

**MHSA-FINANCE COMMITTEE MEETING
MINUTES
August 19, 2021 - 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 1:32 pm.</p> <p><u>Members Present:</u> Chair, Cmsr. Douglas Dunn, District III Cmsr. Graham Wiseman, District II</p> <p><u>Absent:</u> Cmsr. Leslie May, District V</p> <p><u>Presenters:</u> Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services</p> <p><u>Other Attendees:</u> Angela Beck Paul Cummings Carolyn Goldstein-Hidalgo Ivette Kwan Stephanie Regular Lauren Rettagliata</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS:</p> <ul style="list-style-type: none"> (Lauren Rettagliata) I do hope you get the questions answered you are presenting to BHS. We have been asking these very same questions for many years and think we need to be afforded the answers to these in order to make good decisions in our county. I also hope, that at this time, our county looks very seriously into housing for those that are incompetent to stand trial (IST), both felony and misdemeanor, and also for our diversion clients that are in need of mental health services, such as full-service partnerships (FSP) and assisted outpatient treatment (AOT). CONREP may do an okay job for those that are re-entering the community that don't have these needs, but for those that have a serious mental illness, I believe that BHS needs to step up and provide housing for these people. 	
<p>III. COMMISSIONERS COMMENTS: None</p>	
<p>IV. CHAIR COMMENTS: None</p>	
<p>V. APPROVE minutes from June 17, 2021 MHSA-Finance Committee meeting: Cmsr. Douglas Dunn moved to approve the minutes as written. Seconded by Cmsr. Graham Wiseman.</p> <p>Vote: 2-0-0 Ayes: D. Dunn, G. Wiseman Abstain: None</p>	

VI. DISCUSS/RECEIVE the latest available MHSA budget projections with Jennifer Bruggeman, LMFT, CCBHS MHSA Program Manager.

***Purpose: Find out the latest available projections and when they are updated so we can find when 3% COLA can be granted to CBO's with MHSA contracts.**

MOTION: If possible, include a 3% Cost of Living Adjustment (COLA) in the county MHSA budget for the MHSA portion of CBO contracts for the fiscal year 2022-2023.

(Jennifer Bruggeman) I have not received a tremendous amount of new information has been given regarding next year's budget. The FY2021/2022 contracts have not yet been executed or initiated. We do not have the green light to start moving forward for all those with the six month extension (with the 'Novation clause' in the contract). What this means, all of the FY2020/2021 contracts are actually valid until December 31st of this year. Typically, we start this process in Spring with the goal of being ready to go by July 1st but similar to last year, due to COVID, this is the second year we are running behind schedule. Last year, contractors were not given the three percent (3%) increase. I know that is of particular interest to this group. I know there is a lot of advocating going on in order to make that happen, but we still do not know for FY2021/2022 if this will be updated.

I was at the Prevention and Early Intervention (PEI) provider meeting earlier today and this was brought up by the contractors. They were asking if they could write letters to the departments, formally requesting the 3% increase. It is having a big impact on their ability to recruit and retain staff, in turn that has an impact on clients and consumers and creates a domino effect. I suspect we will be receiving letters of request from our PEI providers and we will just forward to our Director and see what happens. Unfortunately, I just do not have the information as yet, but as it comes available, I will be happy to provide updates.

- (Cmsr. D. Dunn) How soon will you be getting update budget information? Do you have a timeline? (RESPONSE: J. Bruggeman) I have not heard anything concrete but would suspect within the next month. We are rapidly approaching the end of the year and believe the goal would be to start initiating our contract renewal process sometime next month (September/October the latest) and would need that information.
- (Lauren Rettagliata) Has our Board of Supervisors (BoS) been made aware of the amount of money that Santa Clara has set aside for their AOT program? They only have 50 (ours is larger) but they have a budget of \$3.5million. I feel this county is showing us that our budget is unrealistic for what we are asking our AOT programs to provide, especially the housing side of it. The housing budget was supposed to be increased once the needs were made known. It wasn't part of the initial budget. Doug and I worked very hard in getting AOT in and had to compromise on so many things we felt were vital and this was one of them. I feel it is now time to be realistic as to what it costs to treat 75 people who are seriously mentally ill (the most seriously mentally in our county) and to keep them out of locked settings. Do you have anything you can tell us now that would possibly help with plans to get the budget increased for AOT? Will you be working with the BoS and alerting them to what the budget looks like in other counties?

(RESPONSE: J. Bruggeman) I have no specifics, but it seems pretty clear there is more funding that will be available to counties and what exactly that will look like, there are still a lot of unknowns. I do know our county is in the

<p>process of applying for several grants being made available right now. Hopefully, if we are awarded some or all of those, I believe they will help support folks in our AOT program. (Lauren Rettagliata) What are those specific grants? Can you delineate or give us an idea or send us the information later as to what grants have been applied for. I can write up a brief description of what I do know. I believe Dr. Tavano has shared this in other meeting settings and may have been shared at the main Mental Health Commission (MHC) meeting earlier this month. . One is for Mobile Crisis services to add an SUD component and is a \$1.1mil grant. Another \$1mil grant related to infrastructure, to potentially renovate the Oak Grove site to create a crisis HUB.</p> <p>Are these grants that impacted the ability to increase AOT and housing funding for AOT and FSP clients. Do we have any grants of that nature in the works? (RESPONSE: I don't know specifically but will do a bit of research on the grants we are currently in the process of actively applying for and follow up with this group through Angela or Doug.</p> <ul style="list-style-type: none"> • (Carolyn Hidalgo) I know COVID times and budgets is really stretched and we appreciate the opportunity to balance the current budget, but also present an 'ask' budget. Where we need to improve services and step up our staffing and address the retention because we are not receiving as much, in addition to client needs and housing needs. We appreciate having that opportunity to have that open discussion of - this is what we can currently do, where we need to make cut that is going to impact client services vs. where we need to be in order to improve our services, house, have better outcome measures, etc. So, I really do appreciate having two things going on at the same time so we can show the data and impact. I know AOT, in particular, we are looking at our costs not being reimbursed as of January 1st and will impact our other health insurance clients and impacts who we serve in the community. There are so much larger discussion to being had and FSP, we are on a waitlist right now. We have improved so many systems across the board, along with HUME, so it is great to have the discussions. I know COVID has hit everyone financially, but to be able to come together as a team as a community, I really appreciate that versus a hardline "No", no increases, no anything, make it work. <p>Questions and Comments:</p> <ul style="list-style-type: none"> • (Cmsr. Doug Dunn) Ms. Stephanie Regular (at last month's NAMI meeting) spoke to using AOT as a possible program for persons considered misdemeanor IST situations, and I made clear, that will take additional training on staff, such as forensic assertive community training, which means more budget to add more staff and it starts getting complicated. Just want you to know these are all on the radar and, to a degree, tied in with Agenda item #VII. No motion at this time. 	
<p>VII. DISCUSS (per the attachments) all possible facets of the Contra Costa jail and 20 beds State Hospitals contract and possible outcomes of the 08/17-11/30/2021 Incompetent to Stand Trial (IST) Solutions Workgroup.</p> <p>*Purpose: Develop best possible options for presentations at the September 1 Mental Health Commission (MHC) meeting.</p> <p>(Cmsr. Douglas Dunn) Yesterday, there was a kick-off meeting of the IST Solutions Workgroup. As far as in Contra Costa County (CCC), approximately 100-150</p>	

persons that could be affected by this. Broken down to 100 currently in jail and waiting for an IST bed (both misdemeanor and felony), and up to 50 with a hospital bed, even though there is only a 20-bed contract. IST persons are usually 4-6 months, are back in court to face trial again. There is also, the long-term IST LPS Murphy Conservatorship, which involves those with grave disability, but with a very serious felony charge, usually murder or attempted murder/threatened someone within an inch of their life. All this information is laid out in AB-133 (see attachments), as well as welfare and institutions code (WIC) 4147 <if anyone wants a copy of this put a note in chat and I will see you received>. The funding available to get this off the ground is \$2.2bil that will be available, competitive state grant funding, to either refurbish existing facilities or build new facilities to service this population. There is also \$800mil in state funding provided to expand the behavioral health workforce. What I don't know and what I am trying to answer to, is how long is this funded? The \$2.2bil in state competitive funding is for 2021-2022 (one time), the entities that win the competition for those funds have three (3) years to get the buildings refurbished or built and up to speed, but what is going on in Sacramento, it needs to be a lot faster than that. There is also \$75mil that Mr. Ghaly, Secretary of Health and Human Services (HHS) in California, mentioned in the meeting that is available in one-time funding and another \$175mil in on-going state funding for this situation. In terms of the time frames involved to get things to happen, there are short-term goals that must be met by April 1, 2022, which we will start to get into at the August 31st IST Solutions Workgroup meeting. There are medium solutions that need to be agreed to and started to be met by January 10, 2023. Then there are long-term solutions that must be met by January 10, 2024 and final long-term goals must be met by January 10, 2025. The penalties if they are not met, the Department of State Hospitals (DSH) can refuse to to admit any IST individuals and/or agree to admit but 50% cost per day penalty. This equates to, instead of \$754 to \$800 per day (current rate), it could be \$1131 to \$1200 per day rate for counties to admit people to the state hospital and for the counties, it will come directly out of 1991 realignment funding. In some of the other attachments they refer to key workgroup options to consider. One key final point moving forward, persons who are adjusted misdemeanor IST will not be able to be sent to California state hospitals but will become the responsibility of the counties they come from. This speaks to the need that CCC will need to go after these funds to build a new complete system of care for this population.

Questions and Comments:

- (Lauren Rettagliata) I would like to thank Stephanie and Commissioner Dunn for being appointed to that committee and participating. This is another \$2.2bil in competitive grants. It is very important to for our Board of Supervisors (BoS) and for BHS to know that 'Know Place Like Home' was competitive grant. We are doing a bit better but still following low compared to other counties with our needs and our population. We weren't quite ready and not there with the dedicated personnel to write the competitive grants we needed to win the grant. We need to be 'on deck' and have the right people, I know we have good grant writers. How do we make sure? This is dropping right now, have we had the meetings? These are my questions as a citizen and a family member. Are we going to get caught 'holding the bag' again because we are not prepared? (RESPONSE: Cmsr. Dunn) I am going to ask at the August 31 meeting: How soon the will the regulations be ready?

The California state associations of county's (CSAC) contact I have has informed me these funds are not going to be available until 2022, at the earliest (and they need to be available now). I need to find out if the state is waiting on this workgroup we are a part of to come up with solutions and recommend how this competitive grant for the \$2.2bil (plus the \$800mil, \$75mil, and the \$175mil), are we supposed to start flushing that out and putting guidelines together? Those are questions I will be talking about at the August 31st meeting. (Stephanie Regular) I have as limited information as anyone else and I am not sure the state knows how the funding will be allocated at this point. (Cmsr. Dunn) I will be leaning on the county, and have a general motion, to take to the main MHC meeting on September 1st. I will attend the Executive Committee meeting to discuss this and comment (pose) these questions to the county to get ready to write these competitive grants for these funds. As far as I am concerned, between the programming and building costs, we could be looking at \$10mil. To house anywhere from 100 to 150 people. Therefore, ongoing programming costs are likely to be \$4mil to \$5mil per year.

- (Lauren Rettagliata) Stephanie, do you know, is this competitive grant (the \$2.2bil) can it be asked, why isn't it based on need? And why is it going out as a competitive grant? That is my question as a citizen. I hate to see Los Angeles County get everything. We have received very little when these go into competitive grant pool. Is that question going to be asked? Do you know? (RESPONSE: Stephanie Regular) are you asking if I will be asking that question? As a member of the public, you can ask that question. You and Doug and Teresa, you saw the last meeting, that it kicked off with brainstorming regarding the IST issue and that I advanced, what I consider to be one of the easiest of ideas. You also saw how that was received, which was pretty much not received. I have attended a lot of meetings with the DSH and, I guess what I am getting at Lauren, is that you continue to attend the meetings and ask the questions that you have. The fact I am on the committee and able to ask these questions, doesn't necessarily mean I will have my questions answered. (Lauren Rettagliata) I wasn't at the meeting, Cmsr. Dunn, Teresa and Mark Gale have been involved in the IST issue. I have been fortunate (with the exception of a very short time approximately 10 years ago) that my son has never hit this IST population, but that doesn't mean he won't in the future. I am counting on those that have experience with this to step up and ask these questions, and I will. I will ask Jessica Cruz from NAMI, if she will ask this question for us. (Cmsr. Dunn) I will also press Jessica Cruz, as well as Stephanie Clendenin and Mark Daly himself. We will get some things accomplished on this workgroup, even though I am just a member of the public, I will do all I can to support you, Stephanie, and make sure the System of Care, the buildings, programs and network of care needed for our clientele in this county.
- (Cmsr. D. Dunn) Moving to Attachment #3 "Key Contra Costa IST beds questions and comments" – I am asking the question of the county (and I will keep following up with Dr. Tavano, Marie Scannell and Matthew Luu, as I have not yet received answers), What County-owned properties are available to be refurbished? We are going to need some locked facilities, Institutes of Mental Diseases (IMDs), Mental Health Rehabilitation Center (MHRC) level care facilities built or refurbished in this county. Contra Costa's ability to contract out with this legislation really starts to get constrained or go away entirely. I

will put up an idea, one place I consider that could be refurbished, and depends on whether the Juvenile Justices System (JJS) gets restructured in this county because of what the State has required the counties to do. The Orin Allen Youth Ranch is a facility I think could be refurbished up to IMD/MHRC standards for both misdemeanor and Felony IST and possibly, if needed, Murphy conservatorship situations. I am aware other counties, such as Santa Clara, Alameda and Santa Barbara counties, do have in-county IMD/MHRC that do house and service these populations in their counties. I am looking to that kind of system of care be established in this county, as soon as possible.

- (Cmsr. G. Wiseman) If the current facility can handle 20, but there is an estimated 100-150, is there a cost-savings to maintain these people within the county versus having them go outside the county? If the Orin Ranch is able to be updated/upgraded to serve this population, does it preclude it from what it is currently doing now? (RESPONSE: Cmsr. Dunn) That is another issue we will have to delve into, and a very good question. Can it be expanded? What I am trying to push forward to BHS is that we have got to start thinking out of the box.
- (Stephanie Regular) With regard to the misdemeanor IST individuals, referrals to AOT. With the passage of the bill that judges can now refer to AOT, we have a gap between competency training and police. AOT basically fills that gap. For the longest time, there was nothing we could do to get clients to AOT and now have that mechanism with the court being able to refer. I expect an uptick now that courts can refer to AOT. There is also a senate bill pending, SB 317 eliminates competency restoration for misdemeanants. That has passed through the senate and just passed the assembly appropriations and is headed to the floor. At this point, there is no opposition. If that bill passes, that means there will be no more competency restoration treatment for misdemeanants and will only be either mental health diversion, AOT, or conservatorships. This is an important transformation and how we look at mental illness in the criminal system, but it is going to tax our behavioral health systems in different ways. As I see it, it is changing the way our funds are being spent. Now it is forensic mental health that is working with this population and will eventually go other places, if that bill passes. The felony ISTs are in our jails for (anywhere from) seven to eight months, waiting for a bed at the state hospital. The county doesn't pay for felony IST beds, but we are paying for the time they are sitting in the jail (and getting worse), waiting to go to the state hospital. We are also finding the state hospital is returning our clients rather quickly and, often times, not competent. So, we go through the process all over again. The person is sitting in our jail. Now with the pandemic and the waitlist getting even longer, what we are seeing is people are not getting to the jail and either referred to conservatorships or the cases are dismissed and released to the community with nothing, unless the public defender's office is able to hobble together a plan, which we try to do as much as we can, but we have limited/no access to place and no access to EPIC. So, as I see it, there is tremendous cost to the county by not providing expeditious treatment. There has to be a feasible alternative to a state hospital bed. Some of our clients need a state hospital bed. There is always this large push for community-based treatment (CBT) and is an important part of this, but there has to be different levels of care for our clients; not only because of their

needs but because the courts are going to expect that and are not going to be willing to place all clients in CBT. (Cmsr. Dunn) to add to this, there is currently a 20-bed contract that the state has with the DSH, primarily Napa and Metropolitan. I am unaware of any contracts other than those two. What are the classification of beds? Are they all IST or LPS clients? The length of a usual IST stay in the state hospital has been anywhere from four to six months, although I am personally aware some as short as two months, and really were not stabilized. These are the issues I am trying to get from BHS. How can we best utilize these beds? If we build a system of care in this county, do we need that size of a contract with the DSH? To wrap this up, financially speaking, when someone goes to a state hospital or MHRT, the MediCAL IMD exclusion waiver kicks in and the county has to use re-alignment funds (100%) to pay for that person, either in the state hospital or in a civil conservatorship situation. This discussion we are having shows the need to repeal that law.

- (Stephanie Regular) It is my understanding we do not contract for felony IST beds, as those individuals are in beds funded by the state. I do not know how many beds we have contracted, but those beds would be for our LPS and misdemeanor IST population. I am not aware of any of our LPS clients being placed anywhere other than Napa. Our Murphy conservatorships, we have very few, less than five, and are in state hospital beds. I know we have had at least one client placed at California Psychiatric Transitions. Just because we have contracted these beds, the waitlist to even get into our beds is inordinate and it is over a year.
- (Carolyn Hidalgo) On the AOT perspective, we are here to serve our community and what those needs are. We are open to the discussions. There is going to be a change and did get a request Wednesday that one judge is actually referring to AOT. We are really excited to see that, as we have also been underserving. We haven't been at 75 percent capacity either and are really looking forward to withstanding this and, of course with the training and all that you are speaking to, we can do this. We are here and open to any feedback in improvements for our programming. I really appreciate this opportunity and thank you all for your hard work.
(RESPONSE: Cmsr. Dunn) I am very glad to hear that. I want you and Ivette to know, that as a member of the Commission and the chair of this committee, I will be pushing for the additional training capability and additional housing necessary for this population, because judges now able to refer. I am also going to judicial petitions be filed sooner, with the county process of taking up to four months to get persons fully into the AOT program is way to long. I know for a fact Orange County is 60 days and if there is not voluntary agreement to go into the AOT program, the judicial petition is filed. Los Angeles county is at the most 90 days and a judicial petition is filed.
- (Carolyn Hidalgo) The data is showing we have made significant improvements the last five years and we continue to make significant improvements on the way we serve our clients and families. We are open and collaborative at this point. There is huge improvements that can still be made without reaching engagement in petitions. Each year that is passing, it is increasing and becoming stronger. There are a lot of barriers we are seeing. I am participating in the Santa Clara AOT and part of that timeline because I am very curious on how they are setting up their judicial process. It is very

different than what we have here. I have a NAMI meeting with them on Monday and I am in this with everyone else and continue making the improvements we can do and continue serving.

- (Lauren Rettagliata) Is there a possibility you can send your questions again to Dr. Tavano and Mathew Luu and ask for them to be available for next months meeting? (Cmsr. Dunn) As far as I am concerned, I am preparing a motion for the county to start leaning forward on the competitive bid process and attach these very questions to that motion. I know it is pretty forward but we can NOT wait on this issue. The clock is ticking and Sacramento has made that very clear.
- (Stephanie Regular) Housing is the most fundamental piece. We need placements for our clients. Dr. Tavano had also brought up in one of the MHC meetings earlier in the year, that the DSH had reached out to her regarding CONREP (Conditional Outpatient Release Program). I keep bringing up CONREP because I believe it was run by the county and it was run much differently. There is a lot of funding going to CONREP that is not being utilized. It is a more stringent program. The courts recognize this. I feel it is a missed opportunity, a missed infrastructure that is already in place. That is one of the reasons I brought this up at the first meeting because this seems easy to me. There was never any follow up on what the conversation was with our county, where our county's position is, what the DSH is pitching and that information would be very helpful. (RESPONSE: Cmsr. Dunn) Thank you. Good point. I will be sure to add that to part of the motion I do want to make.
- (Cmsr. D. Dunn) I am aware that CCBHS Forensic Mental Health used to run CONREP until about five years ago and was turned over to a 'For Profit' agency, MHM. I have looked all over the internet to get information and have not been able to get any information. (RESPONSE: Stephanie Regular) My understanding, in terms of their numbers, the people they are treating is half of what our county used to treat. In the past five years, they have recommended outpatient treatment for 2 individuals who are brothers for outpatient competency restoration. If you think about the capabilities of this program, this is one program already in place that can provide outpatient treat for IST felonies.
- (Cmsr. D. Dunn) I was in an adult system of care training care class / meeting pre-COVID (2019), Linda Arzio, Conservatorship Program Manager, indicated this county had approximately 12 IST / Murphy conservatorship person and were adding two to three at a time. Your latest information seems to contradict that and I am glad to know.
- (Lauren Rettagliata) In 2015, MHM has had the CONREP contract for a while. I met three other mom's and were all at one of the initial meetings (you may have actually been there, as well) with Roberta Chambers held out in East County. Family members came because their loved ones were part of CONREP. They were so upset with the services their (quite young) family members were receiving as far as housing and services. That is why they were there; they were hoping something like AOT might help their loved ones. New to the whole AOT, how could AOT possibly meet all the needs of those in our county that are seriously mentally ill and now be taking on everyone in CONREP also. It looks like we are back there again. The family members that attended that initial meeting with Roberta Chambers were

<p>extremely unhappy with the services and housing for their loved ones. I do not know if it was with MHM, I just know the county had given it over and it was a private provider.</p>	
<p>VIII. Proposed MOTION: Ask Contra Costa Behavioral Health Services (CCBHS) to develop county housing, care and service plans for the county IST population based on:</p> <p>A. Recently enacted and signed AB 133 and special mental and behavioral services funding provided for in the final 2021-2022 state budget.</p> <p>B. \$3B in Mental Health & Substance Use Disorder (SUD) federal funding in the recently signed American Rescue Plan.</p> <p>(Cmsr. G. Wiseman) Are you asking the county to pursue that competitive grant process? Not requiring but just encouraging. (Cmsr. D. Dunn) I don't want to use the word force but strongly encourage the county to leap forward. I would like the rest of the commission to lead forward hard on the county to pursue these opportunities. I will add stronger language to actively pursue, wherever there is money, go after it.</p> <p>MOTION: Ask Contra Costa Behavioral Health Services (CCBHS) to actively pursue and develop county housing, care and service plans, excluding jail-based competency programs, for the county IST population based on:</p> <ul style="list-style-type: none"> • Recently enacted and signed AB 133 and special mental and behavioral services funding provided for in the final 2021-2022 state budget. • \$3B in Mental Health & Substance Use Disorder (SUD) federal funding in the recently signed American Rescue Plan. • Ask Contra Costa Behavioral Health Services (CCBHS) to actively work with the Department of State Hospitals (DSH) to ensure that the contracted service provider for Conditional Release Program (CONREP) services provides the best possible service for its county IST population. <p>Questions and Comments:</p> <ul style="list-style-type: none"> • (Cmsr. G. Wiseman) I am going to encourage you to attend the executive committee meeting so that we can put this on for the full board to act on quickly, rather than in two or three months. (Cmsr. D. Dunn) I want to do so in September because of the special meeting to be held (the Retreat) in October. • (Stephanie Regular) I am hoping the commission would place an emphasis in the county's explanation of services for IST individuals, my hope would be the commission places an emphasis on treatment facilities that are not a jail. I don't feel it is entirely clear as currently written. We are currently building a jail-based competency treatment program and there is consideration that it will be a regional program, meaning other counties can place in our program (RESPONSE: Cmsr. D. Dunn) I am totally against that. I can modify this motion to clarify. • (Cmsr. L. May) I think you might need to divide into two. It is too wordy. If you put it into two questions, it makes better sense. (RESPONSE: Cmsr. D. Dunn) Thank you, Leslie. I can leave part A and B and then a second, separate motion to work with the DSH to ensure it's contracted service provider is providing the maximum CONREP contracted services for it's CCC IST population. 	

<ul style="list-style-type: none"> • (Lauren Rettagliata) Maybe it is my misunderstanding but CONREP and the DSH may not intersect in that way. Many times, people enter CONREP directly from their jail sentence and not really not interfacing with the state hospital. Maybe I'm wrong but I believe CONREP has more to do with those who are exiting and on parole. (RESPONSE: Cmsr. Dunn) That is not my understanding (Stephanie Regular) CONREP is an agency that is contracted by the DSH and most of the individuals who are in CONREP, predominantly, are those found not guilty by reason of insanity and as such stepped down from the DSH they go into CONREP, which is a conditional outpatient release program. CONREP also makes the recommendation for felony ISTs, whether they should receive inpatient or outpatient treatment. CONREP can treat felony IST, but they are not. The few places where they are, are in counties where it is run by county behavioral health. I just found out about Orange County recently and didn't realize they still were running their own program and the other is San Joaquin County. I don't know if it has changed over, but for a very long time they had a well-functioning CONREP program where they are actually taking many more people out. • (Angela Beck) I did capture and now stands as two Motions reading: MOTION #1: Ask Contra Costa Behavioral Health Services (CCBHS) to actively pursue & develop county housing, care and service plans, excluding any jail-based competency restoration programs for the county IST (Incompetent to Stand Trial) population based on: <ol style="list-style-type: none"> A. Recently enacted and signed AB 133 and special mental and behavioral services funding provided for in the final 2021-2022 state budget. B. \$3B in Mental Health & Substance Use Disorder (SUD) federal funding in the recently signed American Rescue Plan. MOTION #2: Ask Contra Costa Behavioral Health Services (CCBHS) to actively work with the Department of State Hospitals (DSH) to ensure that the contracted service provider for Conditional Release Program (CONREP) services provides the best possible service for its county IST (Incompetent to Stand Trial) population. <p>VOTE TO APPROVE Motion #1 (A/B together): Cmsr. Leslie May moved to approve the motion as written. Seconded by Cmsr. Graham Wiseman. Vote: 3-0-0 Ayes: D. Dunn, L. May, G. Wiseman Abstain: None</p> <p>VOTE TO APPROVE Motion #2: Cmsr. Graham Wiseman moved to approve the motion as written. Seconded by Cmsr. Douglas Dunn. Vote: 3-0-0 Ayes: D. Dunn, L. May, G. Wiseman Abstain: None</p>	
<p>IX. Adjourned at 3:01 pm.</p>	