

CCJBH Full Council Meeting

Friday, July 28, 2023

2:00-4:30 PM

In-Person and MS Teams Meeting

I. Welcome & Introductions, Roll Call

Councilmembers Present In-Person: Jeff Macomber, Stephanie Clendenin, Enrico Castillo, Anita Fisher, Mack Jenkins, Judge Stephen Manley, Danitza Pantoja, Scott Svonkin, and.

Councilmembers Present Virtually: Tracey Whitney and Diana Becton.¹

Councilmembers Absent: Sydney Armendariz (on behalf of Michelle Baass) and Tony Hobson.

Staff Members Present: Brenda Grealish, Elizabeth Vice, Kamilah Holloway, Jessica Camacho Duran, and Daria Quintero.

Secretary Macomber welcomed Councilmembers and public participants.

II. Approval of April 2023 Full Council Meeting Minutes

Vote: Motion to adopt April Full Council Meeting Minutes

Motion to approve the vote: Scott Svonkin

Second: Judge Stephen Manley

Public comment

Q: A participant calculated the cumulative amount of funding for state level and local level contracts to be three years and asked why it is not two years with an option to extend, as stated in the minutes. They asked what the option to extend means and if it refers to the third year.

A: Ms. Grealish clarified that the Council can choose not to extend funding to the third year, and the money allocated for that year would then be available to be spent elsewhere.

Ayes: 5

Nays: 0

Abstains: 4

The April 2023 Full Council Meeting Minutes were approved.

III. CARE Act Implementation

¹ Councilmembers Whitney and Becton participated remotely. Councilmember Whitney's location was provided on the agenda, thus providing her with voting authority for the meeting.

Stephanie Welch, *Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS)*

Deborah Johnson, *Behavioral Health Director of Innovation and Integration, Riverside County*

Marcus Cannon, *Deputy Director of Forensics, Riverside County*

The Community Assistance, Recovery, and Empowerment (CARE) Act is a result of Senate Bill 1338 signed by the Governor in September 2022. It addresses the felony Incompetent to Stand Trial (IST) crisis by helping individuals with mental illnesses who are already in the criminal justice system to experience recovery and have their charges re-evaluated and determine the best method for their stabilization. The current focus is on the vulnerable population of the estimated 7,000 to 12,000 people statewide with untreated schizophrenia and psychotic disorders, much of whom are unhoused.

The CARE Act doesn't create a new program, but rather utilizes existing behavioral health programs and resources. It involves a civil court process with a petitioner, and the county's Behavioral Health Department plays a crucial role in developing care and support for these individuals. The primary goal is to offer individuals enriched programming and housing at the local level to prevent them from becoming involved in the criminal justice system. The idea is to intervene early in their care, before they become entangled in the legal system, and avoid the need for conservatorship, etc.

Legal representation or counsel is essential in this program. The involvement of legal aid is valuable, regardless of whether they ultimately serve as the specific council for the individuals involved. However, to date, there are few legal aid entities that have shown interest. Another aid respondents can get is a voluntary supporter, who will work with the individual to decide what they want in their CARE plan.

The Cohort 1 counties (Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne, and San Francisco) are on track to implement CARE by October 1, 2023. Los Angeles will implement it by December 2023. The rest of the counties will implement CARE by the end of 2024, unless they are granted additional time by the Department of Health Care Services (DHCS). Ms. Welch expressed her gratitude towards the Cohort 1 counties for their ability to learn about and work to implement CARE.

The three key state entities that are involved with the implementation of CARE are the Health and Human Services Agency (CalHHS), DHCS, and the Judicial Council.

- CalHHS leads the coordination efforts and works with DHCS. CalHHS has recently selected an independent evaluator for the program, which is seen as a significant step to ensure accountability and assess whether the program is achieving its intended goals. This evaluation will span the first five years of the program, as mandated. CalHHS is also implementing the Behavioral Health Bridge Housing program, which currently has over \$900 million dedicated to creating housing for high-risk populations, including interim housing and rental subsidies. They are also developing public-facing communication materials,

which they hope to distribute widely. Ms. Welch emphasized the importance of managing expectations, especially with local elected officials and advocates, to ensure that stakeholders, including family members, peers, and providers, understand the target population for this process.

- DHCS is responsible for developing training and technical assistance for the counties, counsel, and volunteer supporters. They also manage contracts for technical assistance and the independent evaluation, as well as collect and report relevant data.
- The Judicial Council focuses on the rules and forms regarding the logistics of petitioning and provides specific training for the Courts. Ms. Welch hopes to collaborate with the Court's health centers to provide other resources for patients who may not be eligible for a petition.

Ms. Welch described some significant accomplishments towards the CARE Act. They have almost completed a data dictionary, worked with technical assistance liaisons for each county, created subcontract agreements with subject matter experts to better understand the law surrounding this initiative, and built training modules to improve work with other organizations.

Ms. Welch discussed current and future trainings. DHCS will provide trainings for the county behavioral health agencies and supporters, and the Judicial Council will provide trainings for judges. These two groups are closely working together to promote a consistent message. The trainings are open to anyone who wants to learn about psychiatric advanced directives. Trainings also provided regarding data collection and reporting. Ms. Welch briefly introduced the CARE Act Resource Center, which provides more information about trainings, resources, and involvement. This can be found online at [CARE-Act.org](https://www.care-act.org). The Adult Mental Health site on the [Judicial Council website](#) has checklists and supporting information for the courts, as well as a [CARE Act 101 Webinar: Overview of the Court's Role in Implementation](#). The CARE Act Toolkit includes: [CARE Act Fact Sheet](#), [Glossary of CARE Act Terminology](#), [CARE Act Eligibility Criteria](#), and [CARE Act: Court Locations and Timeline for Implementation](#).

The CARE Act Working Group, which consists of 31 members, aims to bring the work for this initiative from the local to the state level. The group includes peer and family members of those with behavioral health conditions, disability rights advocates, legal aid partners, homelessness, hospitals, and other stakeholders. Ms. Welch also mentioned the plan to launch Ad Hoc Working Groups after August 9th. CalHHS is also working with three groups focusing on training technical assistance (TTA): data, services, and supports. These groups include representation from people with lived experience, such as family members or those who have been unhoused, subject matter experts in social and racial justice, and providers for services and supports.

When providing updates for the Cohort 1 counties, Ms. Welch explained how data sharing is a significant challenge, but they are making progress towards drafting

legislation to address these issues. Due to a lack of time, Ms. Welch skipped over the [presentation slides](#) about reporting, assessment, and next steps of the CARE Act (view slides 20 and 21 for additional information).

Marcus Cannon began presenting the implementation of the CARE Act in Riverside County. Mr. Cannon introduced himself and the planning team in Riverside County, including Ms. Deborah Johnson. Riverside County has 2.5 million residents and uses the Riverside University Health System (RUHS) as the county-integrated Health Services Department that operates the hospitals, the behavioral health department, the federally qualified health centers, public health department, and correctional health services. There are over 79 county clinics, 100 contractor sites, and 100 school-based sites, so it is a very large health system. Riverside is a Cohort 1 county that prioritizes innovative person-centered services and is serving as a model for the CARE implementation process. The activities completed by Riverside County thus far include planning committees at the executive level and within departments. RUHS is actively recruiting staff members for this initiative. RUHS is also working with the University of Southern California to develop a mobile app to support implementation of the CARE Act. The CARE program is operated within the Riverside Superior Court, with hopes of allowing virtual appearances and adding office-based conference center locations for consumers. CARE Act participants will be represented by public defenders. The Court's specific planning activities include creating policies and procedures, developing a budget plan and an action plan, and providing resources for petitioners and others through the self-help services team.

Mr. Cannon discussed some challenges of implementing the CARE Act in Riverside County. First, the county is 7,303 square miles large, making it difficult to include consumers throughout the county, especially as mobile vans are in low quantity. Another difficulty is managing expectations as cities and individuals misinterpret the purpose of the CARE Act. There is also a workforce challenge as Riverside County is designated as a Federally Designated Health Professional Shortage Area. There is an issue of outpatient capacity in Riverside County as it operates multiple clinics and serves approximately 70,000 consumers annually in the behavioral health department, not including other health care facilities. Mr. Cannon mentioned that the county provides a wide range of programs and services, including a psychiatric hospital, mental health urgent care, crisis residential treatment, dual diagnosis and substance abuse residential programs, a sobering center, IST diversion, collaborative courts, and mobile street-based homeless outreach teams. They also have clinicians accompanying law enforcement personnel. This also raises a concern of the potential impact of the private insurance market on Riverside County's capacity as it is uncertain whether there will be a significant increase in referrals from individuals they do not currently serve. This highlights a potential challenge in managing the demand for their services in the context of outpatient care and insurance market dynamics. While the CARE Act is not intended to significantly increase conservatorships, there is a concern about individuals who may not succeed in the CARE Act process (i.e., those who are mandated to participate, but

do not effectively engage) may result in increased referrals to the county Public Guardian's Office. The Public Guardian costs are covered solely by the county's General Fund, so an increase in referrals may impact the county's resources. Furthermore, despite the recent investments in housing, there is still a challenge of housing availability, and Riverside County is about 68,000 affordable units short of current need. The State's focus on rental assistance has created an inflationary effect, so there is a need for capital investment across the spectrum of independent housing. Additionally, there is still much work to be done around the training for Psychiatric Advance Directives.

RUHS is working on capital development with multiple initiatives, including building a "Wellness Village" with a campus-like setting that will incorporate various levels of care, which aims to provide a comprehensive and integrated healthcare approach. During the COVID-19 pandemic over 500 new beds were built. Riverside County is looking forward to utilizing the Behavioral Health Bridge Housing program, which allows spending for 25 percent for capital and \$75,000 per unit. Mr. Cannon expressed hope for future flexibility in spending limits. Additionally, the health system is actively seeking additional funding to create an 80-bed augmented adult residential facility. The remaining 75 percent of funds will be used for a request for proposals (RFP) to find existing providers interested in providing beds, room and board services, and supportive services. This addresses the need for adult residential facilities for individuals with conditions like schizophrenia, frequent hospitalizations, homelessness, and co-occurring substance use disorders. There is also a need for investing capital into housing people for the long term. To prepare for the October launch, teams are undergoing trainings including walking through a test case. Mr. Cannon emphasized that with the workforce shortage, it is difficult to launch these various initiatives, but it is exciting and important work.

Councilmember Discussion:

Q: Dr. Castillo stated that he has experience working in the Los Angeles County Department of Mental Health, so he appreciates the focus on collaboration across different stakeholders and training in the CARE Act. He emphasized the holistic nature of CARE plans, including a focus on various factors like General Relief, Supplemental Security Income, Supplemental Nutrition Assistance Program, housing, and services provided by local agencies. He asked which of the three state agencies will provide TTA to organizations and sectors outside of behavioral health and the judicial system. He is specifically interested in the state agencies responsible for supporting the entities providing care for the population served by the CARE Act, seeking clarity on the TTA provided to the broader network of service providers involved in the program.

A: Ms. Welch answered that it would be DHCS. She expressed her appreciation for the question, emphasizing that presenting such questions helps improve their understanding and approach. She mentioned that the reporting element is crucial,

with added reporting features to capture information about the services being offered. Ms. Welch also noted high-priority items like working with first responder entities to understand the complexities and criteria for their involvement in the program. She finally highlighted the importance of agency-level discussions to address such questions and make necessary adjustments to improve the program's effectiveness.

- Q:** Chief Jenkins quoted the presentation that the CARE Act is “intended as a compassionate upstream diversion to prevent more restrictive conservatorships or incarceration.” He asked whether, along with diversion away from conservatorships, would there be diversions away from the criminal justice system. He provided the example of someone who is already on active probation supervision with untreated schizophrenia, asking whether the Act intends to exclude these people. Chief Jenkins also asked for clarification regarding individuals with untreated schizophrenia who may not be cooperative in order to understand the level of cooperation or the presence of a relationship with the petitioner or other forms of support that would be necessary for these individuals to benefit from the comprehensive plan offered by the CARE Act. The concern arises from the potential challenges of working with individuals with untreated schizophrenia who may not readily cooperate and might typically require conservatorship-type approaches. He asked for confirmation that the program intends to target individuals who have some capacity to cooperate or have some form of support, allowing them to benefit from the CARE Act.
- A:** Ms. Welch clarified that there is intent to divert people away from the criminal justice system, but there is no intent to exclude the many people who are already in the system. She then discussed the potential scenarios in which individuals may qualify for the CARE Act even if they are going through criminal proceedings. The petitioner, in some cases, might be the individual's care provider or behavioral health clinician. There are multiple ways a judge can refer someone, including to the CARE program, which is viewed as an alternative to conservatorship. She noted that recent amendments, such as in SB 43, have provided an off-ramp to conservatorship by allowing judges to refer individuals to CARE instead. Ms. Welch clarified that she is not an expert on complex felony diversion courts or criminal proceedings and highlighted the importance of considering individuals with misdemeanors and low-level offenses, emphasizing the need for services and supports rather than involving them in the criminal justice system. There is also the possibility of involving legal aid to assist individuals with outstanding warrants, even for minor infractions like parking tickets, to access essential services and support. The CARE plan aims to offer individuals something they genuinely desire and need, such as housing and high-quality services. It prioritizes individuals for rich services that might not be readily available to everyone. The program also provides multiple off-ramps, allowing individuals to engage voluntarily, create a CARE agreement, or have a court-ordered CARE plan. Engagement is expected to vary from person-to-person. Ms. Welch

clarified that people need to be compelled rather than coerced into participating in the CARE program. If an individual is not interested in engaging in services and continues to miss hearings, a referral can be made, but nothing can be done unless they meet the criteria for conservatorship. She emphasized that the individual still needs to meet the criteria for conservatorship, and CARE participation cannot be used as evidence in the conservatorship proceedings if the required criteria are not met within a six-month period. Ms. Welch acknowledged the uncertainty of the success of the program, and described it as another tool in the toolbox for addressing complex cases involving untreated psychosis or schizophrenia. She ended with an example of CARE providing stabilizing medications, which can lead to remarkable improvements in individuals' lives, making them more willing to engage in services.

- Q:** Ms. Fisher mentioned her connection to the CARE Act due to a family member and voiced three concerns. She inquired whether individuals who are already in the criminal justice system and will soon be released, but are still experiencing untreated symptoms, are included in the estimated 7,000-12,000 potential clients of the CARE program. These individuals may need the CARE court upon their release. She then expressed concerns about the role of family members and supporters in the CARE process. Family members often experience collateral damage when systems fail, and it seems unclear whether they are included in the CARE process. To conclude, Ms. Fisher emphasized the importance of including peers and family members at every level of the planning teams for the CARE process. Since they are often in the middle of these situations, their involvement is vital.
- A:** Ms. Welch clarified that an individual who is returning home and meets the criteria for CARE is eligible for the program regardless of their probation status or previous involvement in the criminal justice system. The key factor is that they meet the program's criteria. She acknowledged the importance of having conversations and providing support to family members to inform them that CARE is an option for their loved ones. The eligibility for CARE is determined by meeting specific criteria rather than the individual's background. Ms. Welch then stated that the role of the supporter in the CARE program must be someone chosen by the participant themselves. This choice is crucial and could often be a family member, such as a parent, spouse, or sibling, due to the close relationship and shared experiences. The participant has the autonomy to select their supporter.
- A:** Mr. Cannon added that approximately 50 percent of the staff in their department have lived experience as either peers or family members or serve as family advocates. They also have individuals with lived experience in their executive leadership team and their behavioral health commission, which serves as an oversight body for the department's work. Additionally, they are actively working to involve their local National Alliance on Mental Illness team in the planning process. This demonstrates the department's commitment to including individuals with lived experience at all levels of their work.

Q: Ms. Whitney emphasized the importance of choosing the right counsel to represent clients and the need for trustworthy lawyers who can effectively communicate with clients. She noted the significance of engaging legal aid attorneys, especially for individuals involved in landlord-tenant disputes or at-risk of losing housing, as they can serve as a strong fit for CARE Act implementation. She discussed the idea of involving different types of lawyers, including public defenders, legal aid lawyers, and county counsel, to reach clients at various stages of their processes. Ms. Whitney also promoted the goal of keeping individuals out of the justice system and providing alternative, more accessible options for them. These options include using vans for outreach, having virtual appearances, and staying flexible in implementing the law in different counties. She praised Orange County's "Whatever It Takes" court, which operates in a separate building and offers an alternative to the traditional courthouse experience. To conclude, she appreciated the positive outlook on the implementation of psychiatric advanced directives, with a suggestion to include paperwork about trusted family members with Health Insurance Portability and Accountability Act waivers for facilitating family support.

Public Comment

Q: A participant discussed their interest in the intersections of behavioral health and the criminal legal system and emphasized the need for transparency in processes like the CARE Act. He advocated for the public to have access to real-time data, possibly in the form of a dashboard, that provides information about the psychiatric condition, age, race, and outcomes of CARE Act participants. The participant mentioned the concern that law enforcement may potentially target people of color, making transparency essential for building trust. It's not enough to know who is being contacted; the public should be able to understand the overall experiences and outcomes of participants in the program. The participant also acknowledged that public defenders are traditionally underfunded and suggested allocating more resources to them so they can effectively represent CARE Act clients.

Q: A participant stated that there is a distinction between behavioral health and mental health, but the Behavioral Health Council is convoluting the two by attempting to address mental health. They added that their own county does not have the services to aid with mental health and asked if the state can provide some.

IV. CCJBH Business Meeting: Discussion on Remaining CCJBH Mental Health Services Funds (MHSF)

Ms. Grealish provided an overview of CCJBH's ongoing budget allocation for Mental Health Services Act funding. In April 2018, the Mental Health Services Oversight and Accountability Committee (MHSOAC) requested \$670,000 in funding for mental health services to reduce the involvement of individuals with mental health issues in the criminal justice system and support outreach, education, training, and advocacy on behalf of mental health consumers. The Assembly Budget Subcommittee on Health and

Human Services, in May 2018, approved ongoing funding for consumer contracts focused on addressing mental health issues within the population involved in the criminal justice system. The Legislative Budget Conference Committee then allocated the funding to CCJBH, which included an allocation of \$945,000 from the Mental Health Services Fund (MHSF), as follows:

- \$150,000 one-time funding for a Mental Health Diversion: Consultation, Technical Assistance and Policy Recommendations Contract, which was completed approximately a year and a half ago.
- \$795,000 ongoing funding to be used for stakeholder advocacy contracts and the associated program administration involving the funded position, aiming to support mental health outreach and services for populations involved in the criminal justice system (i.e., \$670,000 for contracts and \$125,000 to fund one position). To date CCJBH has used this funding for:
 - Lived Experience Contracts that aim to elevate the voices of individuals with lived experience in both the behavioral health and justice systems. These contracts have served to raise awareness about the experiences of these individuals and have provided valuable information to inform policy and program development and ensure that the behavioral health and justice-involved populations can benefit from various ongoing efforts in local communities.
 - A SB 823 Juvenile Justice Evidence-Based Programs and Practices Compendium, Implementation Toolkit, and Training and Technical Assistance Plan with the RAND Corporation.
 - At the Full Council Meeting on April 21, 2023, Councilmembers voted to allocate some of the unspent MHSF funding to continue the Public Health Meets Public Safety (PH/PS) data visualization project. This project, in collaboration with UC Berkeley, aims to provide insights into PH/PS data. The work for this project began after the Council's vote, and it is scheduled to conclude in August.

For the next three years' allocation, during the April 2023 Full Council Meeting Councilmembers voted to approve three Local-Level Lived Experience Education and Advocacy contracts and one State-Level Lived Experience Education and Advocacy contract. This accounts for approximately 75 percent of CCJBH's MHSF allocation for the next three years', leaving approximately \$500,000 MHSF, which required further discussion during this meeting due to stakeholder concerns raised at the April 2023 meeting. Ms. Grealish clarified that the current meeting focus was to address this funding allocation, including the associated concerns.

CCJBH staff reached out to Councilmembers to request potential project ideas that could align with CCJBH's MHSF budget authority. CCJBH staff developed five options that remain within the parameters of the budget:

1. Add the remaining \$500,000 to the approved State and/or Local-Level Lived Experience Project RFPs approved on April 21, 2023.
2. Create a new RFP to expand the data analysis and reporting infrastructure for the CCJBH Public Health Meets Public Safety (PH/PS) framework, integrating the voices of individuals with lived experience to help identify priorities, inform project design, and advance the development of recommendations that can lead to improved outcomes for the behavioral health (BH) and justice-involved (JI) population (e.g., access to health care, employment, and housing).
3. Create a new RFP to provide education for first responders that increases the awareness of the BH/JI population's needs and promotes the utilization of evidence-based practices to improve interactions. Note: this project could also be incorporated into the LEP RFPs.
4. Fund a contractor to continue the Words to Deeds conference, and additional similar technical assistance to State and local system partners, as needed, to continue engaging relevant State and local systems leaders, including individuals with lived experience, in efforts to change the paradigm for the criminal justice and behavioral health systems to promote optimal service delivery to and for the BH/JI population. Note: Prior year private funding for this conference is no longer available.
5. Postpone the allocation of the remaining \$500,000 MHSF for new contracts at this time. In one year from now, evaluate the performance of approved contracts in order to determine how best to utilize the remaining CCJBH MHSA funding.

Ms. Grealish emphasized that these options provide a foundation for Councilmember discussion, and that Councilmembers could add new project ideas (though CCJBH staff would have to perform research for any new ideas to ensure that they conform to CCJBH's MHSA budget authority).

Councilmember Discussion

Q: Mr. Svonkin stated that the April Full Council Meeting funded some great programs. Option three was something he'd suggested to look at in the future because the intersection of mental illness and law enforcement creates many of the challenges that lead to incarceration and training first responders will hopefully divert people before they're in the system. Mr. Svonkin raised the motion of option two, because it will allow us to inform our future decision with better data. We can amplify the need for how to fund and where to fund additional services. Without the data we will have to rely on anecdotes and do our own research to inform our work, but that has already been done through this project. The option of \$250,000 for two years will

allow us in the third year of the contract to inform the continuation of the contracts, inform the legislature, and provide information to raise money through and get investments from major foundations.

- Q:** Dr. Castillo asked for more information about the PH/PS project as he is new to the Council. He is a big proponent of data fueling advocacy efforts and system change, but data in and of itself isn't sufficient to ensure those efforts. He asked for additional information on past efforts, or future plans, for the PH/PS project to get this data to local systems and stakeholder advocacy organizations, including community-based organizations.
- A:** Ms. Grealish stated the Community Domain is already complete and posted to our website and CCJBH is working with UC Berkeley to build out the Treatment Domain. The entire framework was built based on subject matter expert interviews, extensive focus groups with individuals with lived experience, and extensive literature reviews, so the framework alone has already incorporated community voice. The vision moving forward is to have the state- and local-level lived experience contractors that were approved in the April Full Council Meeting, work with the PH/PS contractor to inform each other's work.
- Q:** Ms. Whitney showed her support for option 4. She expressed how Words to Deeds is very special and more than just a conference, and that it has helped to raise consciousness about the issues of behavioral health, homelessness, substance use disorder, etc. statewide. It has brought together behavioral health and justice system stakeholders and allowed for conversations among groups who have never heard of each other. It is the entity that has the single most statewide expertise in terms of educating people, helping people from different counties, and introducing people to each other. Ms. Whitney is saddened that the private funding is going away and doesn't think the Council should let Words to Deeds be in the possible situation of dying. Words to Deeds was responsible for the formation of the Council and has gotten significant things done. Words to Deeds is not associated with a government entity; it is its own entity, which is important. The other topics are important, as well. Education for law enforcement officers and data are both important. We could spend all of these funds and more on data and still have issues collecting and interpreting data. Ms. Whitney shared she has been involved in many committees involving data on the state- and county-level, including to come up with common definitions between stakeholders. Given the amount of money up for vote and the other allocations, she would urge Councilmembers to consider Option 4.
- Q:** Judge Manley stated we have invested heavily in projects involving individuals with lived experience. In the Legislative Report, we talk extensively about the challenges in the workforce, we simply don't have the individuals employed to do the work that is necessary for all the programs. We should support the people working now, as individuals with lived experience can receive new certifications and be added to the

workforce. The more individuals with lived experience we have working with us will be the major change we need, and can be done now, rather than waiting for reports.

Q: Chief Jenkins stated we are confronted with difficult choices, with a limited amount of money. When voting in April, he was influenced by public comment around the allocations to the lived experience groups, which is why he voted against the funding of PH/PS because he wanted an opportunity to study it further. It is critical to the mission of the Council to be informed by data. There are a lot of ways to interpret data, but it is necessary to make informed decisions and recommendations. He was unaware of Words to Deeds losing their funding prior to this meeting. He asked if Mr. Svonkin were to accept an amendment that would leave the option of \$166,666 for further allocation and would still fund PH/PS?

A: Ms. Grealish said there would be sufficient funding for Words to Deeds for one year of conference support.

Q: Chief Jenkins asked if we are currently funding lived experience contracts.

A: Ms. Grealish said so far, 75 percent of CCJBH's funding has gone to lived experience contracts based on the votes at the April Full Council Meeting.

Q: Chief Jenkins asked Mr. Svonkin if he would accept a friendly amendment of his motion. Rather than the full allocation of \$500,000 for two years for PH/PS, would he accept \$166,668 for two years for PH/PS and the possible reallocation of \$166,666 to Words to Deeds.

A: Mr. Svonkin stated he would like to amend his motion to what Chief Jenkins proposed.

Vote: Requesting a Council motion to evaluate and discuss the option of the PH/PS and to vote to establish one interagency agreement or contract to implement the PH/PS Data Analysis and Reporting for a contract for \$333,332 total MHSF, which is a one-year contract with an option to extend for a year. The remaining \$166,668 MHSF will go towards a contract to fund the Words 2 Deeds Conference and additional similar technical assistance to strengthen the systems that serve the behavioral health and justice-involved population for one year.

Motion to approve the vote: Scott Svonkin

Second: Dr. Pantoja

Ayes: 7

Nays: 1

Abstains: 1

The PH/PS Data Analysis and Reporting contract and the Words 2 Deeds Conference contract were passed.

*****Public Comment*****

- Q:** A participant hypothesized there are Words to Deeds Conference members or advisors here that are familiar with the long-standing 20-year commitment that Words to Deeds has had to CCJBH to make sure that the areas of significance are forwarded. Words to Deeds brings state and local leaders together with community providers. As a policymaker themselves, the participant relied heavily on the organization to help develop pathways for criminal justice and behavioral health to work collaboratively to keep people out of the justice system.
- Q:** A participant showed their support for Option Two because they are a champion of data and hope the funding will be used to teach consumers and stakeholders, who are not in the county or providers, how to use data, how to read data, and how it can be misinterpreted. The participant believes that the more educated people are about being able to use and analyze data to test hypotheses and create reports and visualizations will go a long way to support the things being worked on, especially for people with lived experience. The participant is a person with lived experience who lives and breathes data. They also support Words to Deeds and support the opportunity to fund both. The participant shared the idea of participatory budgeting, where two or three options are brought to the community and the community decides the tradeoffs of what funding each option looks like. Participatory budgeting helps people understand the pressures faced with funding choices and helps people make more informed decisions.
- Q:** A participant stated they are a full-time addiction counselor at an inpatient treatment center in Long Beach. They were released from CDCR custody in November 2021 and were serving a life sentence without the possibility of parole. They went in front of the Board of Parole Hearings and were found suitable for parole. They got all their education done as an addiction counselor and worked three years as a volunteer with inmates, helping with changing gang activity, drug addiction, and other behavioral problems. They stated they are very passionate about mental health, public safety, and rehabilitation. They know what works inside a facility and can help us to understand what can bring people to the table and get them involved in the programs.
- Q:** A participant thanked Councilmembers for their support and stated they are the project director for Words to Deeds. They've been there since the beginning and the conference started because of the Council on Mentally Ill Offenders (COMIO) (CCJBH's previous name). The Council wanted to start their first conference to talk about data for the Mentally Ill Offender Crime Reduction Act, but didn't have the budget to do a conference. The participant knew of private funding for the conference. The conference's goal was to turn words into deeds, and has always highlighted the work of the Council, current issues, and topics, allowing policy makers across the state and local level to come together to hash things out. It is not likely a November Words to Deeds conference will happen this year because of lack of private funding, so this will be CCJBH's conference.

Q: A participant asked, “when you hear the word ‘advocacy,’ what is the first word that comes to your mind? Public defender? Mother?” The participant stated the first word that comes to their mind is not data system. When they think about Court Appointed Special Advocates and the role they play, those are strong advocates that are changing lives and speaking up for people that don’t have a voice or someone to represent them. The goal is to promote this population so we can get community workers and be involved in the community. The Incompetent to Stand Trial population and the Conditional Release Program is a community that is not equipped to sign up for \$21 per hour jobs to be community health workers. The participant stated the funds were earmarked specifically for advocacy. The MHSOAC has similar pots of money dedicated to different stakeholder groups, but this money was given to CCJBH for the justice stakeholder group. That is not to say data or Words to Deeds are not important, but advocacy is something so needed right now that doesn’t have extra money allocated towards.

V. Announcements

The next [Juvenile Justice Workgroup](#) will be on September 15, 2023, from 12:45-2:45 PM, and will focus on SB 823 implementation. The next [Diversion and Reentry Workgroup](#) will be on September 15, 2023, from 3:00-5:00 PM, and will focus on SSI/SSDI. The next [Full Council Meeting](#) will be on October 27, 2023, from 2:00-4:30 PM, and will focus on CalAIM implementation for the justice-involved population.

VI. Adjourn