

CCJBH Full Council Meeting Minutes

Friday, April 21, 2023 2:00 – 4:30 PM Zoom Webinar

I. Welcome & Introductions, Roll Call

Councilmembers Present: Dr. Diana Toche (on behalf of Secretary Jeff Macomber), Christina Edens (on behalf of Stephanie Clendenin), Danitza Pantoja, Tony Hobson, Anita Fisher, Mack Jenkins, Sydney Armendariz (on behalf of Michelle Baass), Judge Stephen Manley, and Scott Svonkin

Councilmembers Absent: Tracey Whitney

Staff Members Present: Brenda Grealish, *Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)*, Elizabeth Vice, Kamilah Holloway, Jessica Camacho Duran, Emily Grichuhin, Daria Quintero and Uma Ganeshan

Dr. Toche welcomed Councilmembers and public participants on behalf of Secretary Macomber and communicated that the schedule is full for the meeting.

II. Approval of January Meeting Minutes

Vote: Motion to adopt the January Full Council Meeting Minutes

Motion to approve the vote: Judge Stephen Manley

Second: Scott Svonkin

No public comment on vote

Ayes: 6 Nays: 0 Abstains: 2 Not Available: 1

The January 2023 Full Council Meeting Minutes were approved.

III. CCJBH Data Project Showcase

Hallie Fader-Towe, *Deputy Division Director, Behavioral Health*, Council on State Government (CSG) Justice Center

Kevin O'Connell, *Project Director, Data Driven Recovery Project*, Council on State Government (CSG) Justice Center

The CSG Justice Center is a national, nonprofit organization for the three branches of State Government. The organization has been around since the 1930s and its focus is to help state policymakers by providing information and research and sharing best practices. The



information and research provided by the CSG Justice Center is collected and analyzed by unbiased researchers and policy analysts. In Fiscal Year of 2019-20, CCJBH received funds to determine how best to use data to monitor the critical issues affecting California's behavioral health and public safety outcomes using an evaluation framework. CCJBH used the funds received to establish a two-year contract with the CSG Justice Center to work on the project. The main goals of the two-year project were as follows:

- Improve process by using data to inform policymaking at the intersection of criminal justice and behavioral health.
- Help with CCJBH's goal of reducing the number of adults and juveniles with behavioral health needs in California's justice system.

The CSG Justice Center hoped to create a product that would be able to organize and present all the data sources needed for CCJBH to carry out their work in an accessible and relevant form. The CSG Justice Center identified two steps in order to create the data form:

- 1. Identify quality data currently available that is relevant to CCJBH's work.
- 2. Bring the different sources of data together in an organized way that is user-friendly, accessible, and attractive.

As an example, Ms. Fader-Towe explained that in 2020, although data reflecting how many people with mental illnesses are in California's jails was publicly available, it was not necessarily easily attainable for lay users. Over the past two years, the CSG Justice Center has helped CCJBH create a more accessible and transparent way to access relevant data about individuals with behavioral health (BH) needs who are the justice-involved (JI; hereafter referred to as the BH/JI population).

In 2020, CSG developed the CCJBH Public Health Meets Public Safety Data Inventory, which is an online searchable compilation of publicly-available datasets. In 2021, CSG produced a data linkage report that addressed data governance and data linkage. Finally, in 2022, an overarching framework was established through subject matter expert interviews, in-depth focus groups with individuals with lived experience and an extensive literature review, which was used to develop the CCJBH Public Health Meets Public Safety (PH/PS) Data Visualization. The PH/PS Data Visualization includes over 40 datasets that are organized into three domains that represent the drivers of justice system involvement for individuals with behavioral health needs: Community, Treatment Landscape and Crisis Response. Data are presented at the state, region, and county levels.

The PH/PS framework is being implemented through an equity lens to identify disparities by race, ethnicity, gender, age, and language, among other demographic factors across communities, where data are available. While the data in the visualization represent the highest quality data available, there are still limitations, such as the fact that not all counties reported complete and/or accurate data and not all of the reporting years for each dataset are fully aligned. As such, the data are not meant to be used as an evaluation tool for policy or programs to show causality, but rather is a tool that may be used by a variety of audiences to



formulate questions for further analysis including, but not limited to, local government, researchers, state policy staffers, grant writers, and community members.

The CSG Justice Center gave a demonstration of the data visualization. The PH/PS data has already been used by CCJBH in meetings and CCJBH has used the data to inform a project to examine low with Medi-Cal utilization rates among the BH/JI population. Specifically, the data visualization was used to target specific areas where incarceration rates were high, but where utilization was low, in order to determine where CCJBH should conduct focus groups with individuals with lived experience to learn what issues/barriers they face when trying to access care, as well as their service preferences.

The CCJBH website includes the PH/PS framework, data visualization, data inventory, and additional resources. Given the resources in the PH/PS project, thus far, only the Community Domain visualization has been developed. To continue building upon this foundation, CCJBH must maintain the data in the Community Domain, begin analyzing data in the Community Domain with stakeholders, and identify and incorporate data into the Treatment and Crisis Response Domains. More information may be found in the PH/PS Final Report. Future planning around stakeholder engagement and sustainability is ongoing.

Councilmember Discussion

- **Q:** Dr. Hobson asked if the mental health bed days data was just an example or if data was collected. What do bed days mean for the correctional setting? Does it put people in a psychiatric facility in a bed?
- **A:** Ms. Fader-Towe stated that the data was on the number of people on psychiatric medication, and the data was self-reported by jails.
- A: Ms. Grealish clarified that the data reflected is from the Jail Profile Survey.
- Q: Mr. Svonkin stated that the project looked exciting and promising as it allows access to better data for the work CCJBH does. Looking forward, how does CCJBH staff plan on maintaining the data? Once the consultants leave, how will the staff keep the data current and useful? What will be used to build and maintain the database? Mr. Svonkin suggested that CCJBH look at the website every six months to a year to understand where people are going so that CCJBH can invest and prioritize those areas more. In the future, can CCJBH look into where and when the first contact is made with mental health? Where and when does law enforcement interact with the folks that end up in the system? Mr. Svonkin stated that not all the questions need to be answered now because the questions look forward. Tracking analytics, having a plan for maintenance, and knowing more about first contact allows policy to focus more on the beginning of the system.
- A: Ms. Grealish stated that cross-training between the contractors and the CCJBH team has already happened. Last fall, the CCJBH Research Scientist was trained so that she could update the datasets in the future. The CCJBH team has done some tracking with the analytics, but can get more specific when looking at who is accessing the data visualization when it is launched.



- A: Ms. Siggins commented that there were challenges and that a lot of emphasis was placed on the Community and Treatment Landscape sections of the framework. A lot of work was put into the beginning of the project to figure out what matters most, not just the end. The type of longitudinal-level of analysis that is required for understanding where first contact happens was beyond the scope of the PH/PS project. The inspiration for the chosen indicators was to look at areas to flag for policymakers and other decision-makers to see what areas need to be improved and what areas are working well.
- Q: Chief Jenkins commented on the significance of the project and appreciated how responsive it is to the CCJBH's mission and purpose. The website and data have the potential to inform future CCJBH discussions and actions. It is the CCJBH team's responsibility to become more acquainted with the website in order to generate questions moving forward. Chief Jenkins showed appreciation for the project team looking at social determinants of health because they are the same as responsivity factors in the Risk-Need-Responsivity model. Having access to data in these areas is valuable as it puts CCJBH in a more informed position. Chief Jenkins also commented on being pleased to hear that, in the future, there might be some probation data, and not just jail and prison incarceration rates. Grants of probation are also important for CCJBH work because part of the Council's goal is to improve outcomes for those who may not be incarcerated, but are in the system and have behavioral health needs. Was something mentioned about that data being added in the future?
- **A:** Mr. O'Connell responded that the project team stopped at the jail and prison outcomes, but that probation and other kinds of court dispositions are also important. The idea moving forward is that as more interest and input about what outcomes people are interested in are gathered, more information can be added. As long as the sources are good, more context about the outcomes can be obtained and where to go with that information can be determined.
- Q: Judge Manley stated how important it is for the developers to clarify where the data is accurate and where it is inaccurate. For instance, identifying the number of beds available for mentally ill individuals has a different meaning depending on the jail. One jail may have an acute section for mentally ill individuals who are very symptomatic, and another jail may not. Caution must be had when collecting data so that any data with questionable accuracy can be put aside and flagged as such. Judge Manley shared personal thoughts on where the team needs to look in the future regarding outcomes using the crisis response system as an example. Information that needs to be known for the crisis response system includes how many calls are being received, how many calls are being responded to, and how many calls are never responded to and result in another outcome. Information about the size and scope of the response is needed, not just if a system exists and how well it works. CalAIM should be able to provide a lot of information about discharge planning and releasing individuals into treatment that can be tracked. The Legislature has a bill pending that has the same aim of mandating a central data source that has information like access to beds. Areas where CCJBH needs data that is currently not easily accessible or trustworthy should be brought up to the Legislature by CCJBH



with recommendations. Mandated data are reported because there are consequences if it is not. The data will make a difference in the outcomes for individuals in the adult criminal justice and juvenile justice systems, which is why it is important to bring legislative attention to it.

- **A:** Ms. Fader-Towe responded that one of the objectives of the project was to shed light on data quality and what data are missing or inaccurate. One of the effects hoped to be seen as a result of this project is counties and data owners notice these gaps and inaccuracies in their data and improve the data reporting to increase accuracy.
- A: Mr. O'Connell commented that the example given about the jail system is one of the most challenging areas on which to gather data because of the constant change that is happening in addition to the numerous systems of care. The disparities in care between facilities leads to the question of why. Is the system wrong or is it the question or data. The quality aspect cannot happen without individual booking information on both people and their medical information. There is work being done to reach better quality, but until more information is gained, there is only self-reported data available. The PH/PS project allowed the team to ask "why" from both a process side and quality side of the data. The data used for the project was not pulled randomly as the team focused on funded or mandated sources of data. While there were other great sources of information, the team wanted to start in a place of confidence knowing that there were going to be questions.
- **A:** Ms. Grealish added that the term data-rich information is always heard, but the abundance of data available is hard to use for various reasons. Being able to take all the data and access and use it simply prevents the data from being lost after it is collected and allows all the data to be used. The PH/PS Visualization will allow the different stakeholders to use the data, and hopefully the quality of the data will improve as its purpose is recognized and valued.

Public comment

- **Q:** A participant commented that money for the PH/PS should continue coming from the general funds, not from the money that is being used for the Lived Experience Project and advocacy contracts. Why is substance use disorder (SUD) data not included in addition to mental health disorder data? More incarcerated people are probably more likely to be on buprenorphine than psychotropic medication.
- **A:** Ms. Grealish responded that the discussion about funding is coming up on the agenda and will be addressed more in the meeting during the vote.
- A: Mr. O'Connell responded that substance use information is challenging because of inconsistent data gathered from the counties. MAT programs exist, but don't get at the full prevalence rate, which is shockingly high. There are trackers for the national and federal level, but they don't have a lot of data for California specifically. Available SUD data will be included as part of the next effort because it is important information. Attention should be brought to the need to change the way substance use data are currently being tracked,



but tracking substance use in custody is difficult, in general, because there are many parts to consider when defining substance use.

- **A:** Ms. Grealish commented that the data that are currently in the database are what was publicly available, and the goal of future projects would be to obtain the additional information needed through data-sharing agreements and other agreements.
- **Q:** A participant commented that the data on available beds and rooms get manipulated a lot, so there appears that there are fewer available compared to what is readily available. Another issue is charting because nobody wants to chart correctly. The focus is more on showing that the patient is getting help by only reporting the good things and leaving out what is really going on. The participant offered to be a resource and give CCJBH information they had for the data entry.
- **A:** Ms. Grealish stated that CCJBH has an email inbox open for information submissions at any time. The inbox is constantly monitored, so if anyone has information they feel is important for CCJBH's work, the information can be sent to CCJBH via the inbox.
- **Q:** A participant stated that our society is becoming less safe. There is interesting conversation about "good data" and "bad data". In that regard, PH/PS seems retroactive. This data is a little late, but you cannot go wrong with information. The participant also stated that caution should be used when promoting stigmas and labels because those who are labeled live with that label for the rest of their lives, even if they are just going through a hard time in life.
- Q: A participant suggested that four or five areas be created and a framework to get everyone in the audience on the same track with the same voice. The participant does not see the current programs that Sacramento is producing focusing on the aspects require to help those with mental health issues. It is important to keep track of the data that is mandated by law. These areas include 1) who is supposed to provide data, 2) who provides data, but does not share it, 3) who stopped collecting data after reorganization of departments, and 4) why the system is not working for family and loved ones. Various people participate in the system to varying degrees and yet all the services offered in California are difficult to access even for those who work in the field. It is important to recognize the culture of safety, and the ability to safely speak in public while working toward agreeing on where we want society to go. The PH/PS project is a good starting point to get that message out.
- **Q:** A participant shared that when they worked in the California State Prison system as a substance abuse counselor, they would oftentimes see inmates get diagnosed with mental illness or enrolled in the Correctional Clinical Case Management System to gain access to the medication to stay under the influence of substances. The participant agreed that the data coming from those leaving the prison system is inaccurate. The prisoners will get off the medication right before leaving and then go back to abusing substances at home. What is the data being used for? How is the data going to be used to improve the lives of those affected by behavioral health and criminal justice concerns?



People with behavioral health needs are being incarcerated and don't have access to proper treatment because the use of behavioral health hospitals has stopped. Is the goal to separate those who need treatment from those who do not? If someone with behavioral health concerns commits a crime, it may be due to their mental health.

- A: Mr. O'Connell responded that only the total incarceration rate was looked at for the prison population, not county-by-county behavioral health needs. Looking at prisons and the behavioral health needs of those within them with a deeper focus on the state level is needed. It is a good idea to think about how people in prison are framed, what they experience, and the levels of care need available. On the data quality side, adding more context to the data and not just putting everything up will allow the public to look through it and opens the data to different interpretations not just one.
- **A:** Ms. Grealish stated that the project originally started with the goal of better guiding CCJBH work but during the process it became clear that the compilation of data could be used by a variety of stakeholders.
- **A:** Ms. Fader-Towe briefly added that the contextualization of the data happens with both numbers and experience, and that a critical part of the project was knowing the circumstances where data is collected to interpret it and understand what the data means.
- **Q:** A participant appreciates the link between social determinants of health, treatments, and outcomes. Regarding substance use disorder, the Health Management Associates (HMA) has been very effective in broadening access to medication-assisted treatment (MAT) in the jail system; however, there is still a lack of it on the reentry side of the system. Those transitioning from jail do not have easy access to MAT and behavioral health services, among other services. The gap in reentry treatment also creates access problems with pharmacies so medication can be acquired after transitioning out of the system. It is important to get the data collected on this matter used by health professionals and look at how managed care plans provide access and treatment services once people reenter into communities.
- **A:** Chief Jenkins commented that the creation of the PH/PS website has allowed some grant respondents to access more accurate and timely data than in the past.
- **Q:** A participant asked how far back data will go regarding first encounters. Will the collected data look back to the juvenile system and track how many participants first interacted with the juvenile system and ended up in the adult system, whether mental issues are present or not? The participant also stated how the entities that are involved in the system do not have their missions, policies, procedures, or outcomes in line with each other.

IV. CCJBH Business Meeting

CCJBH's Regional and State Lived Experience Project contracts are coming to an end. Project proposals have been created to figure out where CCJBH's upcoming allocations of Mental Health Services Act Funds (MHSF), as well as unspent MHSF from Fiscal Year 2022-23,



should be allocated. CCJBH staff presented four project proposals for Councilmembers to consider:

1. Three Local-Level Lived Experience (LE) contracts

The Local-Level LE contracts would last for two years with an option of extending to a third year to advocate the needs of the BH/JI population to support the goals of:

- Elevating LE perspectives on state and local levels
- Educating the community of the needs of the BH/JI population
- Promoting multi-disciplinary collaboration across the different systems serving the BH/JI population
- Promoting employment of the LE population in systems that serve the BH/JI population
- Gathering feedback from stakeholders to inform decision-making
- Leveraging utilization of public data to inform decision-making

2. One State-Level LE contract

The State-Level LE contract would last two years with an option of extending to a third year to include the same goals as the Local-Level LE contracts plus:

- Supporting CCJBH staff with direct technical assistance on active projects
- Employing at least one LE BH/JI individual for subject matter expertise on relevant contract work products
- Compiling work products developed from the previous fiscal year's LEP contracts for statewide dissemination
- Identifying and engage trusted "hidden network" community-based organizations across the state that serve the BH/JI population
- 3. UC Berkeley Contract to build out treatment domain of the Data Visualization and initial reporting

The interagency contract with UC Berkeley would expand the Treatment Domain of the PH/PS visualization. Additionally, analysis and interpretation of the Framework Data Visualization would include the development of fact sheets and informational briefs. CCJBH proposed to allocated \$35,000 in unspent MHSF allocated for State Administration for FY 2022-23 that were identified through salary saving to conduct this work.

4. Expanded PH/PS Data Visualization and Reporting

The ongoing PH/PS Data Visualization and Reporting contract would continue the work the CSG Justice Center team presented earlier in the meeting. It would include updating and maintaining the data visualization, expanding reporting on the framework indicators for the visualization, and collaborating with stakeholders to develop recommendations for collecting and integrating currently unavailable/unusable data. The contract would



also aim to develop a structured process to use the PH/PS data in a collaborative fashion to identify priority policy questions, analyze and interpret the data, produce fact sheets and information briefs, and provide CCJBH with technical assistance and analytical support to use the data to best support Council activities.

V. Vote on Local-Level Lived Experience Contracts

Vote: Request for a Council Motion and Vote to establish three Local-Level Lived Experience Education and Advocacy Contracts (\$125,833 per contract/year x 3 contracts x 2 years with an option to extend by one year = \$1,132,500 Total MHSF).

Motion to adopt: Scott Svonkin Councilmember Discussion

- **Q:** Mr. Svonkin wanted to ensure that CCJBH is deliberate in the evaluation and deliverables for every contract. Because of the limited money available, more caution needs to be taken when spending it. No evaluation models of the areas of interest have been seen, so maybe an investment can be made to develop tools to make models. The focus should shift to fewer contracts with more funding if they are found to be effective. Mr. Svonkin wants a detailed process in place for contractors to know that specific things need to be delivered if the contractor does not want to be excluded in the future.
- **A:** Ms. Grealish responded that CCJBH allows council members to assist in the development of the request for proposals (RFPs). Executed contracts are monitored to ensure deliverables are being met.
- **Q:** Mr. Hobson asked if the contracts will be solicited from various regions of California since north of Sacramento is largely neglected, and it would also be good to have lived experience input from rural regions.
- A: Ms. Grealish responded that all counties will be covered by the three local-level contracts.
- **Q:** Judge Manley wanted to raise the issue that the small the amount of funding is insufficient to result in practical and effective outcomes that would be meaningful. He recommended that, as a council, more funding is needed for these contracts in order to meet the needs that exist and to adequately evaluate the program statewide.
- **Q:** Chief Jenkins wanted clarification that the new contracts would be unrelated to the previous contracts.
- **A:** Ms. Grealish clarified that new allocations would be coming for these contracts and that they are not tied to previous ones.

Second: Stephen Manley

Public comments

Q: A participant mentioned that CalVoices had submitted a letter on April 21st about using MHSA funds for anything other than lived experience advocacy projects as the State



Legislature earmarked the funds for only the lived experience projects. The participant expressed concern over the fact that the funds for lived experience projects were being reduced, and extra money seems to be directed toward the PH/PS data framework. CalVoices does not see using MHSA funds in this manner as complying with the MHSA and that CCJBH's use of stakeholder advocacy funding for the project is legally impermissible. The participant urged council members to vote 'no' on agenda items one through three and for the money to be reallocated to lived experience projects for the next three fiscal years. The money is not for data collection, but rather hiring people with lived experience and supporting nonprofit organizations that do education, training, and advocacy on a state and local level to improve mental health outcomes. There are many concerns about covering a larger population with fewer funds and no idea how to retain workers for the proposed contract jobs when money is being lost.

- **A:** Ms. Grealish responded that a document was created and posted on the CCJBH website in terms of the research results CCJBH provided as a result of the expressed concerns and, hopefully, it addressed the concerns. CCJBH confirmed the interested parties had reviewed the document.
- **Q:** Another participant opposed using funds for lived experience and stakeholder advocacy for projects outside that scope. MHSA funds are earmarked for specific things and should be used only in that manner. The participant supported the local lived experience contracts, stating that all of the funding should be allocated to them. The other contracts can find funding from other resources.
- **Q:** A participant clarified that the CSG Justice Center and PH/PS projects are not being opposed, but rather the use of MHSA money to fund them. In addition to the previous projects earmarked for MHSA funds, it was also given to establish consumer contracts to represent the BH/JI population, and a majority should not be put toward a project not earmarked. Even if the funds are found to be permissible for the CSG Justice Center and PH/PS projects, it is not a judicious use of funds.
- **Q:** A participant commented that lived experience advocacy is very much needed with the potentially drastic changes happening with the Medicaid waiver and MHSA. The Council needs to not cut funding because the good work that is currently being done will fail without the lived experience project.
- **Q:** A participant looked over the PH/PS fact sheet and said that it did not cover the concerns of CalVoices as the issue is with the funding of the project, not the project itself. The work that ACCESS California does is necessary and important, but hard. The lived experience contracts have allowed advocacy efforts to expand and reducing funding would make continuing these efforts a challenge. The Council should take this into consideration before reducing funding for lived experience advocacy.
- **Q:** A participant stated that the CalVoices lived experience program provided skills to empower equity in the Los Angeles County population. The program helped transform the legal justice system by advocating and supporting the overrepresented populations in the



system. The reason behind the success is access to accurate and reliable information. The participant urged the Council to vote 'no' and consider providing more funding for the program as it educates and involves communities.

- **Q:** A participant stated that the lived experience contracts are important because decision-makers and even the general members of the community do not understand the factors that bring people into the system. With the lived experience contracts, those impacted by the system are given the resources and support to show up and be heard in their community.
- **A:** Ms. Grealish assured all public commenters that the funding for the PH/PS project was allowable and that the appropriate research was done to ensure as such. It was also further clarified that if something needs to be revisited or done differently in terms of the contracts, then it can be done in the future.

Ayes: 5 Nays: 2 Abstains: 2

The Local-Level Lived Experience Contracts were passed.

Councilmember Discussion

Q: Chief Jenkins voted with the caveat that if the motion does not pass, some other reallocations will be looked at.

VI. Vote on a State-Level Lived Experience Contract

Vote: Request for a Council Motion and Vote to establish one State-Level Lived Experience Education and Advocacy Contract (\$125,833/year x 1 contract x 2 years with an option to extend by one year = \$377,500 Total MHSF).

Motion to adopt: Scott Svonkin

Second: Stephen Manley

Public comments

- **Q:** A participant went through CCJBH's response to CalVoices concerns and did not find any citations to legal authorities or legal analysis that show why the use of MHSA funds was not prohibited for the PH/PS project. The legislative language is clear on where the MHSA money can be spent, so the participant raised the same objection to the state contract as the local contracts.
- A: Ms. Grealish responded the language in the actual allocation is quite broad, and also stated that this language does not specify intent. It started with an initial budget request from the Mental Health Services Oversight and Accountability Commission and, through budget negotiations, CCJBH was provided with the requested monetary allocation, but only a portion of the original concept transferred in the final language.



- **Q:** A participant asked for clarification and accountability from CCJBH about where the Council got approval from the Mental Health Services Oversight and Accountability Commission to operate differently from established law. This contract benefits communities of color and the reallocation will affect these communities.
- **Q:** A participant wants the Councilmembers to be careful about the vote and the legality of the project. As an individual they have the obligation to find the big question marks and decide whether to bring it to State elected officials to conduct an inquiry of the Council's actions. The definition of advocacy is not broad, so have in writing that what is happening with the funding is legal.

Councilmember Discussion

- **Q:** Ms. Fisher asked if there can be further discussion as a Council to get clarification on public comments about funding.
- **A:** Ms. Grealish clarified that research from a budgetary and legal standpoint was done for each of the proposed projects.
- **Q:** Mr. Svonkin said that CCJBH received analysis from staff that it was a legal expenditure. Separate from the public comments on what is legal and what is not, the vote goes more toward the value of the contract. Judge Manley is right that there is a limited budget, and the wish is for more, but a perspective is added by taking the staff recommendation. The people have a right to question and challenge, but the staff did their due diligence for this recommendation. The coordination of voices on a statewide level is important, so the question is what is valued by the Council and what should funding be spent on.

Ayes: 5 Nays: 2 Abstains: 1 Not Available: 1

The State-Level Lived Experience Contract was passed.

Councilmember Discussion

- **Q:** Chief Jenkins expressed support for the lived experience contracts and the PH/PS project but voted 'no' because it would allow for more time to be spent discussing how best to allocate the funds.
- **Q:** Ms. Armendariz stated she did not participate in the previous meetings as she is newly assigned to the Council and did not want to vote without having the opportunity to really look into the issues.
- **Q:** Judge Manley voted 'no' and commented that, because of the limited funding, a hard choice must be made between data and boots-on-the-ground projects and more funding should have been asked for.



VII. Vote to Allocate Unspent FY 2022-23 MHSF to UC Berkley for PH/PS

Vote: Request for a Council motion and vote to allocate unspent CCJBH funds to UC Berkley Interagency Agreement. CCJBH has identified salary savings in the amount of \$35,000 in unspent MHSF allocated for State Administration for FY 2022-23. These funds must be spent by June 30, 2023, or they will be reverted back to the MHSF.

Motion to adopt: Scott Svonkin

Second: Mack Jenkins

Public comments

Q: A participant asked why public comments are asked for because the Council doesn't even listen to how and why the community is healing itself. Every time something is going well to help people of color, funding is cut and the hope and promise that the MHSA gives is taken back.

Ayes: 7 Nays: 0 Abstains: 1 Not Available: 1

The Public Health Meets Public Safety UCB Contract was passed.

VIII. Vote for the Ongoing PH/PS Project

Vote: Request for a Council motion and vote to establish one interagency agreement or contract to implement the PH/PS data analysis and reporting framework (\$166,666/year x 2 years with an option to extend by one year = \$500,000 Total MHSF).

Motion to adopt: Scott Svonkin

Second: Danitza Pantoja

Public comments

- **Q:** A participant urged the Council not to approve the funding allocations for the PH/PS project. The funding should instead be allocated back to lived experience and stakeholder advocacy contracts because that is what the funds were intended for by the MHSA. The advocacy that is currently happening cannot continue in the same capacity with limited funding.
- **Q:** A participant commented that the funds being allocated for the PH/PS project in this item were originally allocated by the Legislature for stakeholder advocacy. These funds are the 'more funding' that has been asked for the stakeholder advocacy contracts. The PH/PS project is not an appropriate use of the funds, so the Council should vote 'no' on this item.
- **Q:** A participant urged the Council to vote 'no' because the funding for the PH/PS project should come from another source and not take the funding meant for advocacy contracts.



Q: A participant wanted the board to vote 'no' and show fiscal responsibility and stop the trend of inflation currently in California. The government cannot just keep handing out money without knowing the consequences. Data collection is very important, but so are honesty and transparency.

Ayes: 3 Nays: 3 Abstains: 2 Not Available: 1

The Ongoing PH/PS project did not pass. Councilmembers requested to continue the discussion at a later date.

Councilmember Discussion

- **Q:** Ms. Fisher asked whether funds could be reallocated after voting and clarification was given by Chief Jenkins that once a motion passes it is held and people would have to vote again if the motion is changed. Ms. Fisher then chose to abstain.
- **Q:** Mr. Svonkin asked if it is possible to motion to approve the contract for only two years and determine how to allocate the third year of funding in a future meeting.
- **A:** Chief Jenkins responded that more time should be spent talking about the proposed changes to the motion and that there is no rush.
- **Q:** Ms. Edens asked if the entirety of the funds from all three motions is up for debate or can the RFPs still move forward for the two motions that were approved. Can confirmation that no contracts were starting July 1st be given?
- **A:** Ms. Grealish responded that no contracts would begin on July 1st, and the only money that will be discussed in the future will be the \$500,000 that has not yet been allocated.
- IX. Approval of Holding a Special Session Meeting to Discuss Proposed Changes to the Public Health Public Safety Ongoing Contract¹

Vote: Holding a Special Session Meeting to Discuss Proposed Changes to PH/PS Contract

Motion to adopt: Mack Jenkins

Second: Scott Svonkin

Public comments

- **Q**: A participant wanted the Council to go back and really clarify if the MHSA funds can be used for data collection or not before having further discussion about the project.
- **Q:** A participant wanted to thank the Council for the proposal of reallocating some of the funds into lived experience contracts. Please consider the consumers, families, and those

¹ Given Councilmember schedules, rather than holding a special session, the continued discussion on CCJBH's MHSF allocation was placed on the July 28, 2023, Full Council Meeting agenda.



affected by the justice-involved population as part of the process and why lived experience projects are important.

Q: A participant urged the Council to read the two letters sent by CalVoices on December 9th and April 21st, as the letters give the legislative context behind the MHSA funding and how it should be used.

Ayes: 7 Nays: 0 Abstains: 1 Not Available: 1

The Special Session Meeting to further discuss proposed changes to the PHMPS Contract was approved.

X. Executive Officer Authority for Contracting

Vote: Request for a Council motion and vote for the Council to delegate authority to the CCJBH Executive Officer to make administrative decisions necessary to carry out the state contracting process for the Council-approved Request for Proposals and Service Agreements.

Motion to adopt: Mack Jenkins

Second: Stephen Manley

No public comment on vote

Ayes: 8 Nays: 0 Abstains: 0 Not Available: 1

The Executive Officer Authority of Contracting was approved.

XI. Executive Officer Authority for Feedback

Vote: Request for a Council motion and vote for the Council to delegate authority, to be renewed annually, to the CCJBH Executive Officer to provide written feedback/responses to State and Federal Agencies on behalf of the Council to further the work/goals of the Council to promote the behavioral health/justice involved population.

Motion to adopt: Scott Svonkin

Second: Stephen Manley

No public comment on vote

Ayes: 8 Nays: 0



Abstains: 0 Not Available: 1

The Executive Officer Authority for Feedback was approved.

XII. Nomination and Vote on Vice-Chair

Per statute, a vice-chairperson must be selected for the Council among the members. The obligations of the CCJBH Vice-Chair would include calling meetings to order and serving as presiding officer and exercising all obligations of the Chair for meetings over which they preside, including executing official Council records and documents, and at ceremonial and official functions in the absence of the Chair. The Vice-Chair will serve until they resign from the position, resign from the Council, or if the other council members motion and vote on a new Vice-Chair.

Vote: Councilmembers agree that Scott Svonkin will serve as Vice-Chair. The Vice-Chair shall serve until they resign as Vice-Chair, resign from the Council, or unless Councilmembers motion and vote to select a new Vice-Chair. In the absence or unavailability of the Chair, the Vice-Chair shall call meetings to order and serve as presiding officer. The Vice-Chair shall have and exercise all powers and duties of the Chair for meetings over which he or she is called to preside, including executing official Council records and documents, and at ceremonial and official functions, which the chair cannot attend.

Nominee: Scott Svonkin Motion: Danitza Pantoja Second: Christina Edens

No public comment on vote

Ayes: 8 Nays: 0 Abstains: 0 Not Available: 1

XIII. Announcements

CCJBH was notified of two new council member appointments: District Attorney Diana Becton and Dr. Enrico Castillo. The addition of these two council members makes the council complete. The next Juvenile Justice Workgroup meeting will be held via Zoom on May 12, 2023, from 12:45-2:45 PM. The Diversion and Reentry Workgroup meeting will be held via Zoom on May 12, 2023, from 3:00-5:00 PM. The Lived Experience Showcase will be held via Zoom on May 26, 2023, from 2:00-4:30 PM.²

² The Lived Experience Showcase was subsequently rescheduled to June 23, 2023.



XIV. Adjourn