.

(f) A person detained under this section shall be credited for the time detained, up to 24 hours, if the person is placed on a subsequent 72-hour hold pursuant to Section 5150 of the Welfare and Institutions Code.

(g) The amendments to this section made by Chapter 308 of the Statutes of 2007 do not limit any existing duties for psychotherapists contained in Section 43.92 of the Civil Code.

(h) This section does not expand the scope of licensure of clinical psychologists.

SEC. 2. Section 5008 of the Welfare and Institutions Code is amended to read:

5008. Unless the context otherwise requires, the following definitions shall govern the construction of this part:

(a) "Evaluation" consists of multidisciplinary professional analyses of a person's medical, psychological, educational, social, financial, and legal conditions as may appear to constitute a problem. Persons providing evaluation services shall be properly qualified professionals and may be full-time employees of an agency providing face-to-face, which includes telehealth, evaluation services or may be part-time employees or may be employed on a contractual basis.

(b) "Court-ordered evaluation" means an evaluation ordered by a superior court pursuant to Article 2 (commencing with Section 5200) or by a superior court pursuant to Article 3 (commencing with Section 5225) of Chapter 2.

(c) "Intensive treatment" consists of such hospital and other services as may be indicated. Intensive treatment shall be provided by properly qualified professionals and carried out in facilities qualifying for reimbursement under the California Medical Assistance Program (Medi-Cal) set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9, or under Title XVIII of the federal Social Security Act and regulations thereunder. Intensive treatment may be provided in hospitals of the United States government by properly qualified professionals. This part does not prohibit an intensive treatment facility from also providing 72-hour evaluation and treatment.

(d) "Referral" is referral of persons by each agency or facility providing assessment, evaluation, crisis intervention, or treatment services to other agencies or individuals. The purpose of referral shall be to provide for continuity of care, and may include, but need not be limited to, informing the person of available services, making appointments on the person's behalf, discussing the person's problem with the agency or individual to which the person has been referred, appraising the outcome of referrals, and arranging for personal escort and transportation when necessary. Referral shall be considered complete when the agency or individual to whom the person has been referred accepts responsibility for providing the necessary services. All persons shall be advised of available precare services that prevent initial recourse to hospital treatment or aftercare services that support adjustment to community living following hospital treatment. These services may be provided through county or city mental health departments, state hospitals under the jurisdiction of the State Department of State Hospitals, regional centers under contract with the State Department of Developmental Services, or other public or private entities.

Each agency or facility providing evaluation services shall maintain a current and comprehensive file of all community services, both public and private. These files shall contain current agreements with agencies or individuals accepting referrals, as well as appraisals of the results of past referrals.

(e) "Crisis intervention" consists of an interview or series of interviews within a brief period of time, conducted by qualified professionals, and designed to alleviate personal or family situations that present a serious and imminent threat to the health or stability of the person or the family. The interview or interviews may be conducted in the home of the person or family, or on an inpatient or outpatient basis with such therapy, or other services, as may be appropriate. The interview or interviews may include family members, significant support persons, providers, or other entities or individuals, as appropriate and as authorized by law. Crisis intervention may, as appropriate, include suicide prevention, psychiatric, welfare, psychological, legal, or other social services.

(f) "Prepetition screening" is a screening of all petitions for court-ordered evaluation as provided in Article 2 (commencing with Section 5200) of Chapter 2, consisting of a professional review of all petitions; an interview with the petitioner and, whenever possible, the person alleged, as a result of a mental health disorder, to be a danger to others, or to themselves, or to be gravely disabled, to assess the problem and explain the petition; when indicated, efforts to persuade the person to receive, on a voluntary basis, comprehensive evaluation, crisis intervention, referral, and other services specified in this part.

(g) "Conservatorship investigation" means investigation by an agency appointed or designated by the governing body of cases in which conservatorship is recommended pursuant to Chapter 3 (commencing with Section 5350).

(h) (1) For purposes of Article 1 (commencing with Section 5150), Article 2 (commencing with Section 5200), and Article 4 (commencing with Section 5250) of Chapter 2, and for the purposes of Chapter 3 (commencing with Section 5350), "gravely disabled" means any of the following:

(A) A condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for food, clothing, or shelter.

(B) A condition in which a person has been found mentally incompetent under Section 1370 of the Penal Code and all of the following facts exist:

(i) The complaint, indictment, or information pending against the person at the time of commitment charges a felony involving death, great bodily harm, or a serious threat to the physical well-being of another person.

(ii) There has been a finding of probable cause on a complaint pursuant to paragraph (2) of subdivision (a) of Section 1368.1 of the Penal Code, a preliminary examination pursuant to Section 859b of the Penal Code, or a grand jury indictment, and the complaint, indictment, or information has not been dismissed.

(iii) As a result of a mental health disorder, the person is unable to understand the nature and purpose of the proceedings taken against them and to assist counsel in the conduct of their defense in a rational manner.

(iv) The person represents a substantial danger of physical harm to others by reason of a mental disease, defect, or disorder.

(C) (i) A condition in which a person, as a result of a mental health disorder or a substance use disorder, or both, is at substantial risk of serious harm or is currently experiencing serious harm to their physical or mental health.

(ii) "Serious harm" means significant deterioration, debilitation, or illness due to the person's failure to meet one or more of the following conditions:

(I) Satisfy the need for nourishment.

(II) Attend to necessary personal or medical care.

(III) Utilize adequate shelter.

(IV) Be ~~appropriately or~~ adequately clothed.

(V) Attend to self-protection or personal safety.

(iii) A substantial risk of serious harm to the physical or mental health of the person may be evidenced by the fact that they previously suffered serious harm to their physical or mental health in the historical course of their mental health disorder or substance use disorder, their condition is again deteriorating, they are unable to understand their disorder, and their decisionmaking is impaired due to their lack of insight into their disorder.

(iv) The existence of a mental health disorder or substance use disorder diagnosis does not alone establish *serious harm or* a substantial risk of serious harm to the physical or mental health of a person.

(2) For purposes of Article 3 (commencing with Section 5225) and Article 4 (commencing with Section 5250), of Chapter 2, and for the purposes of Chapter 3 (commencing with Section 5350), "gravely disabled" means a person described in subparagraph (C) of paragraph (1).

(3) The term "gravely disabled" does not include persons with intellectual disabilities by reason of that disability alone.

(i) "Peace officer" means a duly sworn peace officer as that term is defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code who has completed the basic training course established by the Commission on Peace Officer Standards and Training, or any parole officer or probation officer specified in Section 830.5 of the Penal Code when acting in relation to cases for which the officer has a legally mandated responsibility.

(j) "Postcertification treatment" means an additional period of treatment pursuant to Article 6 (commencing with Section 5300) of Chapter 2.

(k) "Court," unless otherwise specified, means a court of record.

(l) "Antipsychotic medication" means any medication customarily prescribed for the treatment of symptoms of psychoses and other severe mental and emotional disorders.

(m) "Emergency" means a situation in which action to impose treatment over the person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient or others, and it is impracticable to first gain consent. It is not necessary for harm to take place or become unavoidable prior to treatment.

(n) "Designated facility" or "facility designated by the county for evaluation and treatment" means a facility that is licensed or certified as a mental health treatment facility or a hospital, as defined in subdivision (a) or (b) of Section 1250 of the Health and Safety Code, by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, a licensed psychiatric health facility, and a certified crisis stabilization unit.

SEC. 3. Section 5122 is added to the Welfare and Institutions Code, to read:

5122. (a) For purposes of an expert witness in a proceeding relating to the appointment or reappointment of a conservator pursuant to Chapter 3 (commencing with Section 5350) or Chapter 5 (commencing with Section 5450), the statements of a health ~~practitioner described in paragraphs (21) to (25), inclusive, of subdivision (a) of Section 11165.7 of the Penal Code, or a social worker licensed pursuant to Chapter 14 (commencing with Section 4991) of Division 2 of the Business and Professions Code,~~ *practitioner, as defined in subdivision (d),* included in the medical record are not hearsay.

(b) This section does not prevent a party from calling as a witness the author of any statement contained in the medical record, whether or not the author was relied on by the expert witness.

(c) The court may grant a reasonable continuance if an expert witness in a proceeding relied on the medical record and the medical record has not been provided to the parties or their counsel.

(d) "Health practitioner" means a physician and surgeon, psychiatrist, psychologist, resident, intern, registered nurse, licensed clinical social worker or associate clinical social worker, marriage and family therapist, licensed professional clinical counselor, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological associate registered pursuant to Section 2913 of the Business and Professions Code, and an unlicensed marriage and family therapist registered under Section 4980.44 of the Business and Professions Code.

SEC. 4. Section 5350 of the Welfare and Institutions Code is amended to read:

5350. A conservator of the person, of the estate, or of the person and the estate may be appointed for a person who is gravely disabled as a result of a mental health disorder or impairment by chronic alcoholism.

The procedure for establishing, administering, and terminating a conservatorship under this chapter shall be the same as that provided in Division 4 (commencing with Section 1400) of the Probate Code, except as follows:

(a) A conservator may be appointed for a gravely disabled minor.

(b) (1) Appointment of a conservator under this part, including the appointment of a conservator for a person who is gravely disabled, as defined in subparagraph (A) or (C) of paragraph (1) of subdivision (h) of Section 5008, shall be subject to the list of priorities in Section 1812 of the Probate Code unless the officer providing conservatorship investigation recommends otherwise to the superior court.

(2) In appointing a conservator, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008, the court shall consider the purposes of protection of the public and the treatment of the conservatee. Notwithstanding any other provision of this section, the court shall not appoint the proposed conservator if the court determines that appointment of the proposed conservator will not result in adequate protection of the public.

(c) A conservatorship of the estate pursuant to this chapter shall not be established if a conservatorship or guardianship of the estate exists under the Probate Code. When a gravely disabled person already has a guardian or conservator of the person appointed under the Probate Code, the proceedings under this chapter shall not terminate the prior proceedings but shall be concurrent with and superior thereto. The superior court may appoint the existing guardian or conservator of the person or another person as conservator of the person under this chapter.

(d) (1) The person for whom conservatorship is sought shall have the right to demand a court or jury trial on the issue of whether the person is gravely disabled. Demand for court or jury trial shall be made within five days following the hearing on the conservatorship petition. If the proposed conservatee demands a court or jury trial before the date of the hearing as provided for in Section 5365, the demand shall constitute a waiver of the hearing.

(2) Court or jury trial shall commence within 10 days of the date of the demand, except that the court shall continue the trial date for a period not to exceed 15 days upon the request of counsel for the proposed conservatee. Failure to commence the trial within that period of time is grounds for dismissal of the conservatorship proceedings.

(3) This right shall also apply in subsequent proceedings to reestablish conservatorship.

(e) (1) Notwithstanding subparagraphs (A) and (C) of paragraph (1) of subdivision (h) of Section 5008, a person is not "gravely disabled" if that person can survive safely without involuntary detention with the help of

responsible family, friends, or others who are both willing and able to help provide for the person's basic personal needs.

(2) However, unless they specifically indicate in writing their willingness and ability to help, family, friends, or others shall not be considered willing or able to provide this help.

(3) The purpose of this subdivision is to avoid the necessity for, and the harmful effects of, requiring family, friends, and others to publicly state, and requiring the court to publicly find, that no one is willing or able to assist a person with a mental health disorder in providing for the person's basic needs for food, clothing, or shelter.

(4) This subdivision does not apply to a person who is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008.

(f) Conservatorship investigation shall be conducted pursuant to this part and shall not be subject to Section 1826 or Chapter 2 (commencing with Section 1850) of Part 3 of Division 4 of the Probate Code.

(g) Notice of proceedings under this chapter shall be given to a guardian or conservator of the person or estate of the proposed conservatee appointed under the Probate Code.

(h) As otherwise provided in this chapter.

SEC. 5. Section 5358 of the Welfare and Institutions Code is amended to read:

5358. (a) (1) When ordered by the court after the hearing required by this section, a conservator appointed pursuant to this chapter shall place their conservatee as follows:

(A) For a conservatee who is gravely disabled, as defined in subparagraph (A) or (C) of paragraph (1) of subdivision (h) of Section 5008, in the least restrictive alternative placement, as designated by the court.

(B) For a conservatee who is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008, in a placement that achieves the purposes of treatment of the conservatee and protection of the public.

(2) The placement may include a medical, psychiatric, nursing, or other state-licensed facility, or a state hospital, county hospital, hospital operated by the Regents of the University of California, a United States government hospital, or other nonmedical facility approved by the State Department of Health Care Services or an agency accredited by the State Department of Health Care Services, or in addition to any of the foregoing, in cases of chronic alcoholism, to a county alcoholic treatment center.

(b) A conservator shall also have the right, if specified in the court order, to require the conservatee to receive treatment related specifically to remedying or preventing the recurrence of the conservatee's being gravely disabled, or to require the conservatee to receive routine medical treatment unrelated to remedying or preventing the recurrence of the conservatee's being gravely disabled. Except in emergency cases in which the conservatee faces loss of life or serious bodily injury, surgery shall not be performed upon the conservatee without the conservatee's prior consent or a court order obtained pursuant to Section 5358.2 specifically authorizing that surgery.

(c) (1) For a conservatee who is gravely disabled, as defined in subparagraph (A) or (C) of paragraph (1) of subdivision (h) of Section 5008, if the conservatee is not to be placed in the conservatee's own home or the home of a relative, first priority shall be to placement in a suitable facility as close as possible to the conservatee's home or the home of a relative. For the purposes of this section, suitable facility means the least restrictive residential placement available and necessary to achieve the purpose of treatment. At the time that the court considers the report of the officer providing conservatorship investigation specified in Section 5356, the court shall consider available placement alternatives. After considering all the evidence, the court shall determine the least restrictive and most appropriate alternative placement for the conservatee. The court shall also determine those persons to be notified of a change of placement. The fact that a person for whom conservatorship is recommended is not an inpatient shall not be construed by the court as an indication that the person does not meet the criteria of grave disability.

(2) For a conservatee who is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008, first priority shall be placement in a facility that achieves the purposes of treatment of the conservatee and protection of the public. The court shall determine the most appropriate placement for the conservatee. The court shall also determine those persons to be notified of a change of placement, and

additionally require the conservator to notify the district attorney or attorney representing the originating county prior to any change of placement.

(3) For any conservatee, if requested, the local mental health director shall assist the conservator or the court in selecting a placement facility for the conservatee. When a conservatee who is receiving services from the local mental health program is placed, the conservator shall inform the local mental health director of the facility's location and any movement of the conservatee to another facility.

(d) (1) Except for a conservatee who is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008, the conservator may transfer the conservatee to a less restrictive alternative placement without a further hearing and court approval. When a conservator has reasonable cause to believe that their conservatee is in need of immediate more restrictive placement because the condition of the conservatee has so changed that the conservatee poses an immediate and substantial danger to themselves or others, the conservator shall have the right to place the conservatee in a more restrictive facility or hospital. Notwithstanding Section 5328, if the change of placement is to a placement more restrictive than the court-determined placement, the conservator shall provide written notice of the change of placement and the reason therefor to the court, the conservatee's attorney, the county patient's rights advocate, and any other persons designated by the court pursuant to subdivision (c).

(2) For a conservatee who is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008, the conservator may not transfer the conservatee without providing written notice of the proposed change of placement and the reason therefor to the court, the conservatee's attorney, the county patient's rights advocate, the district attorney of the county that made the commitment, and any other persons designated by the court to receive notice. If any person designated to receive notice objects to the proposed transfer within 10 days after receiving notice, the matter shall be set for a further hearing and court approval. The notification and hearing is not required for the transfer of persons between state hospitals.

(3) At a hearing where the conservator is seeking placement to a less restrictive alternative placement pursuant to paragraph (2), the placement shall not be approved if it is determined by a preponderance of the evidence that the placement poses a threat to the safety of the public, the conservatee, or any other individual.

(4) A hearing as to placement to a less restrictive alternative placement, whether requested pursuant to paragraph (2) or pursuant to Section 5358.3, shall be granted no more frequently than is provided for in Section 5358.3.

SEC. 6. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

Mental Health Services Act - Three-Year Program and Expenditure Plan (Fiscal Year 2023-2026) Draft (Posted for Review & Public Comment)

Audrey S. Montana
Wed 6/7/2023 4:28 PM

Dear Mental Health Services Act – Advisory Council Members and Interested Community Members:

The Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (Fiscal Year 2023 – 2026) Draft has been posted on the MHSA website for review. You may locate the document here: **https://cchealth.org/mentalhealth/mhsa/**

The 30-day public comment period for the MHSA Three-Year Plan FY 23-26 is from June 6 – July 6, 2023. Please send public comments to MHSA@cchealth.org.

PUBLIC HEARING:

The Hearing on the **MHSA Three-Year Plan (FY 2023-2026)** will be held in person and via Zoom on **Wednesday, July 5, 2023** during the Mental Health Commission meeting. The Agenda with the meeting location and Zoom link/Call Info for the hearing will be posted four days before the hearing at: **https://cchealth.org/mentalhealth/mhc/agendas-minutes.php.**

The Mental Health Commission meets in person at: 1025 Escobar Street, Martinez, California 94553.

Please feel free to contact me if you have any questions.

Thank you.

Audrey Montana | She/Her
Clerk – Senior Level, MHSA
Phone: 925-313-9525
Email: audrey.montana@cchealth.org

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MHSA 3 Year Plan FY 23-26

Public Hearing hosted by the Mental Health Commission

July 5, 2023

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Introduction

MHSA 23-26 Plan was created in collaboration with community stakeholders through the Community Program Planning Process. The 23-26 Plan takes into account many unique considerations:

- Statewide unspent MHSA fund balance
- COVID impact on MHSA funds
- Pending “Modernization of MHSA” which emphasizes Housing and FSP
- Pending CARE Court implementation

Steps Toward Approval:

1. Plan Draft Overview was shared with MHSA Advisory Council 6/1/23
2. Plan was posted for 30-day public comment period June 6 - July 6, 2023
3. Public Hearing at Mental Health Commission Meeting
4. Plan approval by Board of Supervisors (BOS)

This presentation contains an overview of significant changes in each of the 5 MHSA Components

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MHSA Components

Community Supports and Services (CSS)
Full Service Partnerships; General System Development; Housing

Prevention and Early Intervention (PEI)
Programs include Office for Consumer Empowerment, and over 20 community-based organization partner providers offering services aimed at increasing access for underserved communities, reducing stigma and discrimination and offering outreach and engagement.

Innovation
Opportunities for unique programs that improve quality of services, increase access for underserved groups, or offer interagency collaboration

Workforce Education and Training (WET) – building a robust and culturally diverse workforce through retention strategies and various training programs

Capital Facilities / Technological Needs –funds for building/renovation of sites that will contain housing and related supportive treatment services; IT needs including an electronic health record

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Community Supports and Services (CSS)

Housing Expansion

- Increases for Board & Care operators
- More units across the housing continuum
- BHCIP match
- Potential new construction / renovation

Transition Team Expansion

- Street Psychiatry
- BH Library Initiative

Expanded Treatment Programs including

- Eating Disorders

Funding to CBOs during CalAIM transition

- Time limited funding to support CBOs during payment reform
- Moving from cost-based to new claiming codes
- Eliminating travel and documentation time
- “Pay per performance” to CBOs that participate in FFS/Medi-Cal billing during transitional year
- System changes to support increased service provision by making improvements in costs and productivity

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PEI

- 4% COLA for PEI CBOs
- Suicide Prevention Strategic Plan (located here)
- PEI Program Annual Reports with Outcomes

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Innovation (INN) Updates

- **Cognitive Behavioral Social Skills (CBSST) in Board & Cares – timing out of INN fall 2023**
- **Room to Overcome and Achieve Recovery (ROAR) – timing out of INN fall 2023**
- **Psychiatric Advanced Directives (PAD) – entering year 2**
- **Grants for Community Defined Practices – recently approved by MHSOAC and BOS**
    - **RFP Workgroup meetings July / Aug**
    - **TA Workshops**
    - **Bidders Conference**
    - **RFP Released (early fall)**

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WET

- Continued Loan Repayment Programs
- Increased funding to include:
  - Expand training for staff and contracted providers to develop knowledgeable workforce and support CalAIM initiatives
  - Participation in the following CalMHSA Behavioral Health Workforce Programs aimed at addressing staffing shortages and retention strategies:
    - Peer Support Specialists
      - Fund exams for peers who wish to become Certified Peer Support Specialists (which allows them to provide Medi-Cal billable services)
      - SPIRIT to become an official training provider for Certified Peer Support Specialists
    - Temporary Clinical Staffing / Permanent Staff Recruitment Program – specifically for hard-to-fill and retain positions
    - Training and Certification Courses – for staff / contracted providers on topics such as Substance Use, Mental Health, Law and Ethics, 5150 and Care Coordination

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CF/TN

- **Electronic Health Record enhancements**
  - **Epic (ccLink) system optimization to accommodate CalAIM Payment Reform including new forms, new workflows, incorporating the Universal Screening and Transition Tools**
  - **Sunsetting the current billing system (ShareCare) and using ccLink for claims to DHCS. ccLink will now be used for clinical documentation and billing in a unified system, which will increase efficiencies and reporting capacity.**
  - **IT consultant costs**

- **Capital Facilities Projects**
  - **Use of MHSA funds to move forward with construction costs associated with community-based housing projects**
  - **Projects identified through stakeholder-driven Housing Needs Assessment process**

	FY 22-23	FY 23-24	FY 24-25	FY 25-26
CSS-Summary				
5713-AOT	$2,974,841	$3,082,702	$3,195,021	$3,312,015
5714- Crisis Res	$2,338,279	$2,408,428	$2,480,680	$2,555,101
5715- Wellness Ctr (Not Being Used)				
5721- Admin Support	$4,650,342	$5,202,032	$5,323,619	$5,577,449
5722- Children's	$4,661,277	$22,301,102	$7,252,096	$5,033,413
5723-TAY	$2,390,284	$3,582,273	$2,683,391	$2,609,702
5724- Adults	$8,843,254	$13,387,892	$10,469,086	$10,313,843
5725 - Housing	$10,574,888	$21,907,599	$23,678,343	$24,091,532
5735 - Older Adults	$4,219,218	$4,397,822	$4,585,355	$4,782,265
5957- Gen Syst Dev	$4,872,838	$5,635,151	$5,885,409	$6,179,679
CSS Total:	**$45,525,223**	**$81,905,000**	**$65,552,999**	**$64,454,999**
PEI-Summary				
5727- PEI First Hope	$4,018,024	$3,550,789	$3,735,231	$3,928,679
5753- PEI	$7,597,257	$8,217,211	$8,474,769	$8,740,322
PEI Total:	**$11,615,282**	**$11,768,000**	**$12,210,000**	**$12,669,000**
5899-INN-Summary				
INN Total	**$2,150,640**	**$4,018,000**	**$4,195,000**	**$3,876,000**
5764- WET-Summary				
WET Total	**$2,452,389**	**$3,045,000**	**$3,113,000**	**$3,185,000**
5868- CF/TN				
CF/TN Total	**$250,000**	**$5,000,000**	**$2,500,000**	**$2,500,000**
Total Budget:	**$61,993,534**	**$105,736,000**	**$87,571,000**	**$86,685,000**

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Thank you

MHSA@cchealth.org