

<b>Committee Members:</b>	<input checked="" type="checkbox"/> <b>Brian Bloom</b> (Co-Chair, District 4); <input checked="" type="checkbox"/> <b>Juliet Leftwich</b> (Co-Chair, District 5)
<b>ACBH Staff:</b>	<input type="checkbox"/> <b>Kristin Boer</b> (Administrative Liaison); <input checked="" type="checkbox"/> <b>Jeanelle Wan</b> (Recording Secretary)

Meeting called to order @ 12:32 PM by **Chair Brian Bloom**.

ITEM	DISCUSSION	DECISION/ACTION
<b>Roll Call</b>	Roll Call completed.	
<b>Approval of Minutes</b>	July minutes approved.	
<b>Discussion of MHAB Recommendations to the BOS Regarding Ways to Reduce the Severely Mentally Ill Population at Santa Rita Jail</b>	<p><b>A. The Justice Involved Mental Health (JIMH) Taskforce: Process and Timeline</b> The JIMH will present recommendations to the Board of Supervisors (BOS) on how to reduce the number of seriously mentally ill people at the Santa Rita Jail and get those individuals into treatment instead of incarceration. The next JIMH meeting is on the last Friday in September.</p> <p><b>B. The MHAB Process and Timeline</b> The MHAB will also present its own recommendations separate from the JIMH to the BOS with the same aim of reducing mentally ill offenders in jail. This committee's recommendations can be included in both the JIMH's and the MHAB's recommendations. The MHAB will vote on the MHAB recommendations at the meeting on September 21, 2020. There will be a presentation to the Public Protection Committee on October 8, 2020.</p>	

**C. Ideas from the CJC and Members of the Public: How to Reduce Santa Rita's SMI Population; Guiding Principles; Specific Short and Long-Term Goals; Priorities; Data Needs**

Recommendation: expansion of the Alameda County Behavioral Health Court to handle more diversion cases. The diversion court has had a good success rate in keeping people out of jail.

Suggestion: crisis line similar to that of the states of Arizona and Georgia. A robust system that is able to collect a lot of data and can filter calls to have them not go to police departments. A similar system could be implemented in Alameda County and then expanded statewide if successful.

Recommendation: improve data collection to use for and improve programs and identify best practices. Funding to hire staff and/or build data bases that can provide certain specific data points. Order a report on a monthly census of how many people have been diagnosed with an Axis I psychiatric disorder. Identifying the people in jail who suffer from serious mental illness can help clarify who is serving time and who is pre-trial.

Recommendation: an easier pathway from jail to civil conservatorship. The only way to get people out of jail and into appropriate treatment is through conservatorship. Empower the Public Guardian to petition the court to stat conservatorships for mentally ill offenders in jail.

Recommendation: more acute psychiatric beds, since there is nowhere for people to go besides the Jail.

Recommendation: on the November ballot, there is a proposal to end cash bail in California and replace it with a robust and well-funded system called pre-trial services. A vast majority of individuals will be interviewed and assessed before going to arraignment. Mentally ill offenders could be identified and diverted in the pre-trial stage.

Recommendations from chat log:

- 1) Build more locked hospital beds like those at Villa Fairmont and John George (PES and units). We need to more than double our supply according to the California Hospital Association.
- 2) Build or buy board-and-care beds: permanent licensed housing specifically for the seriously mentally ill.

- 3) Strengthen the Continuum of Care for Those Leaving Jails or Hospitals
  - a. Secure another residential drug treatment center like the Bonita House residence for the seriously mentally ill.
  - b. Improve and expand the Laura's Law programs (Assisted Outpatient Treatment and Community Conservatorship). AOT could include court-ordered long-acting medication as an alternative to jail or hospitalization. Community Conservatorship should be expanded to include those leaving jail, not just those leaving hospitals.
  - c. Allow Medi-Cal funding of IOP/PHP programs (daily activity programs with medical staff). These programs can help some seriously mentally ill, as a more intensive alternative to Full Service Partnerships.
  - d. Do everything possible to restart Medi-Cal when clients lose it by going to jail.
  - e. Allow doctors and other clinicians to 5150 people who re-experience crisis and need treatment.
  
- 4) Recognize Families as Advocates for the Seriously Mentally Ill with Anosognosia
  
- 5) The Board of Supervisors should pass resolutions taking policy stands that would help the seriously mentally ill in jail get help elsewhere.
  
- 6) When an individual is 5150'd, a complete assessment should be conducted such that a clinician is able to diagnose whether SUD or SMI and recommend a next step.
  
- 7) Have an Industrial Engineer to handle data and data flows.
  
- 8) More review of quality control with regard to contracts and contract compliance with regard to the CBO services. A percentage of individuals who are already connected to services with ACBH are still recidivating despite those services.
  
- 9) Audit of county owned properties to be used for repurposing for licensed board and cares as well as locked facilities.
  
- 10) Financially incentivize psychiatric personnel positions working with the SMI population.

ITEM	DISCUSSION	DECISION/ACTION
	11) Build a Gladman facility that is both secure and more inviting and humane and stimulating.  12) Create a pipeline of clinicians as a more long-term solution.  13) Use MHSA money to subsidize training and recruitment of clinicians.	
<b>Adjournment</b>	Adjourned at 2:05 PM	

Minutes submitted by J. Wan