MENTAL HEALTH COMMISSION
JUSTICE SYSTEMS COMMITTEE MEETING MINUTES
MARCH 22nd, 2022 – FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Chair, Cmsr. Geri Stern, called the meeting to order @1:33pm Members Present: Chair - Cmsr. Geri Stern, District I Cmsr. Alana Russaw, District IV Cmsr. Gina Swirsding, District I Guests Chad Pierce, Acting Program Chief for Community Crisis Initiative Other Attendees: Cmsr. Laura Griffin, District V Cmsr. Barbara Serwin, District II (2:56pm) Angela Beck Jennifer Bruggeman Dawn Morrow (Supv. Diane Burgis' ofc) Teresa Pasquini Pamela Perls Jen Quallick (Supv. Candace Andersen's ofc)	Meeting was held via Zoom platform
II. PUBLIC COMMENTS: None	
III. COMMISSIONERS COMMENTS: • (Cmsr. Gina Swirsding) I have been meeting with our Police Department, here in Richmond. I am going to be joining the Mental Health team.and it has to do with Michelle Milam (Crime Prevention Specialist) wants me to join. I have been attending the city council meetings and people have been coming forward in the school district, that they want to bring the police officers back into the schools. The biggest reason is due to the mental health issues that are happening in the schools, as well as the community. One problem, lot of officers that have left the Richmond PD because it was defunded. I am unaware of everything the City Council did, but apparently many officers left. I am speaking to this right now because there are grants out there for mental health. The Richmond PD are trying to look into this for the police department to deal with the youth with mental health issues in the schools. It is of great concern in our community, there needs to be services for the youth in the schools. The reason I am involved is that I help with the issues of the police officers being in the schools and those kids with mental health issues, if they could have permission to have their cell phone to use at any time. Many of these youth get bullied, sometimes even in the classroom by the teacher. They would call the resource officers. I am the one that (kind of) fought for that, to have the cell phones. There are a lot of kids that have ended up in Juvenile hall because they were blamed for starting the conflict and sometimes it wasn't warranted, they were just being bullied. The police officers agreed and were helping concerned parents and teachers for the students to have that resources. During national night out, some of those kids approached me and Officer Savannah (Stewart), stating they were really scared to go back to school. I just want to express that it is a very huge concern here in Richmond, as well as San Pablo. They want Resource Officers back in schools.	
IV. CHAIR COMMENTS: None	

V. APPROVE minutes from the February 22nd, 2021, Justice Systems Committee meeting Cmsr. Gina Swirsding moved to approve the minutes as written. Seconded by G. Stern. Vote: 3-0-0 Ayes: G. Stern (Chair), A. Russaw and G. Swirsding Abstain: 0	**http://cchealth.org/mentalhealth/mhc/agendas-minutes.php**
VI. DISCUSS A³ (Anyone, Anytime, Anywhere) Program and the development process, Dr. Chad Pierce, Mental Health Program Manager, Contra Costa County Behavioral Health Services (CCBHS) Our community crisis initiative A³ stands for Anyone, Anywhere at Anytime. Anyone in Contra Costa County (CCC) can receive behavioral health crisis support. This initiative started as a result of the many tragedies that have occurred related to the unmet behavioral health needs of many individuals. CCC, along with several organizations, community stakeholders, folks with lived experience and their families all came together to look at our current system to identify the gaps and the areas we can improve our system of care. There was a lot of trust built, which allowed for a lot of learning from many different perspectives. For me, having been with the county for several years, this was probably one of the biggest endeavors for a multi-disciplinary team to come together all on the same page with such commitment and dedication. There has been a lot of learning happening. We went through a whole process, starting in November of 2020 and are now in our implementation phase. Behavioral Health Emergencies: The first responder is frequently law enforcement. Many times, they do not have the skills and knowledge to appropriately address the behavioral health crisis that impacts one in five Contra Costa adults. So, instead of appropriate care, compassion, and support – frequently those in the midst of a mental health episode are stigmatized and criminalized, which prevents them from getting the help they need. The suffering is unacceptable. People are suffering; racism and stigma are prevalent; there is a loss of life, criminalization, and incarceration; and there is no comprehensive system in place. Behavioral health issues increasingly recognized as a major area of need: • One in five adults experience behavioral health issues • Third most common call for emergency medical services (EMS) call • 10,000+ involuntary psychiatric holds. Clearly, the need is great. Behavioral Health – the Fourth Arm of Emergency Response. When calling 911, you will get either: • Law Enforcement • Medical • Fire • Behavioral Health – when it comes to behavioral health needs, that has been missing and we wanted to add that fourth arm and add to the emergency response. Make behavioral health as important as the other three areas when calling 9-1-1. The VISION: November 2020, a group of stakeholders, community members, providers, peer support, all came together and created the vision of **ANYONE** in CCC can access timely and appropriate behavioral health crisis service, **ANYWHERE**, **ANYTIME** = **A³** We have identified the need for help and folks need someone to talk to, sometimes they need someone to respond and sometimes they need a place to go. Sometimes, all three interventions. The A³ Model there is really no wrong door, calling 911, 211, or line itself one should be able to get to the "Miles Hall Community Crisis Hub" to have support. There are three levels of teams: • Level 1 Teams: The most mildly acute teams, i.e., a social welfare chat, addressing social needs. It might not be an acute psychiatric emergency but	

does need a response. The team will consist of a mental health specialist and an emergency medical technician to respond and provide support.

- Level 2 Teams: Consists of a licensed clinician and peer support specialist, which is someone with lived experience or has a family member with lived experience in navigating the system of care or in the system of care. This team will respond to a more acute crisis situation.
- Level 3 Teams: Consists of a licensed clinician, a peer support specialist and law enforcement. These are situations where there are safety concerns or a suspicion there may be an escalation and we want law enforcement to help with a co-response to the situation.
- We also have substance abuse counselors that can be on the Level 2 and 3 Teams as needed.

A Place to Go:

- Hospital
- Crisis Center
- Peer Respite
- Sobering Center
- Other Destination

We are looking to the Oak Grove Campus in Concord for alternative destinations. Not everyone will need to Psych Emergency Services (PES) or the hospital but do need somewhere to go to help them be stabilized. There will be a peer respite, sobering center, and build it out as well as continuing to identify other alternative destinations so we are able to possibly divert some from having to go to PES, when it is not absolutely necessary.

Miles Hall Community Crisis Hub, you all may be familiar with Miles Hall, he was a young African-American male who was in the midst of having a behavioral health episode and unfortunately was tragically killed by the police when they tried to intervene. This sparked a lot of the energy around developing something more appropriate for our community. The Miles Hall Community Crisis Hub is going to be 24/7 (we are not quite there yet), staffed by clinicians. This will be the place where those calls are triaged and dispatch mobile crisis teams, as necessary.

In January, we do have our Mobile Crisis Response Unit active. The hours are 8:00am to 6:30pm Monday through Friday. We are currently hiring, with 32 bids currently out within the county system. Then, once those bids go out, we interview, hire and go to the public for additional folks. We continue to build out the Miles Hall Community Crisis Hub. The next big step (April to June) is how to partner with law enforcement and collaborate with them on how to we can standardize workflows, policies, and dispatch operations Countywide. From July to December, we will continue do the same thing and we have our behavioral healthcare partnership as a forum to received continued community feedback and continue to have the community involvement and ideas on what is immediate and how to continue with the implementation of the program.

We will have a whole dispatch system: Telecommunications software, Dispatch software and a Triage software. The Triage software is to help make the determination of what team should go out if needed. Many calls will get deescalated over the phone. Finally, how do we deal with having several different cities in CCC, as well as several different law enforcement agencies that all have their own protocols, so how do we work together with them and standardize a process so, that when someone calls in a crisis, they can know what to expect. It will be the same whether you are in San Pablo, Richmond, San Ramon or Concord.

Long-Term Goas (Fall 2022 and beyond):

- Design and establish additional resources and alternative destinations for behavioral health needs (i.e., facilities, sobering centers, peer respite, etc.)
- Some of these resources might be regionalized, in addition to being centralized. We are working with UC Berkely who is applying for a violence

prevention CDC grant. They have identified CCC and this program as one they would like to research and evaluate to show the success outcomes, as well as our process.
- Conduct evaluations to develop and track metrics that are important to the community.
- Anticipate full staffing at the Hub in June of 2023.
- Expand to full hours of operations – anticipate Hub and mobile services being fully 24/7 by June 2023. We want clients to be able to have in person response within 15-20 minutes.

Current Information and Resources:
- Information and resources to share with patients and the community. We're in the process of preparing standardized communications across the county and working with City Communications Officers.
- What to do when someone in the community is experiencing a crisis and appropriate number to call? Call MCRT for adults at 833-443-2672 or MRT for children (21 and under) at 877-441-1089
- How you can be involved going forward? Volunteer to be on one of the Implementation Advisory Committees by reaching out directly to XX@cchealth.org

- ✓ **A^3 provides an innovative approached based on the community's needs and vision.**
- ✓ **A^3 is delivering a timely, flexible, culturally, and clinically appropriate response.**
- ✓ **A^3 is offering hope to a community suffering.**

Ultimately, I think this is very hopeful to our community. The need is there. Calls to our current mobile crisis response team (MCRT), when the process was started in 2020, there were approximately 30 calls per month. Over time, we are up to approximately 300 calls a month. That demonstrates the need and hoping to deliver a timely, flexible, culturally and clinically appropriate response.

Questions and Comments:
- (Cmsr. Stern) Are you calling A^3, the same as a crisis response team or are those terms interchangeable? (RESPONSE: Chad Pierce) A^3 is really the overall program. We are still in the process of branding/re-branding, because before we went through this design process, we did have a unit called the MCRT. That is now broadened out to be much more than just the MCRT, we are doing more as far as technology, having a more robust team of folks to go out and respond and that is the overall program name: A^3 Community Crisis Initiative. Within that, the HUB itself is named after Miles Hall.
- (Cmsr. Stern) Can you define the difference between what is going to happen with 911 vs 988? (RESPONSE: Chad Pierce) No, I am not sure yet. 988 currently sits with our crisis center but have not worked out the details. The goal is that 988 would come into the Miles Hall Crisis Hub. If you dial 911, the hope is that the dispatcher would be able to determine if it is a behavioral health emergency and do a warm hand off to 988. And Vice versa, if there is some imminent danger or risk of harm, the 988 operator refer directly to 911.
- (Cmsr. Stern) Who on the team, determines which level of intervention (Level 1,2, or 3). (RESPONSE: Chad Pierce) Currently, there is a clinician that takes the call. Along with a supervisor, there is a whole triage process, there are number of questions asked and it helps determine what level team goes out. That clinician answers the call, gathers the information and makes their own suggestion of what they think, but consults with a supervisor and makes the final determination as to what level of team needs to go out if a team does need respond in person.
- (Cmsr. Stern) You stated you started out with 30 calls and now it is up to 300 calls. Hypothetically, what if two calls came in at the same time, would you have enough team members to make those determination as to which level they go to or who would decide where that person would go? Is there enough staff right

now? (RESPONSE: Chad Pierce) Yes, the goal is that every call we have yet answered. Based on the need and our data, we want to staff the HUB so no one is having to go to a voicemail and leave a message, they will get a live person and a response immediately.

- (Cmsr. Stern) Is that a goal or happening now? (RESPONSE: Chad Pierce) Both. It is a goal, but we are not 24/7. Our current hours are 8:00am – 6:30pm, right now because we don't have all the staffing. As we staff up, we will expand the hours. With a goal being, we will be 24/7 but probably won't be able to respond within that 15-20 min window. But by June of 2023, we are hoping to be able to be up and running 24/7, immediate response.
- (Cmsr. Swirsding) I'm a consumer myself and have called 211. Is it going to be something like that? (RESPONSE: Chad Pierce) Yes, the idea with 988 is, not only would you get someone to respond on the phone, but if needed someone to shop up, they would dispatch a team to you.
- (Cmsr. Swirsding) Will you have people working at night (11pm to 7:00am) (RESPONSE) Yes, that is what 24/7 means.
- (Teresa Pasquini) It thrills me to hear your enthusiasm about the process. As someone who participated in a lot of rapid improvement events at the hospital and actually did one rapid improvement event with BHS many years ago when Cynthia was behavioral health director. It was always my wish that the rapid improvement process spread across the county from the hospitals out into the community and have really been proud of you all and the effort you have gone through and happy you are experiencing this. I wanted to share that I have been on a team of national stakeholders (NAMI National Treatment Advocacy Center), with Tuan Hall who is on a workgroup that is organizing a national rollout of 988. It is a conference that NAMI National is going to be presenting the end of April. I strongly recommended that Tuan and Gigi and Anna present together. I just got word today that Tuan and Gigi are going to present. I was also invited to present on Housing that Heals. CCC will be represented and the CCC A^3 model is going to definitely spread across the country, I think. (Cmsr. Stern) Is this conference promoting the A^3 program across the county or some other entity?
  (Teresa Pasquini) is a national law that was passed and now all states are in the process of adopting and implementing (designing their own version of it), figuring out funding, etc. NAMI was a co-sponsor of this nationally and is very active in the state, as well. They are partnering with key stakeholders to work on marketing (education and information) for this roll out.
- (Chad Pierce) if you all are familiar with SAMHSA (Substance Abuse and Mental Health Services Administration), they have a best practices tool kit for responding to behavioral crisis and our model is very closely aligned with their national guidelines for responding to a behavioral health crisis.
- (Cmsr. Stern) Is there one particular group in the federal government / one agency that is sponsoring SAMHSA? (Cmsr. Russaw) I wonder if a lot of the funding is coming from CDCR / jails and prisons, too. When I ran groups in Santa Rita and San Quentin, we used to rely heavily on the SAMHSA materials. I am sure some of that funding is coming from the federal side, related to jails and prisons.
- (Chad Pierce) We do have federal earmarked funding, and I didn't mention our Measure X funding. I am assuming you already know, but we did get funding from Measure X and we received a onetime funding of $5mil and then ongoing annual funding of $20mil to lift up this program and implement it. We have funding but now we have to find people and get it up and running. The funding surprisingly is not the main issue right now.
- (Cmsr. Stern) What is shocking to me is that there are so many people in the Mental Health field, licensed clinical social workers and marriage and family counselors that are scraping by, trying to do private practice who could be recruited for this work and have a study income. I am just wondering, there are so many and is there any active outreach to schools? (RESPONSE: Chad Pierce) Yes, we are. We go to the schools, the job / intern fairs. Unfortunately, though,

recruitment hard in mental health across the board, especially since the pandemic. Not even crisis work, Mental Health PERIOD, it is harder to get as many folks as we used to have. Lots are choosing telehealth to do private practice or other modalities of providing mental health services. It is not as easy as it might seem.

- (Cmsr. Russaw) Unfortunately, Cmsr. Stern, even when I was in grad-school, that was the one thing they would say "don't do crisis work" and it was really engrained in a negative way to steer clear, go to the county, but with CCC, I noticed A^3 has money, but CCC isn't one of the better paying counties. Someone will sit at Kaiser in San Francisco and get more money. It always comes back to the money, unfortunately. When I was just looking for work, the new trend was to be the mental health person that goes out with the police officer(s). I'm from East Oakland; however, I am not trying to be on the scene in that capacity. It's tough. You are putting your life on the line. As much as we are mental health professionals, we are not police officers. That is one thing I am very clear to my clients that are on probation…that is probation, I am mental health. It really blurs the lines when you have those types of jobs, unfortunately.
- (Cmsr. Stern) It is really a shame, because for new graduates, it sounds like a really exciting and great learning experience. Chad, do you know if they would provide or are planning to provide bullet proof vests or the crisis workers some personal protective equipment (PPE). (RESPONSE: Chad Pierce) We haven't gotten to the bullet proof vests necessarily, but we are trying to offer hazard pay for folks who want to do this work. It is hard work and easy to get burned out, so we are trying to figure out how to build a culture where staff don't feel like they are getting stretched thin. We really want to focus on retention and not to have staff come in, get burned out and then go do something else. The other point (to Cmsr. Russaw), some neighboring counties do pay more, so the competitiveness of where people want to work, CCC is not the paying county. There is some barriers to what we are trying to overcome. We do offer shift differential if you are working evenings, we want to offer hazard pay. We are trying to offer 4/10 work schedules to provide incentives for people to do this work. The reality is that it is difficult work and you have to really be prepared and need the tools. We are also posting a lot on the training so that when they do go out, they feel they have what it takes to do the work and do it well.
- (Cmsr. Stern) is there any money for any kind of PPE? (RESPONSE: Chad Pierce) There could be, we haven't gotten to that point yet. As we continue implementing and start to figure out needs, we will be able to provide whatever is necessary for those employees to feel safe.
- (Cmsr. Russaw) I was wondering, being in this field and the name Miles Hall, I would look more into that if I saw it. I wonder how the positions are being posted. Is it just under 'county mental health clinical specialist'? or is it really speaking to Miles Hall, the real nitty gritty is of A^3 because I wonder if better marketing in that capacity could get you more student that know and are motivated to do that work. (RESPONSE: Chad Pierce) We have a communications team helping us with the marketing and the recruitment. Part of what they are looking at is how do we describe what this is in a way that will draw recruits to us who are motivated and want to do this. Rather than what your experiences was 'don't go into crisis work'. We want to shift that and have them understand the importance of the work and that it is rewarding as well. That the need is great. If you want to come out and do something for the community, this would be a place to do so.
- (Cmsr. Griffin) Thank you Dr. Pierce for spearheading this and it is such a wonderful program. I am really grateful to all the people involved. How are you encompassing/incorporating the child/youth side of this perspective? I know there is a challenge with children and youth and I would like to know about that and how they will be serviced. (RESPONSE: Chad Pierce) Currently we use a contracting agency, Seneca Child and Family Agencies has a mobile response team for youth up to age 18. They will continue. Our current' A^3 is focused on adults,

but are planning on integrate youth into that whole component. Whether we contract it out or hire county employees, we haven't worked it all out yet. The whole goal is that youth will be included. Anyone Anywhere Anytime.

- (Cmsr. Russaw) I would like to try to capitalize off 988. I'm almost 40 and don't consider myself young, but I know the youngsters are really into social media, texting, using shorthand and was thinking how we could really use the 988, I still think 211 marketing was not taken advantage of. I will email you on that side as I have a lot of ideas. (RESPONSE: Chad Pierce) Please do and please come to the Behavioral Health Partnership meeting so we can hear your voice. I know a big thing for me, before this, I managed a child and adolescent clinic and it's all about texting. They don't want to be on the phone. Even in a crisis, they will text back and forth. We really need to rethink how we are doing things. Not only with youth, but many folks, that is how everyone communicates now. We need to adjust our system to accommodate the changes in our culture.
- (Cmsr. Swirsding) Another thing to do is to post in the ER rooms, you would be surprised how many people get that number as they are waiting in a room. Our police department waiting rooms. (RESPONSE: Chad Pierce) There is a balance. While we want to get it out there, we also want to have the resources to ensure we can provide. We are not moving superfast in doing that because we don't have all the resources together. We don't want people calling and then not getting a response. We are balancing out how much we put out there because we want to be able to deliver what we are offering.
- (Cmsr. Stern) I recall former chair Graham Wiseman mention there was going to be some communications coming through on individual telephone providers like T-Mobile, AT&T, Verizon where they would send a text regarding "If you're experiencing a mental health crisis, call 988" Do you know anything about that? (RESPONSE: Chad Pierce) I don't but think it's a great idea. I am not aware of anything that is happening around that, other than trying to incorporate texting as a part of the one of the ways to reach out for support.
- (Angela Beck) Just wanted to comment on the 988 number. The infrastructure isn't quite there for cities/counties… it is a national number that is reserved, much like 911 was originally reserved decades ago for Emergency calls. It is a national mandate/law. At the state, county and city level, they are working on getting their own protocols in place, as Dr. Pierce stated, the resources must be in place before a full scale marketing blast nationally. I'm old enough to remember before there was there was 9-1-1 when we had to call 873-3333 and I don't recall exactly how they marketed it except that there were stickers plastered everywhere, in phone bills, schools, all over the place. I imagine with today's technology there will be even more blasting 'in-your-face' marketing. Also, my son works for T-Mobile and is higher up superintendent and I know he was talking to me about that. It will be full blown through the phones with all the carriers. The literature will be the bills, online and through the phones, on television ads. They are all just waiting for the Federal and State go ahead. When everyone has their infrastructure and staff ready to go.
- (Jennifer Bruggeman) and yes, 211 has texting capability.

VII. DISCUSS Governor Newsom's new "Care Court" Initiative (Law).

California State Association of Counties document regarding the Care Court Initiative (Attach A), an article in the Chronicle regarding Governor News's Care Court (Attach B) and want to throw out for discussion. The state is planning to fund this and get it up and running. There are some very controversial aspects to this and wanted to find out opinions about this.

(Angela Beck) Really quickly wanted to add that I just received an email from CAL BHB/C (California Association of Local Behavioral Health Boards and Commissions) regarding this. I will forward the email to all commissioners. They would like all commissioners across the state to participate in the survey they put out this morning.

They want everyone's ideas, opinions, questions. (Cmsr. Stern) That is fantastic because there is are a lot of unknowns on how this is going to operate, funded, staffed, and ultimately dealt with.

(Cmsr. Russaw) That might answer my questions. I think I am just getting a bit perturbed because we have these wonderful meetings, Cmsr. Stern and Angela work hard to put together, we had Dr. Pierce come on and speak about A^3/Miles Hall Crisis HUB, Teresa always comes with her great ideas. But then what? I feel there is not enough follow through. We had Chad come, now how is the commission going to help this organization/initiative flourish? What can we do more to help? We bring these topics up and there is no real action done and it is starting to bother me.

(Cmsr. Stern) That has been a complaint of prior commissioners who have recently resigned feeling like there is a lot of talk and no action. On the other side, we get pushback from different parties in BHS who, when we try to push for action, get a bit upset. (Cmsr. Russaw) and that is the problem because I know you are doing your part Cmsr. Stern, to put the rubber to the road and make something happen but keep getting doors closed in your face or a 'no' and I am at the point that I have had enough. Dr. Pierce is going to work on getting A^3 off the ground. Then what? More has to be done. I know how hard everyone is working.

(Cmsr. Stern) you are preaching to the choir, we all feel a lot of frustration about things not happening fast enough or someone taking the reins to move forward.
(Cmsr. Russaw) Yes or we do all the work and Suzanne will just shut it down all the way. (Cmsr. Stern) well, there is that. There is a process here and over the years it has become apparent that once it gets to that level, that BHS is involved and Dr. Tavano has to approve. She has certain steps she has to go through in her job to make things happen. We aren't aware of what those steps are and feel nothing is happening but, then she says 'we're getting this grant or applying for that grant' or doing this or that. But it is not like there is a lot of communication both ways.

(Cmsr. Russaw) Even with the Site Visit Program, there is no way it should take this long to a site visit, do the write up, the end. Why are we dragging it out? I know that is the Quality of Care committee, but it is that kind of thing that irritates me. I am working, I have a toddler and on these Tuesdays I almost dread.

(Jennifer Bruggeman) Funding is loosening up, the State of California has a surplus they have earmarked for Mental health and many of these programs are funded. The governor has now identified $2bil more for things like Care Court. There are definitely resources right now and will hopefully allow some of these initiatives to move along much faster than in the past.

(Teresa Pasquini) I have been participating in several webinars on Care Court and will share with this committee that I was actually not thrilled when this announcement came out and was a little disappointed. I thought the state was moving toward LPS reform and this does nothing to reform LPS or conservatorships, etc. My initial reaction was just one more program for the counties to have to hold up and have already noticed our counties are drowning. I also am excited there is recognition by the Governor of this crisis. I have been participating on several webinars, I participated / been part of the workgroup down in Los Angeles, a grave disability workgroup. I am going to be participating in another intimate stakeholder group on Friday about this. There are a lot of questions. I have listened to the Disability Rights of California Webinar. What disappointed me, also, there as an immediate adversarial debate about this and it took me/us back to the fights we had about Laura's Law. As someone that fought for ten years in CCC to get Laura's Law adopted and how hard we have worked for the last 7 years to get implemented correctly and develop partnerships. It feels as if there is finger pointing thing again. My understanding is there is not going to be additional funding, so Jennifer, your commented about the extra $2bil for Care Court, I hadn't heard that and is news to me. I heard it is only existing funding. There is just a lot of questions about it. There are supposed to be lawsuits taking place. I am disappointed in the roll out. I am not saying I support the concept but curious to see

CCC position. It would be good to ask someone to come speak to the commission on what our county position is going to be. NAMI California has taken a support role and it will continue to go through the budget process, there will be legislation written. The email Jennifer just put in chat < carecourt@chhs.ca.gov >, they are taking feedback from communities until Friday. Who knows how it will change between now and then. As far as your motion on conservatorship and your work on conservatorship, I think it is still important to continue. This will be an upstream move if implemented correctly. It will prevent some harm and certainly focus on homelessness, but CCC's AOT did that as well. I feel it possibly some hope for families.

(Cmsr. Stern) We have to have the placements built. You can't mandate and punish counties if there is no place to put someone. It is a catch 22 and want to hear more about solutions before the State starts punishing counties and fining them.

VIII. DISCUSS supporting documentation for the Justice Committee motion approved at the March 2nd, 2022 Mental Health Commission meeting in preparation for submittal to the Board of Supervisors (BoS)

Alex Barnard's evaluation of California's conservatorship continuum was attached to the agenda. Chair Serwin had asked me to select three bullet points to submit to the CCC Board of Supervisors (BoS), to support our motion. I looked through the report and highlighted five points. One of the main concerns I have is one of the comments made by Supv. Candace Andersen at the last MHC meeting, we needed to do more research on this, and unsure about some points. My concern is that the supervisors are not as well informed about the issues with conservatorships as this committee. I wanted them to, at least look at this summary, and present the whole 3-page document so they can familiarize themselves with the concerns that we have. Dr. Barnard has done so much work and identified these very important issues and if the BoS isn't aware of what is going on, how can they take our motion properly to the next committee to support it? I am opening the floor to discussion.

Questions and Comments:

- (Teresa Pasquini) I agree with you. I have been working on educating the BoS on conservatorship. I will just share that I have noticed Alex Barnard has given presentations to other county Board of Supervisors. He was invited to speak to the San Francisco BoS, as well as down in Los Angeles. This might be how our BoS is being advised on this topic. I feel they do need to be better educated. I had the privilege of meeting Dr. Barnard last week, as he was here in California and he wanted to meet my son, and he did. My son and Alex had a conversation about Conservatorship and it was cool.
- (Cmsr. Stern) I am asking, do you feel these five highlighted paragraphs are enough or should we give them the whole 3-page summary. I just don't thing three paragraphs are enough.
- (Teresa Pasquini) I agree with you and your five highlights were good but I agree that submitting the whole 3-page summary is better. I don't think it is asking that much to be educated fully on these issues. Especially in light of the issues this committee has brought forward on CCC's conservatorship department. The minutes from last month's meeting gave a pretty clear indication that there have been some ongoing issues and is care court going to take care of all that? Hopefully, it might help, but Laura's Law didn't. It help for some. I think it is important, an important conversation and I would like to see the leadership of our county to immerse themselves in.
- (Cmsr. Stern) The bottom line is, our motion is to have the State create a Director of Conservatorships. The population of the conservatees in California is not that large. (Teresa Pasquini) I know but these are people who have had their rights taken away and put behind locked doors and/or have ended up in jails. We all know what happens when people don't get help Anywhere Anytime. The numbers might be small but very costly and I don't think it should be considered just the picture with conservatorship. It has to be looked at across the continuum.

I don't think Dr. Barnard is an advocate for conservatorships by any stretch. I do think this is a topic that should be interested to disability rights, we shouldn't want to take away people's rights and not have the data be collected and have them in proper housing, out of county, etc. We should be more aligned on creating solutions. I don't know about the motion and what it will mean on the state level. • (Cmsr. Stern) I would like to make a recommendation to include the full 3 pages of this summary to the BoS. Does everyone agree? • (Pamela Perl) I want to ensure we distinguish to the BoS and everyone else, there are two kinds of conservatorships, LPS and I think it's something people don't understand. I think we should include a simple article explaining the different types. I can share an article with Angela to include. • (Cmsr. Stern) Great, send to Angela and we will get that on the agenda.	
IX. DISCUSS report on 'Evaluating California's Conservatorship Continuum' by Alex V. Barnard, New York State University, Department of Sociology (Cmsr. Stern) Covered in the last topic and we can adjourn this meeting.	
X. Adjourned at 2:59 pm	