

MENTAL HEALTH COMMISSION
FINANCE / JUSTICE SYSTEMS JOINT COMMITTEE MEETING MINUTES
January 19th, 2023 - FINAL

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions</p> <p>Chair, Cmsr. Douglas Dunn, District III called the meeting to order at 1:34 pm.</p> <p><u>(Finance) Members Present:</u> Chair, Cmsr. Douglas Dunn, District III Cmsr. Rhiannon Shires, District II Cmsr. Laura Griffin (MHC Chair), District V (as alternate)</p> <p><u>(Justice) Members Present:</u> Chair, Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Cmsr. Tavane Payne, District IV</p> <p><u>Guest Speakers</u> Marie Scannell, Director of Forensic Mental Health (FMH), Contra Costa Behavioral Health Services (CCBHS)</p> <p><u>Other Attendees:</u> Cmsr. Barbara Serwin, District II Christian Aguirre Angela Beck Jennifer Bruggeman Teresa Pasquini Christy Pierce Jen Quallick (Supv. Candace Andersen’s Ofc) Jill Ray (Supv. Candace Andersen’s ’ ofc)</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS:</p> <ul style="list-style-type: none"> (Teresa Pasquini) I had the honor of speaking at the memorial for Mark Rippee, the homeless gentlemen who died in Vacaville, his story has been widely shared across our state. I have been advocating with his family since 2018. It was moving and several elected officials, including Senator Eggman were there. It was recorded for the documentary being filmed across our state (which I will be included in, as well) that covers the story of Mark Rippee and others. I hope the commission will stay active and informed on the changes coming. I also have received my most honored invitation yet. To speak to the inmates at Folsom prison. The reason, an inmate went to the library and saw an article I was in and asked the librarian to arrange a meeting where I could come speak to them. It just thrills me that we are going to have that conversation. 	
<p>III. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> (R. Shires) The next Alcohol and Other Drugs (AOD) advisory board, I will be presenting on fentanyl prevention, in particular looking at how that connects with teens and what we are experiencing in Contra Costa County (CCC). 	
<p>IV. COMMITTEE CHAIR COMMENTS: None</p>	

<p>V. APPROVE minutes from October 20th, 2022, Finance meeting:</p> <ul style="list-style-type: none"> • Cmsr. Douglas Dunn moved to approve the minutes as written. • Seconded by Cmsr. Rhiannon Shires <p>Vote: 3-0-0 Ayes: D. Dunn, R. Shires, L. Griffin Abstain: none</p>	<p>Agendas/minutes can be found at:</p> <p>http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. APPROVE minutes from October 25th, 2022, Justice Systems meeting:</p> <ul style="list-style-type: none"> • Cmsr. Geri Stern moved to approve the minutes as written. • Seconded by Cmsr. Tavane Payne <p>Vote: 5-0-0 Ayes: G. Stern, G. Swirsding, T. Payne, L. Griffin, D. Dunn Abstain: none</p>	<p>Agendas/minutes can be found at:</p> <p>http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VII. DISCUSS meeting of MHC Chair Barbara Serwin; Director of Behavioral Health Services, Dr. Suzanne Tavano; Assistant County Counsel, Rebecca Hooley; MHC Chair, Barbara Serwin, to discuss the reasons why BHS and County Counsel are opposed to providing data regarding the diagnosis(es) of mentally ill persons detained at the Martinez Detention Facility (MDF), including potential next steps forward, MHC Chair, Barbara Serwin</p> <p>I want to speak to the history and core issues of the data regarding behavioral health diagnoses of the counties incarcerated individuals being treated by Detention Mental Health. The purpose of this data is to aid the Justice Systems Committee in understanding the breakdown of behavioral health disorders, in turn to help determine what kind of treatments are need for inmates with a behavioral health disorder before, during and after their time in jail. An important belief here is that treating people at risk of being incarcerated before they enter the jail system will decrease the odds of them actually being detained and thereby contribute to a solution for decreasing the number of people with a behavioral health disorder in jail, as well as reducing recidivism. That is the overall data request, purpose of and why we are having this conversation right now.</p> <p>I spent some time putting together a timeline and history and would like to spend little time focusing on the meeting I’ve had with Dr. Tavano and Rebecca Hooley from County Counsel, the main topic of this agenda item. Then I will close with a few examples of research and information that shows our data collection project could work successfully.</p> <p>Over the past two and a half years, Cmsr. Stern has repeatedly requested this data. On June 7, 2022, she hadn’t gotten traction, so she wrote a very powerful to the MHC, Board of Supervisors (BoS) and staff, County staff in charge of behavioral health and Detention Mental Health, as well as other interested parties. She laid out the full request and arguments for meeting the request for the collection of psychiatric and substance abuse diagnosis data from inmates of the West County and Martinez Detention Facilities (WCDF and MDF). Some of these bolded items were emphasized in the letter but there has been may reasons why detention health cannot accommodate the request, including privacy issues, which we could add a lot and have different opinions on what that means or how it should be interpreted. It was pointed out that we are asking for data in aggregate, which obviated the privacy issue.</p>	<p>Documentation on this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

On July 22, Cmsr. Stern received a response letter from the Deputy Director with responsibility of Detention Mental Health, Lavonna Martin, as well as BHS Director Suzanne Tavano and the Health Services Director, Anna Roth. The letter was on Health Services Letterhead so it came from the top leadership of County Health Services. There are a couple of main points the letter stressed. One is the argument that the data we are requesting, they are interpreting as a record that doesn't exist and the county is not obligated to create a record that does not exist in order to respond to a request for records information. If it is not out there already for the public, we don't have access to it. There is a lot of 'legal research' done for this response and I was very taken aback by this.

The second main issue 'mining of individual health records of incarcerated persons for diagnosis raise significant privacy concerns. More detailed justification of that was provided about the fact that pulling together individual data to aggregate was not guaranteed that persons are not identifiable within the detention population. When the data of the data set is rare, or matched that with publicly available information, then the person can become identified and their privacy compromised (another argument). This was again supported by more 'legal research'. Cmsr. Stern was reminded of other data that Detention Mental Health has provided within the past and were listed in the letter, but only one is relevant to Mental Health. She was directed to the California Board of State and Community Corrections dashboards for other types of information.

On July 29, Cmsr. Stern responded to the Health Services response to her data request. She asks a lot of pointed questions:

- Why is the Mental Health Commission (MHC) being constraint of the public domain information? She pointed out the MHC is an appointed body and California MHCs are not limited to public domain information.
- She then pointed out the that we need to focus on what our truly realistic concerns and not extreme or highly unlikely privacy concerns. Responding to the concern there might be some bad actor in the community who could identify and individual from a collective body of evidence, "How and Why would this data be mined by others who will potentially discover the identity of the individuals who are identified as having a particular mental illness? Who would finance this procedure? What party or entity would gain access to those records in order to do?"
- "Why extracting this data has to result in a creation of new records vs a report based on existing data?" We are simply requested a basic search on existing electronic health records.
- "Why is Detention Mental Health not greatly interested in this information itself, that would be useful for identifying factors that would potentially assist in treating people in the community before they entered into detention health." The commission believes this is really critical information and were wondering why doesn't Detention Mental Health see this the same way?

On October 19, I met with Asst. County Counsel, Rebecca Hooley and Dr. Suzanne Tavano of BHS to discuss this data collection issue. We have never

sat down together and problem solved this as a group. I was very hopeful we could move this conversation forward in a more collaborative way.

These are my notes I took from the meeting (screenshare). The MHC was not included in any of the Health Services Meetings related to the data collection. We made the request, there were several meetings, but not involved with them and there really wasn't the opportunity to do that team building around the problem. On the first page of the county counsel's website, it states the county counsel's job is to represent all county commissions and boards. I raised this point because the MHC doesn't feel like we have been included or represented by county counsel in this discussion. I felt it as important to point this out. County Counsel Rebecca Hooley was not aware of this. When I walked into the meeting, Rebecca and Suzanne were in complete alignment on all the issues that were discussed and I do not want this to come across as a "He said...She said" thing. I am being very forward with how I perceived the meeting. Everything said was a wall against providing information from Detention Mental Health that is not already public information and; therefore, was absolutely no progress in this meeting.

One thing that was unfortunate and disturbing was that Rebecca Hooley insisted on meeting with the chair of the commission only, so our expert, Cmsr. Stern, was asked not to attend. I was told by Rebecca that this was departmental policy. During the meeting I asked for a written policy and she acknowledged, in fact, that there is no written policy.

Another point I asked about was why there was so much legal research done regarding the data request. This is where we get down to if this was a public request or not. She stated it is done for all public requests for information. My viewpoint is that this isn't a public request, it's from the MHC. The request was actually brought to county counsel by Lavonna Martin who oversees Detention Mental Health. When we spoke on the actual data collection, it is my view that it is a very simple search, but Dr. Tavano's viewpoint (expressed over and over) was that the request was very nuanced, challenging and therefore a report would be difficult to produce. We then spent a lot of time on the main issue, which boiled down to the question of what's a definition of a new report. They kept repeating that since the report doesn't already exist, it is new and therefore something BHS and/or detention do not have to provide.

Again, we are asking for a basic search on existing fields and the results presented as a percentage: How many incarcerated individuals suffer from Schizophrenia, and on down the line. Dr. Tavano finally indicated she understood the report is a matter of a basic query, but continued to argue the report was new. At this point in time, there was no discussion of HIPAA or Privacy Issues. That was one of the main arguments given for not providing this information... HIPAA. Several times Detention Mental Health has already provided the Justice Systems Committee with a lot of data and my response is that these are very and mostly generic data and not related to what the Justice System Committee is looking for. I emphasized the Justice Systems Committee would like to meet with Legal, Suzanne and appropriate technical staff, as well as Detention Mental Health and work out a report that would meet everyone's needs. Their concerns and the justice data needs are meeting the objectives of the data having been requested by the committee. There was no response to this suggestion and was told that

any new requests that would come from such work (if we all got together and came up with another solution) this would have to be researched by the county counsel (all the legal research) and would be starting from square one. This felt like just another barrier to our actually taking on and making the effort to work together on a mutually satisfying solution.

I also pointed out the MHC has made multiple data requests to psych emergency services (PES) in the past and have never encountered resistance. Our needs were always met. There was no response to this.

<interrupted by Jill Ray> The request you have made to PES in the query you have had them do, is that identical to what you're asking Detention Mental Health to do? (Cmsr. Serwin) No, the commonality is that it involves data about individuals that has been aggregated.

I would like to reiterate the point that I would think that Suzanne and Lavonna would want this information as well. There was no response to this.

That was the experience of the meeting. It was very frustrating for me and I'm sure it was very frustrated for them and it was really disappointing. I wanted to give a couple of examples of related published, public aggregated data, where the same sort of thing, the data needed to start with individuals and build up aggregated data. This special report on drug use dependence and abuse among state prisoners and jail inmates was based on individual data, but data about individuals in the jail context. The second one, just received from Cmsr. Dunn, it is really interesting, the RAND Corp. report that estimates the size of the LA County Mental Health Population appropriate for release to community services. I want to actually read their data sources.

The describe their data sources to classify individuals, incarcerated individuals (according the presence of a mental health disorder). We used to data () to assess the clinical criteria. First, data regarding IST and conservatorship were provided along with the legal information provided by ODR. Second, the data regarding clinical diagnoses indications and observed behaviors were obtained the jail medical record. We obtained this information through review of relevant mental health notes in the 12 months prior to the date of the data poll. A great deal of information about individuals was reviewed and then aggregated up to a point where they could draw their conclusions. These two examples of information that PES assured with the MHC, demographic data on the adult and child populations, and details regarding children staying at PES for over 24 hours.

In terms of potential next steps: I was advised by BoS staff to ask for guidance from the chief county counsel who was, until recently, Mary Anne McNeil Mason who I was hoping to gain guidance from of how we might take another run at working collaboratively together. I think the issue needs to be brought to the full commission for discussion. We could make a request for public records and we could also air the issue with the BoS to help facilitate cooperation as we have done similarly in the past.

Bottom line is:

- The refusal to provide the aggregated mental diagnoses data for incarcerated individuals to do privacy and HIPAA rules.
- There is a refusal to provide data because it would constitute new information and BHS and Detention Mental Health are not legally bound to provide the public with new reports.

- The insistence that the MHC is the public and has no rights to any data except for publicly available information.
- There is strong precedence of published aggregate behavioral health disorder in the jail population data.
- One key issues really is my difficulty in understanding the persistent refusal to provide data, including of top leadership of health services, the significant legal research and the unwillingness to answer questions, particularly both from letters and emails that Cmsr. Stern has written and my meeting with Rebecca Hooley and Suzanne Tavano.
- There is a lack of willingness to work together to find a solution and, as I said before, County Counsel is not representing the interest the interests of the MHC despite its mandate to do so.

When I sat down to put together this timeline, that has now taken over a two and a half to three years, these are the core issues and I don't understand why there is such resistance to work together. It seems as though it would be something we would all want to know. I feel the data request continues to be important and valuable and really hope we can somehow back up from this corner and finding a way work together before it has to be elevated to the BoS or the Chief County Counsel.

Comments and Questions:

- (Cmsr. Payne) I am just flabbergasted. First, County Counsel, if they are mandated to represent the interest of the MHC, then they are obligated to do that. That completely blows my mind. The fact that you are asking for information, it isn't specifics about each person, it is general information on diagnoses and the circumstances of the situation, not the individuals. That would count out the HIPAA concerns. I am confused why they are dancing around this whole issue. Whether a new or old production of information or a report, that shouldn't matter. They should be very willing to jump in and say "Hey, let's get this done to help the people we are serving." It seems they are trying to hide something. That's just me not knowing the history, and my background in law enforcement. My experience tells me this is someone that doesn't want us to know something. (Cmsr. Stern) It appears that way, but can't prove it because there is no cooperation.
- (Cmsr. Dunn) Basically, what I provided to Barbara (and thank you Angela for getting this to the Justice and Finance committee members and the public), I think county counsel and BHS are obligated, from what I see Los Angeles County has done. The office of diversion and re-entry, maybe not to that detail, but that kind of information is available. Plus, at previous AOT public workgroup meetings, I can also send information where basic diagnostic information as been put in their AOT workgroup reports. There is precedent for this information being public, even in this county. Granted not in this particular kind of situation but to hide behind (what I call) a self-constructed HIPAA wall is indefensible. I do think we ultimately will have to speak to the BoS and get their take on this and we may have to ask them to say, 'County Counsel, BHS-you have to produce this kind of report' and that is where the LA ODR report can be a template. (Cmsr. Stern) Thank you Doug. I did find someone from the University of CA Berkeley, School of Public Policy who was willing to collect the data, but Lavonna Martin said she didn't have time to

<p>supervise a student. That was another reason this data could not be collected ... she did not have the time.</p> <ul style="list-style-type: none"> • (Teresa Pasquini) I strongly encourage the commission to go directly to the BoS, this is just really extremely frustrating and disappointing for me. This is reminiscent of many years ago when I was on the commission and some of the power struggles we would have. These are the things we worked years to try to change. We had a stepping up committee that met, I was part of that committee and these are the kind of issues I elevated in that three or four years ago, as well as IST issues, the housing issues. The things that have come home to roost for CCC now have been spoken about for years. I really encourage you all. I think you have partnered with patience and, again, the MHC has shown such collaborative efforts that I would really hope you push forward and find out why it is that we are able to get info from LA County that we can't get from CCC? It's very disconcerting and very disappointing. • (Cmsr. Griffin) It seems to me there should be some kind of legality. A legal question we could ask of an attorney other than county counsel. Maybe Christy could help, to confirm, is this a HIPAA or are we violating this by having this request. If the answer is no, can we go to an outside counsel? (Christy Pierce) I have a direction to point you in. There is a government agency in San Francisco that has a mandate to investigate and train on HIPAA and I know an attorney there. One of her jobs is to give advice and train on HIPAA for all sorts of agency. I can give that information to Cmsr. Stern, or Serwin. You can reach out to her and she should be able to give you an advisory opinion. • (Cmsr. Swirsding) What report do we want? Monthly? Quarterly? • (Cmsr. Serwin) This is such a basic query we have been trying to get results from, it is just the tip of the iceberg in terms of all the rich and valuable information that is there we should have access to, as well. 	
<p>VIII. DISCUSS with Dr. Marie, Scannell, Director, Forensic Mental Health (FMH) Department of Contra Costa Behavioral Health Services (CCBHS), the Department of State Hospitals (DSH) 2022-2023 and onward funding for Contra Costa's Incompetent to Stand Trial (IST) population</p> <p>Starting out with our current numbers. Note at this point we don't have a centralized way to collect data from all the different entities that touch individuals be deemed incompetent to stand trial (IST). The current state is in forensic mental health is we keep the data on our diversion program and get data from Christy Pierce (Public Defender's office) and then send that into the DSH (Department of State Hospitals) reports required for our grant funding. In addition to FMH and the public defender's (PD) office, custody mental health as well as the state coming into local custodies to do evaluations, they also have contact with individuals deemed (or likely to be deemed) IST that we may not have contact with. The court that is unable to collect data, and the conditional release program (CONREP) is not a county program, it is contracted through the state. One of my goal for this year, hopefully, is to set up something to get a more robust collection of data.</p> <p>Currently, FMH diversion for Felony IST (FIST) there have been 39 granted diversion. The Misdemeanor IST (MIST) there have been 5 accepted into diversion, two accepted into the AOT program and 12 deemed likely to be gravely disabled and then triggers the next step for the judge to order an</p>	<p>Documentation on this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

evaluation for conservatorship. Conservatorship (2021/22) total referrals from the court was 32. (2022/23) referrals thus far for MIST are 13 -- filed on nine (9) with three (3) still under investigation. FIST are ten (10) -- filed on three (3) with two (2) still under investigation. That is all the numbers I have from BHS at this point.

This calendar year, currently DSH is going to have a fine for each county that goes over their designated number of ISTs in the state hospital. Waiting on clarification if it is based on actual admissions or IST commitments. CCC is able to have 93/year without fines, which works out to 7.8 monthly. Currently, the first quarter in 2022/23, we are over at 29, which averages out to 9.7 monthly. The fine is based on the cost of \$728/day with an average stay of 155 days. That works out to \$113k per individual. These fines are going to be phased in over the next couple years. All these fines are going into a mental health fund and will come back to the county to use towards the effort to prevent anyone going into custody deemed (or likely to be deemed) IST. There will be a set of steps to monitor how those funds are used, as it has to be specifically for this population.

BHS will be putting in a letter of intent by the end of the month (likely tomorrow) that we will be interested in funding coming out, \$100K annually, to support coordinating and facilitating collaborative county stakeholder workgroups to address the many issues that have come up already (even just in this discussion) but how to best work towards the goal of not criminalizing those with mental illness, specifically the IST population. The stakeholder groups have to (at minimum) include someone from the PD, the District Attorney (DA), Superior Court, Probation, Sheriff's, the CAO's office, and BHS. I'm certain we would want to include community stakeholders, family members, individuals with lived experience that can provide that guidance, as well. This funding, once approved, would have a five year contract. \$100K/year for five years.

Housing: Currently, with our mental health diversion grant, we have some funds for housing. That will continue for another year. Then there is a large increase of MHSA (Mental Health Services Act) funds going to housing funds, and several rounds of BHCIP (Behavioral Health Continuum Infrastructure Program). The question is mostly, would these housing options be available for someone that fits the FIST population. My understanding is that once the funds from the BHCIP are approved, the request for proposals will go out and the county will be working with agencies. Ultimately, the agency has the final say on any particular referral. Each referral would be addressed individually. It is not going to be set up that it eliminates the population and all the factors of a person's situation and their needs would be taken into consideration for acceptance into any of the housing. Another possible grant that would be specifically for justice involved individuals. If we were to get this and develop some type of co-occurring type of treatment to address both addiction/mental health issues, that would be quite valuable for working with this population.

DSH is now coming into local custody settings and re-evaluating those deemed IST. The last I have heard from DSH is 35% of individuals on their wait list are now competent, yet still on the wait list to go into the state hospital. They are coming into local custody and having a separate evaluation. I will be meeting with David Seidner to get more information but my understanding is they are operating very separate from the Detention

Mental Health staff and programs. Hopefully, this changes over time and there is more coordination. The DSH has said these evaluators are doing a thorough record review, meeting with individuals (likely through ZOOM, but not sure). This is something the community behavioral health director's association, the criminal justice committee, is tracking. Many counties, including CCC, have concerns around the confidentiality of how and where these evaluations is taking place, as well as any potential bias. These evaluators are employed by the DSH. It is a new situation, many are aware and monitoring. We will see over the next year what changes can be made to improve how this is taking place.

Next steps: I will be working with the Chief of Housing around the infrastructure grant. I will reach out to coordinate more with CONREP. There has been numerous changes in their Community Director. It seems as though each time I make contact, a month or two later, there is a new one. Currently waiting on the DSH, the last meeting was in October when they discussed the funding for wraparound services to individuals and additional housing funding. The next one is next week. They stated there would be more information in the beginning of the year in terms of maximum budget amounts for the IST wrap around treatment and housing for IST.

Comments and Questions:

- (Cmsr. Stern) That sounds very unusual. How can the county prevent the numbers from being over the amount if those people actually exist? Why the fines? (RESPONSE: Marie Scannell) That is a great question and my understanding is that the goal is to prevent those with a serious mental illness (SMI) who might commit a crime (or have already) to give them the help and wrap around services in the community to prevent the time in custody and/or the state hospital. I believe the fine is supposed to be motivation to help the counties to work more on the preventative end, rather than restoration after the fact.
- (Jill Ray) Also to incentivize more diversion, so those folks get diverted before they are ordered to the state hospital.
- (Cmsr. Stern) I am wondering if there are enough facilities and are people able to get into those treatment programs quick enough without being on waiting list. (RESPONSE: Marie Scannell) I think everyone agrees, not yet. Not currently. A lot of the funding coming from the state is to help build up those options.
- (Cmsr. Stern) So are the fines taking place now? Before the funding is available for those options? (RESPONSE: Maria Scannell) Yes and no. The funding is rolling out over the year, but then the funds from the fines does come back to help prevent the need for hospitalization and custody.
- (Cmsr. Payne) How can a fine be imposed when you first need to identify they need help and who is not allowing that to happen and what part of the department...there are so many different facets of identify why they are not receiving the help. Why are they even put through the process? What point does that process stop and get diverted into the mental health program. Who is actually getting fined? (RESPONSE: Marie Scannell) Currently, the fine is to the county and the county can decide which department within the county is to pay the fine. This is all new legislature from the stated so it is still being sorted out. (RESPONSE: Christy Pierce) I am going to be as tactful as I can, it is does not make a lot of sense to me and I don't know how well thought this all was. I

don't know how effective it will be. A discussion on problems with this law could last hours. The county will need to make the determination where the funds come from. It is on the books and we have to address it as it's written and deal with it. (Marie Scannell) We will also have to monitor and make the extra effort to get other options available and do our best to keep anyone that doesn't absolutely need the intensity of a hospital in patient time to give them the most intense wrap around services we can in the community.

- (Christy Pierce) Does our grant with DSH give us any money for housing for the FIST clients in diversion? (RESPONSE: Marie Scannell) Yes, that is what we have been using. How it is currently set up is (for example) when someone is first released from custody, they have no benefits in place yet, and have deemed the most supportive housing for them is an SLE, we can pay the initial rent until their benefits kick in. On the other end, we currently has someone doing very well, is stable and ready to move independent living, we can help with the first/last month rent, deposit or whatever the upfront costs are to help the individual get started in an apartment. It has been very useful and have used it mostly for SLE or room/board living situations.
- (Cmsr. Dunn) How does the \$535mil from the state, how much is CCC eligible for? I understand CCC is one of the top 10 counties that has IST population per county in the state. How does this fit into what CCC trying to accomplish and how much funding able to receive? (RESPONSE: Marie Scannell) Hopefully at this next meeting I will get more information on that. I will be happy to come back once there is more information.
- (Cmsr. Stern) Can you email Cmsr. Dunn when you have that information? (YES)
- (Teresa Pasquini) This update is helpful. I saw the letter regarding the fines approximately two to three weeks ago and was wondering how it was going to be handled. I wasn't sure if Cmsr. Dunn was going to give some background. It seems some commissioners need to be brought up speed on how we got here. I know he did a great job last year and we both were very much a part of the IST solutions workgroup that took place by the DSH; and in turn, he provided a lot of information to the MHC on that process. That would be a good thing to revisit for the new commissioners and their questions. I feel it is really important for everyone to be educated on this as possible. There will be a lot of change coming. My feeling regarding the fines is that it is a collective problem the state and counties have created together. This has come from a lawsuit, there are state lawsuits that are forcing this, as well as local lawsuits. This is why Lauren and I brought our Housing That Heals paper to this commission and to various other groups in the community and across the state, basically saying 'where are you going to divert to?' Divert to where and what? I appreciate this update and will be paying careful attention. I'd like to mention a report issued by the California Penal Code Revision Committee recently and I testified at that committee last year and there are recommendations in that report, as well, that will be coming down. I think it is really important for us all to be prepared to advocate in a unified way to help our county as much as possible. Hopefully the BHCIP grants will get approved and that will further the cause. I have always had very strong concerns about some of

<p>these folks being put in SLEs and independent living and the lack of supportive services for them. The recidivism rates are demonstrating that this is a problem. Most are being placed there and we need to think in terms of appropriate placement, the higher level of care as well as lower. The MHRC we are hoping to get here is going to be critically important as well. I will share the report with (Angela) to share with the MHC after the meeting.</p>	
<p>IX. Adjourned meeting at 2:58 pm</p>	