



The Contra Costa County Mental Health Commission has a dual mission:

- 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

Justice Systems Committee Meeting
Thursday, June 1, 2017 ♦ 10am to noon.
At: 1340 Arnold Drive, large conference room, in Martinez

AGENDA

- I. Call to Order / Introductions- Chair**
- II. Public Comments**
- III. Commissioner Comments**
- IV. Announcements**
- V. APPROVE minutes from the March 21, 2017 meeting**
- VI. RECEIVE updates from Dr. Dan Batiuchok, Program Manager for Mental Health and Juvenile Probation Services.**
- VII. RECEIVE updates from Dr. David Seidner, Program Chief of Mental Health Detention Services**
- VIII. DISCUSS what programs are identified, within the county, to support victims of gun violence and/or the creation of a mental health support program for the victims of gun violence.**
- IX. Adjourn**



**JUSTICE SYSTEMS COMMITTEE
MONTHLY MEETING MINUTES
March 21, 2017 – First Draft**

| Agenda Item / Discussion | Action /Follow-Up |
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| <p>I. Call to Order / Introductions Commission Chair Gina Swirsding call to meeting to order @1:15pm</p> <p><u>Members Present:</u> Chair- Gina Swirsding, District I (arrived @1:13pm) Duane Chapman, District I</p> <p style="text-align: center;"><u>Commissioners Absent:</u> Michael Ward, District V</p> <p><u>Other Attendees:</u> Dr. Marie Scannell, CCCBH-Forensic MHS- Program Manager Kristi Abbott, LCSW, CCCBH Forensic MHS-Team Lead for MH Evaluation Team Jill Ray, Supv. Andersen’s office Liza A. Molina-Huntley, Executive Assistant for MHC</p> | <p>* Liza/EA-Transfer audio to computer file and complete minutes</p> |
| <p>II. PUBLIC COMMENTS-</p> <ul style="list-style-type: none"> • None | |
| <p>III. COMMISSIONERS COMMENTS</p> <ul style="list-style-type: none"> • Gina- I need to ask for Jill’s help because I’m not sure what to do in this situation? When there is a shooting in our area, West County and I know that we have the Victims/Witness Protection Program, but I am not sure if they provide help in the following situation? A few weeks ago, we had a shooting in West County, on the news they showed a man sitting alone. I am not sure if it’s CHP or the County that reaches out to people that experiences a crime? Who do I reach out to help this person or how can I help? I do know that through the Victim and Witness Protection Program, a person has up to a year to ask for help. What can I do to help this person or even find out who this person is to offer them the help? • Jill- CHP is a State agency and the incident occurred on a State highway and it did not involve Contra Costa County whatsoever. The incident went on for five hours and there is no way to know what happened, or whether he declined any assistance. • Gina- I feel like I need to do something and it does happen a lot in our area; people are not reached out to. I wonder why sometimes in my area, because it’s unincorporated, why the CHP patrols and/or the Sheriffs? | |

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| <ul style="list-style-type: none"> • Jill- My suggestion to you is to reach out to the Victim Witness Protection Program and asked them next steps. California Highway Patrol many years ago took over the patrolling of certain streets that were deemed “highways” or designated areas and for years the Sheriffs and Police agencies have been trying to get that back from CHP because they don’t have enough staff to police those areas and provide the traffic intervention that they need to but there is a funding source that is attached to it and they are not willing to let go of it. That’s why you see, from time to time, or hear that CHP is responsible for traffic enforcement because that is the deal and we have been unable to get that away from them and we have no jurisdiction whatsoever for those areas. Bottom line is that all our agencies are there for the safety and health of the population. We have mutual aid or auto aid and sometimes we pay for that or it’s mutual and balances out. | |
| <p>IV. ANNOUNCEMENTS</p> <ul style="list-style-type: none"> • None | |
| <p>V. MOTION to approve the February 21, 2017, meeting minutes.</p> <ul style="list-style-type: none"> • Following Corrections are to be made before posting final minutes- • Jill- under “Public comments in section 2 ...on Fridays change to Friday (not plural) they meet quarterly, not every Friday. On page 5 of 7, S-E-I-D-N-E-R is the correct spelling. On page 6, under Duane “Police Chief’s meetings...” and further down, cross out “organization.” Enter on the final bullet point- CCP (Community Correction Partnership Executive Committee). After, a few sentences down strike the sentence starting with “it’s not correct...” and correct “on the old record” should read on the old website. Strike the sentence stating Richmond is the Chair. On page 7, where it says “Duane- Bart Police both bullet points were mingled, just separate the two. • DUANE moved to motion, second by GINA, to approve the February 21, 2017 minutes. <p>VOTE: 2-0-0 AYES: Duane, Gina NAYS: none ABSTAIN: none Absent: Michael Ward</p> | <p>*Liza/EA- will make corrections, as stated, then finalize minutes and post to County website.</p> |
| <p>VI. DISCUSS AB109 Quarterly Progress Report-</p> <p>VII. DISCUSS detention outpatient follow up programs- with Dr. Marie Scannell, Program Manager for Forensics Mental Health.</p> <ul style="list-style-type: none"> • Gina-I would like to start with your presentation. I know you are new to your position, can you tell us how everything is going? You manage AOT too? • Dr. Scannell- I manage all of the forensic programs and one of them is AOT. | <p>* Chair of MHC-Duane request a report that states all funding for the Forensics Mental Health program</p> |

- **Gina-** one of the concerns, throughout the county, because I have talked to some police officers, is finding people that are homeless. It's because they move, from one part of the county or outside the county and then come back in again. I went to the SPIRIT program and in the program, there were some consumers and some have experienced homelessness. These consumers have gone through a lot of recovery and are out looking for a job. I would like to encourage this because some that were in the SPIRIT class that were homeless, want to work with the homeless because of their past experience they understand homeless. I know that you have some SPIRIT grads in AOT and my question to you is- is that need being met?
- **Dr. Scannell-** We have had a lot of success finding people that are homeless and working with them for the AOT investigation and making referrals for the next phase and the outreach and engagement with MHS. We have had assistance through our CSW's, as well as with local police officers who have made referrals or requests to AOT. A lot of times, people who are homeless will also show up at PES, so we can run down there and contact them there and get an idea where their staying, what area, and then continue the outreach – under the bridge or wherever their staying, while their homeless, or sometimes through FSP's or shelters. We've had a lot of different organizations and people in the community that have been very supportive and helpful to us in reaching out and finding homeless consumers.
- **Gina-** The other thing that someone expressed to me, is a person goes to PES and they are discharged into a shelter, one of the problems is that the person was in East County, when that occurred and now they're in West County shelter. How does that work, if you're trying to find them?
- **Dr. Scannell-** What the AOT investigators will do, if they see that the person has been in PES, they find out what shelter they have been released to and then they can call ahead to the shelter to confirm where they're located, before going out to the shelter. We have a clinician assigned to each area of the county and there can be overlap if somebody has been working with someone out West and then they happen to be out East. If that person can't get there, the East County person can get to the person. We do have good coverage throughout the whole county. I appreciate you asking and fortunately it hasn't been a problem for us.
- **Gina-** I want to thank you for that and just wanted to say that I think you guys are doing an excellent job. I met two

consumers that happen to be in a situation, who are/were in AOT and both of them have said that AOT has saved their lives and they are very happy. That makes me feel really good. My hat goes off to you and the team. I wanted to say this, it's not easy for a consumer to admit that they need help and later to talk about the help they received in a positive way is really good. That to me, speaks about the approach that you guys are doing.

- **Dr. Scannell- Thank you for that, it makes me feel good too. Unfortunately, most of the participants volunteer, at this point, for the AOT program.**
- **Duane- how many people are you serving, right today? In the AOT program-**
- **Dr. Scannell- in the AOT program? The numbers signed up with MHS is between 35 and 40 and the ones that are active, either in the investigation or the outreach is about the same right now, maybe more around 40-45?**
- **Duane- Are you right on target? Of where you supposed to be at?**
- **Dr. Scannell- The maximum for MHS is 70, as far as the amount of investigations we're doing, there's no limit. If the number becomes a lot higher, then we'll have to address it.**
- **Duane- What is an investigation?**
- **Dr. Scannell- the basic outline for AOT, there's three phases: we get the request in our office, then we do what is called what is called the investigation and that is making the initial contact with the requestor and with the consumer. Then, collecting the information that shows whether or not the individual meets all the criteria that are laid out in the code. The code is very, black and white; the person has to meet all nine criteria. Then, if they do, that would be the end of the investigation, and then we would make the referral to MHS who will continue with the next step. Then they will continue with the outreach and engagement. If they don't meet the criteria, then the investigator makes referrals to other resources in the community that could benefit that person and that would end the investigation.**
- **Duane- and who are the investigators?**
- **Dr. Scannell- the investigators are the county clinicians that work in the Forensics Mental Health Unit.**
- **Duane – ok, so they're hired by the county, work for the county. Your outreach team, is that with you?**
- **Dr. Scannell- so the county has contracted with MHS and only work with the AOT program.**
- **Duane- So how, statistics tell you where they outreach at?**

Do they give you a list of places where they outreach?

- **Dr. Scannell- Well they outreach to the individuals that we refer to them and then it depends on where that individual is- some of them are homeless; some of them are with family, some maybe in the hospital or in detention. So the outreach starts wherever the person is.**
- **Duane- So you don't have a team that just goes out looking for people, they have to be referred?**
- **Dr. Scannell- That is all set in the code; we do not have any flexibility in regards to that with AOT. The county has a homeless outreach that's completely separate.**
- **Jill- I have a quick question here- I am trying to follow the agenda and I am not sure where this falls under the agenda? I just wanted to find out where AOT is on the agenda?**
- **EA/Liza- you are correct and thank you, we are here to discuss AB109**
- **Gina- yes, that's the part that we do want to talk about**
- **Jill- I am just concerned because I know there are others who are interested in AOT and might want to hear this information and want to be here.**
- **Gina- I am more interested in AB109**
- **Dr. Scannell- I have actually been asked to come to talk about Forensics in a general way, so I don't have the numbers with me for AB109 but I am very happy to explain and update on how it's going, I mean our piece with AB109**
- **Gina- I know your piece with AB109, the reason why I wanted to bring it up was because last month, at the Mental Health Commission meeting in West County and what I noticed is people keep asking – where are the services? I know that there are people being taken care of and one of the concerns that were brought up at the commission was the treatment for people that are coming out of jail. What treatment is offered to them when they come out of jail? I do talk about the SPIRIT program because there are people who have gone through the program and have been part of AB109 and they progress a lot and can help others coming out. I think that we need to give more information and stats to the community out in West County. Tell them how many people are being taken care of, so they can see that people are being helped out of jail and in West County.**
- **Dr. Scannell- There are so many different AB109 programs to have all of the stats you would have to be able to contact everyone who has a contract with the county. Our piece is that we do the mental health through the probation referrals. At all three probation areas: West, East and Central we have a clinician that is stationed at each site and then the Probation Officers refers directly to the**

clinicians for anyone is released on AB109 probation and either requests mental health help or the Probation Officer thinks that they might benefit by treatment. Then our clinicians meet with each person that's referred and does an assessment as far as what mental health services are available that would benefit them or if their mental health needs are minimal, what other services within the AB109 contracts, they coordinate with the Probation Officer to make those referrals. The referral to any of the AB109 services has to go directly from the Probation Officer to that service. So we might recommend somebody that really wants to get back into the work force and they're stable with their mental health needs, we would go back to the Probation Officer and say that we would recommend that you make a referral for them to connect with Goodwill. Then Goodwill has a great program that's centered in Concord but works County wide and helps get people employment, almost immediately, because they can place them in their stores or in their offices. With a long term goal to get something in the community for long term employment.

- **Gina-** what impressed me, while I was in the SPIRIT program, is that there's a good 40% that were in the program that were AB109 consumers. After so many years of getting help through the county, for their drug and alcohol issues, here they are, at the final step. That makes me happy because I realize this has to do with the work of the County in the encouragement. There are a lot of needs with each of the county areas and not every need is being met. I feel that we need to give a little bit of a report. I would like to be able to send information to the people that are asking for the help.
- **Dr. Scannell- Anyone who is on AB109 probation has a wide range of services available to them**
- **Duane-** I don't think it's that, I think what it is that people want something in their hands, with some information. In the past we use to have booklets with all the services. The services haven't disappeared but the booklets have disappeared. It used to be on the County website and the County television program. It's a bit of outreaching to the public. Each community in West County has a local newspaper and a lot of people depend on them for information. The only time I see something about the County is when the County wants to put out a bid or a big contract, but as far as health services, nothing.
- **Jill- Just to let you, for a long time AB109 was giving \$15,000 dollars to 211 for their website, there was a reentry section and they had a paper flyer that they were producing with that money. The CAB, the Reentry Success**

Center and the network didn't feel like that money was really going to the best use. So they pulled that back, they are no longer going to be giving that money to provide the flyer. They are creating a new outreach program to do exactly what you're talking about and there's a lot of effort to reach in, while the person is still in custody, so they're ready to connect with services when they're released. There is a lot of effort being done in the community by those organizations that are in charge of outreach and have the contracts for outreach and connections. Their job is to connect to Dr. Scannell's programs. It's not her job to try to reach into the jail; there are contracts for organizations to do that. So we are working that out, they haven't come up with a final plan yet, but they are working on it.

- **Gina-** I have talked to some people that were in jail and someone did reach out to them
- **Jill-** Exactly, we have WREACH and Men and Woman with ~~mental illness network~~, trying to have better outcomes and collect better data, so we know we're missing the link. The \$15,000 and the additional funds will hopefully fill the gap and connect people to services better and reach out more. The network is back and running. The network in East and Central County was down for a few months, while they reorganized and now they have a new program. Patrice Gmary, is the manager in charge of the new program. She just had a phenomenal half day summit and brought a bunch of partner's together, she and Nick, are working and networking together so we don't have a void. It will all sort of blend together. No matter where you are, wherever your first point of contact is, the person can be referred to the most appropriate programs.
- **Gina-** Is there a brochure that talks about what the services are and the programs?
- **Dr. Scannell-** Not that I'm aware of but it sounds like that's what Jill is saying
- **Jill-** so we are working toward an assessment tool so that everybody can be assessed, preferably while they're in custody. Of course you realize that we're just talking about that population that has already touched the criminal justice system right now. We are not talking about everything else that should be done. So once they have touched the criminal justice system, we are working on an assessment, so that we can insure that they have their needs met. Whether it's SUD, Mental Health Services or a combination of both or maybe they just need family unification or they need a solid place to live or financial

advising or a high school education or an id, whatever it is- we are working on a tool to do that assessment.

- **Duane-** when you say “we,” who is “we”?
- **Jill- the County- the AB109 group, the CAB, all of the partners who are involved in reentry.**
- **Dr. Scannell-** we do get referrals from people that are still in custody and from the probation outreach.
- **Gina- I do know some consumers that qualified for AB109 but kept it quite while they were in jail. I directed them to go back to their probation officer and ask for services. But when they exited, probation didn’t know that they needed services or had a mental illness, they kept it quite. I am really pleased that they felt comfortable enough to say that they needed help. I keep hearing the community out in West County saying that there are no services but I know that there are and I would like something that I could hand out to the community and show them that there are services and to our City Council members.**
- **Jill-** I believe that there is an MOU in place, at the reentry center and Behavioral Health, to allow for clinicians to work out of the reentry center too. At least do some sort of an evaluation. Last I heard they were working on that.
- **Dr. Scannell- There are two clinicians that have been doing a group at the reentry center for some time now.**
- **Jill-** To be clear, all of those programs are open to AB109, are open to anybody who identifies as reentrance. Whether they’re coming from State or anywhere. Yes, AB109 gets priority but beyond that, anybody can be served through those programs.
- **Dr. Scannell- I am going to be on the Reentry Steering Committee so I can continue to develop this issue there and have input**
- **Duane-** So explain to me how the AB109 works?
- **Dr. Scannell- So by the time a person has been released, the Probation Department has determined with the courts, if the person qualifies for AB109 probation or general supervision. If the person comes out as an AB109 probationer, then when the person does meet with the probation officer, the first time they assess what they think would be helpful for the person as far as referrals into the community resources. If one of them is mental health, then a referral is sent to our department and a clinician will set up an appointment. Usually, the first meeting will be with the clinician and the probation officer.**
- **Duane-** When the program first started, I knew some of the staff from Homelessness and they travelled between Berkley and Richmond. Since the program started, how many people

have been served?

- **Dr. Scannell- I don't know off hand**
- **Jill-** For every referral we don't have people who follow up with that referral, not from the County side. We have data and it's all on the probation website, you can access it and look at the dashboards and see how many referrals went out. Whether or not those participants decide to continue with the treatment is another story. We can offer it, repeatedly, but we they aren't interested in participating we can't force them. It's unfortunate but we have a lot referrals but not a lot people who actually commit to the services.
- **Dr. Scannell-We do have quite a few that are referred and then re-referred and re-re-referred and we hope that eventually the person will complete the treatment plan.**
- **Duane-** Who can do the referral, besides probation?
- **Dr. Scannell- all the referrals, regarding the AB109, come from the probation officer including the ones that are screened while in custody.**
- **Duane-** so the person is out of jail, hasn't been screened, or screened and not found eligible and they are released and then the person's true feelings are out- what happens?
- **Dr. Scannell- What do you mean? Do you mean about wanting mental health services?**
- **Duane-** no, their true feelings that they have mental health issues.
- **Dr. Scannell- then their probation officer would make a referral test and make the referral.**
- **Jill-** If they don't and somehow the probation officer misses them, the whole goal of Men and Women of Purpose and WREACH and the other programs that we have in custody is to provide information to them. So when the person is released from prison the person can go to the Reentry Center or the No Wrong Door sites and walk in, ideally if everything is up and running, then they can get a list of agencies that can help them with whatever issues that they have and self-identify and self-contact the programs that are in the county to get help. It doesn't have to be that a person only gets help if probation refers you.
- **Dr. Scannell- Correct, they can start at any point and still end up obtaining our services.**
- **Gina-** What I learned from the people that were in the SPIRIT class, they are very protective about their issues being a consumer. One of them said that they were scarred to say that they had a problem because they would enter back into the jail system, and then others would find out. They wanted to keep it confidential. It is a common problem with consumers because of the stigma against

mental health issues.

- **Dr. Scannell- AB109 has the same protection regarding confidentiality and adheres to the HIPPA laws.**
- **Duane-** I appreciate your updates and information. I really think we need to hear from probation.
- **Jill- I think that's a really good idea because there have been a lot of changes in probation over the last few months. With Todd coming in as the Director and Leesha coming in as the Deputy Director there are a lot of things that have been moving fast.**
- **Duane-** there moving fast and the rumors
- **Gina- I have heard somethings too and I know there not true, there is help and services. The community doesn't know about the information and think that no one is being taking care of. I would like information that we can send out to the community and show them what is going on. Give them some education of the work that is being done. The figures are there and they are distributed evenly.**
- **Duane-** I look at things like this- I travel around Richmond a great deal and I see the same people every day, hanging out on the same corner and I know that they are not getting help. I know that some of them want help and they don't know how to get it. We have all sorts of people, police officers go out and meet with people but people can only do so much. I have yet to see a team come out to the community come out to them. There a couple of parks, one in particular and I watch the group drinking and getting drunk, fighting and I say- when is some body gonna come out here and do something? I get tired of calling people asking them to do something because it never gets done. Do you have any information about AB109 that you can hand out to a person?
- **Dr. Scannell- There is but we don't in the Forensic Mental Health piece of it but probation does, we are just one piece of the overall program.**
- **Duane-** ok, we'll get that from probation then.
- **Jill- Nick, at the reentry center is working on that with Patrice. They are coming out with a plan and information that can be more effective out into the community. It's coming, I don't know that there's any one piece of paper that details out what's available, other than that old 211 flyer.**
- **Duane-** no, they did use to have a AOT pamphlet
- **Jill/Dr. Scannell- that's different, that's not for AB109**
- **Duane-** I want to thank you, Dr. Scannell and Kristie, for coming and what areas do you (Kristie) work in?
- **Dr. Scannell- The four programs in Forensics Mental Health**

are: one is MET that Kristie is the Team Lead for, one is AOT, one is AB109 Probation and one is Competency. They are four, completely separate programs.

- **Kristie-** MET=Mental Health Evaluation Team, we collaborate with local law enforcement and we have the regional teams, only with adults, it's an adult mental health program.
- **Jill- This is the team that goes out and responds to a crisis and goes to different cities and sometimes does trainings.**
- **Duane-** the only thing, I am going to say this, my only concern about that program is burn out. I love you guys and the program, we have Joe and I watch him sometimes come into the Richmond Police Department, I volunteer there, and he's just exhausted or frustrated. I think they need some debriefing, very badly. It's something that you're trained to do but they have been doing it for such a long time and they are taking on different roles as clinicians and they need some help.
- **Dr. Scannell- they are not taking on the role of a clinician, they work as a law enforcement officer with a clinician, and they do not do the clinical work.**
- **Duane-** yes but they are working with the clinician and are helping them so they go through a lot too
- **Gina- there are a lot of officers that are concerned about mental health and getting people the help that they need**
- **Duane-** when do you all meet?
- **Dr. Scannell- clinicians meet weekly and with the officers they meet monthly.**
- **Duane-** it would be nice to be invited to one of those meetings, just to know what goes on
- **Dr. Scannell- unfortunately we cannot have an open meeting due to confidentiality reasons.**
- **Duane-** what's confidentiality? That's gotta change. I understand that we're part of HIPPA but there are also a client that we represent and that we are advocating for, that upsets me. I'm not gonna say anymore and leave it alone.
- **Gina- is Richmond the only Reentry center for the whole county?**
- **Dr. Scannell-** They are not called reentry centers but they are Multiservice centers and Patrice is building more systems out in East County
- **Jill- the way the system set up was initially \$400,000 was given to West County and \$800,000 was given for East and Central to do with what they chose. West County chose to do a Reentry Success Center. East and Central did a whole bunch of community meetings and came up with a network plan. Now they are going through the original plan**

and working on implementing parts that have never been implemented before and making it a fuller program than what it was. There is only one- Reentry Success Center in the county.

- **Gina-** I do know that the center takes anyone from the county but it is nice to be able to walk into a center in your area, a lot of consumers and people have transportation issues.
- **Jill-** so the network is set up- No Wrong Door sites, so they work with a whole variety of community organizations: police departments, churches, a variety of place. It's called a "No Wrong Door" site; any person can walk in and get information and get connected with services. They recently hired two mentors, they are training more navigators and the goal is to get them into the jail so when the person is released, they have a contact when they come out and have already met with someone. Like I said earlier, Patrice and Nick, are working together to make it a seamless system. So when they are released, they feel more comfortable and get connected with the services.
- **Duane-** What programs, in Forensic Mental Health, receives MHPA funding- do you know?
- **Dr. Scannell-** So AOT gets MHPA funding, and AB109. MET and Competency programs do not get MHPA funding.
- **Duane-** If you could send me a report of what funding everybody gets, I'd appreciate that.
- **Gina-** the quarterly report that usually comes out, I would like a copy, can you send me a copy? I really like it because it tells you who are being served and other stuff too.
- **Jill-** Do you mean the AB109? You need to call it the right thing because it keeps it from not being clear. It's called the AB109 Quarterly Progress Report; it's the Health Services Department/Behavioral Health Quarterly Report. Because there is a quarterly report for every single program, paid for through AB109.
- **Gina-** yes, that's the one that I'm interested in the quarterly report by Mental Health Services. Duane, I would like us to help educate people and offer them the new Behavioral Health Services guide for "*Public Mental Health Services: Western Contra Costa County.*" I know what prisons do to consumers and they need to know that the county does have help for them
- **Duane-** I just thought of something that concerns me- if a client is receiving services from AB109 and the person is homeless, needs a shelter but there are no shelter beds, what is done?
- **Dr. Scannell-** if they are AB109, they can be placed on the

waiting list for a shelter or referred to SHELTER INC for other housing options. Homeless housing services help guide the person towards obtaining shelter. The reality is that, there is a possibility that very day there isn't a bed available.

- **Duane-** is there funding to give them money for a motel?
- **Dr. Scannell-** not for forensics, we don't have that funding. I am not sure if Housing and Homeless have that option. They have outreach teams that help place them in a variety of places.
- **Jill-** Yes, Housing and Homeless have the funding.
- **Duane-** this is AB109, you have somebody coming in that wants to get their life together. They're tired of being on the streets, they're tired of this and that, there are no shelter beds, there's nothing you can do. They go back to the streets right?
- **Dr. Scannell-** We don't just drop them back to the streets, we continue to work with them, we just can't guarantee that there's a bed available that day and link them with referrals for different housing options, not in a motel from Forensics Mental Health, but there might be that possibility through the referral to another resource like Health, Housing and Homeless Services. Probation can call or we can call and get the consumer connected.
- **Jill-** the Reentry Success Center can, the Network can make the call there are lots of ways to get consumers into a shelter or a bed. My understanding is, there is more bed space available than used, for AB109.
- **Dr. Scannell-** There is a lot that are released as AB109 that do not want housing options and refuse the resources.
- **Duane-** What if someone is in Hope House for 30 days, then they are let go and the person has nowhere to go, what happens?
- **Dr. Scannell-** while the person is in Hope House, or any other facility, the staff in the facility will work with the person to search for possibilities so when they are discharged, the person has a place to go and knows where they're going. It's the same process whether the person is AB109 or not.
- **Liza/EA-** Duane, can you please clarify your question regarding your request for a report that specifies funding for Forensics Mental Health?
- **Duane-** I want to know all funding- all the funding that they're receiving- I want the report from Forensics.
- **Gina/Liza-** thank you Dr. Scannell for coming to the meeting and updating us regarding AB109

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| <p>VIII. DISCUSS West County community education support efforts for SB844</p> <ul style="list-style-type: none"> • Liza/EA- did you want to continue on with the agenda and discuss item VIII? • Duane- for SB844, I think we should wait to see what happens. There are too many people involved at this time. • Gina- People are saying one thing and then meaning something else. • Jill- there will be a time to gather and decide the next steps once the BSCC makes their decision in June. Then we'll be able to find out, yay or nay, and then we'll know one way or the other. • Duane- If we can send an email to all the Supervisors or their Chief of Staff and asked them for any encouragement letters that they have received and send them a copy of them that will help a lot of the commissioners. I know it helped me when I heard it. • Jill- Actually, we have gotten quite a few letters of support for a variety of issues around the jail. There's a lot more people who are not saying anything publicly that are very supportive of it. | |
| <p>IX. Adjourn Meeting: at 2:23pm.</p> | |

Respectfully submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
Behavioral Health Administration