

# WORDS TO DEEDS X

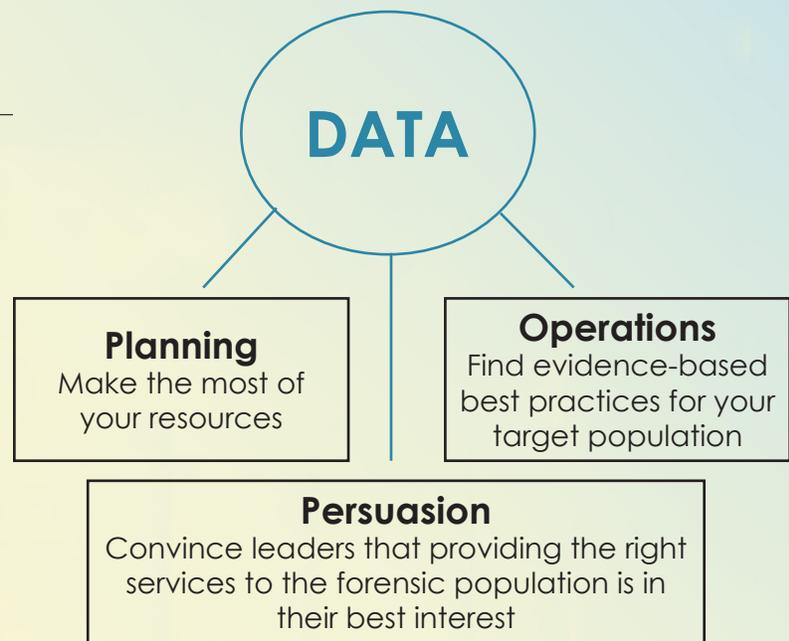
## Changing the Paradigm for Criminal Justice and Mental Health

2016 Overview



# 2016 Conference Overview

Close to 100 leaders from across California participated in Words to Deeds X in partnership with the Board of State and Community Corrections (BSCC) and the Mental Health Services Oversight and Accountability Commission (MHSOAC), November 2-4, 2016. This annual conference brings together behavioral health and criminal justice leaders and stakeholders with the goal of ending the criminalization of individuals with mental health needs. Words to Deeds long has focused on the use of data and data-driven decision-making to better inform policy and practice decisions. This year's conference highlighted how data can support collaboration across local agencies to address the complex needs of those with behavioral health conditions who become justice-involved; moving from program-centered to person-centered services.



## Data-Driven Decision Making: Integral to Successful Collaboration and Outcomes

Presenters highlighted many places where data is needed:

- To identify early predictors of mental illness and risks for justice involvement.
- To support the identification and use of best practices.
- To better understand the drivers behind how people with behavioral health needs become involved in the justice system.
- To allow consumers and stakeholders to define quality of services.
- To monitor outcomes and guide treatment over time.
- To guide decisions on how resources should be allocated. By using data to understand the complex needs of the justice involved population, public safety funding could be redirected and rebranded to provide services in the community that could prevent incarceration.
- For community-based prevention efforts to identify those that may need other services and proactively conduct outreach.

The Council on State Governments (CSG) Justice Center presented on the four key outcome measures at the heart of the national Stepping Up initiative:

- Reduced number of people with mental illness booked into jail.
- Shorter lengths of stay for people with mental illnesses in jail.
- Increased percentage of people with mental illnesses leaving jail connected to the right services and supports.
- Lower rates of recidivism.

### How to Gather Data

- Leverage the research community to assess what data is currently available and to identify what data could be collected in the future. One data sharing model presented at the conference involved designating a research institution to house data from different sources and conduct the analysis.
- A state-level organization such as BSCC or MHSOAC can help by centralizing the effort to ensure that research and definitions are the same across counties.
- Almost every county in the State provides information to the BSCC Jail Data Profile Survey, which includes the number of open mental health cases. Your county may have information that you are not even aware is being collected.
- MHSOAC offered to partner with counties in their data gathering efforts. The Commission can assist in integrating data and sharing that information throughout the State and between agencies to further the goals of understanding the current big picture, finding strategies for improvement and then using it to guide decisions to avoid crisis situations and incarceration.

### What to Gather

- Risk of re-offense
- Substance abuse need
- Mental health need
- Criminogenic needs
- Number going through the system
- Number served
- Number being missed (med/high risk)

### Tips:

- Don't assume your county is already gathering and assessing these items. CSG has found that most counties don't do it adequately. It doesn't have to be burdensome if done differently.
- Quantify the numbers at points of contact or change, for example, screening and/or arraignment.

### Who Can Help

- MHSOAC
- BSCC
- Stepping Up Initiative, <https://stepuptogether.org>
- The National Association of Counties (NACo) Data-Driven Justice Initiative (formerly White House Data-Driven Justice Initiative)
- Data Justice Network, <https://datajustice.us>

- Beware of putting too many measures together so that they lose impact.
- Look at more than high-utilizers to see across the entire system at the number of people with mental illness in your jail.

### Presenting Data for the Most Impact

Present your data to all of the important decision-makers in your county, especially:

- Board of Supervisors
- Courts
- Probation
- Hospital Administrators
- Sheriff
- Chief of Police
- Healthcare Administrators
- Behavioral Health Directors

### Tips on making the biggest impact with your data:

- Talk about a specific number of people and specific number of services.
- Agency Directors need to work together to present a coherent plan to the Board of Supervisors.

## Points of Success

Leaders from four innovative counties shared their successes using data to improve their systems and services.

### Bexar County, TX

**Gilbert Gonzales, Director, Mental Health Department, Bexar County, Texas**

Gilbert Gonzales and his team of partners throughout Bexar County, TX, were able to build a diversion center that is open around the clock and includes a drop-off location, mental health services, substance abuse services and residential housing. Crucially, it is located near the homeless campus, the magistrate, the jail and the police department with the intention of making it easier for an officer to drop off at the center than at the jail or magistrate. What's most impressive is that this project was started without any additional funding allocated by the county or state and data provided the pivotal elements in forging the partnerships that realized the diversion center.

As part of Phase 3 of a 16-year plan to improve services for individuals with mental illness and use diversion rather than jail, Bexar County contracted with a policy institute to do a year-long study of people using local safety net services. Specifically, the study joined data from service agencies throughout the county to look at the costs of super-utilizers, homeless individuals and uninsured/underinsured behavioral health service utilizers. The data collected showed how much was being spent overall, hotspot locations and cited specific case examples. The report was presented to the mayor, county commissioners, a county Judge, and administrators of the 9 largest local hospitals. As a result, Bexar County caught the attention of community leaders who committed to secure funding in the amount of \$17 million from various contributors to support this remarkably successful project.

### Key Takeaway

*– Collect the right data to convince important decision-makers: such as local community and political leaders, hospital administrators, Sheriffs, Probation Chiefs, Chiefs of Police, and behavioral health leaders. If you can convince them to support the effort, the pooled funds will achieve more than any one agency can accomplish alone.*

### Los Angeles, CA

**Jackie Lacey, District Attorney, Los Angeles County**  
**Terri Macdonald, Senior Policy Advisor, Los Angeles County Office of Diversion and Reentry**  
**Mark Delgado, Executive Director, Los Angeles Countywide Criminal Justice Coordination Committee**

Los Angeles created the Office of Diversion and Reentry in 2015 with a formal, permanent steering committee which includes all relevant stakeholders. This Mental Health Advisory Board is currently active, continuing to expand its various work groups.

**The Law Enforcement Work Group** identified a need for training. The DA's Office now has a full-time Crisis and Intervention Team trainer and in one year has trained 536 officers on de-escalation and dealing with people on the street who have a mental illness.

**The Misdemeanor Incompetent to Stand Trial (MIST) Work Group** has diverted over 200 MIST individuals to the community for restoration to competency, an alternative to a waitlist for being restored by State institutions.

**The Pre-Booking Diversion Work Group** is developing a protocol for diverting people to mental health urgent care facilities for stabilization, which removes the burden from emergency rooms and realizes better outcomes than jail. Once stabilized, patients go home or are referred to residential facilities.

**The Mental Health Legislation Work Group** sponsored SB 621, which was signed into law last year, to allow Mentally Ill Offender Crime Reduction (MIOCR) grants to be used for alternative sentencing programs.

**Further Accomplishments within L.A. County:**

- The Mental Health Advisory Board will be launching 2 new work groups: Peer Support and Juvenile Justice.
- L.A. County started a homeless initiative to provide 1,000 beds over a 5-year period, still a small fraction of what is needed.

**Successes in the L.A. Jails and Court System:**

**Alternative Custody Programming:** The L.A. Sheriff allows for alternative custody programming, for example, placing inmates into community programs on ankle monitors. The ODR is working toward creating more beds and is relying heavily on the 1115 waiver to offer drug treatment. L.A. County is also adding 800 beds for drug treatment in jail, allowing inmates to finish their sentences in community treatment. There is also an option to start pre-trial.

**MacArthur Foundation Grant:** This grant provided for pre-trial probation agents in the jail to work with inmates who don't understand the bail deviation process and how to access it. The ODR has become a funnel to collaborative courts.

**Transitions Care:** Has a new director whose role is to help the jail connect offenders with community services.

**On the Horizon:** The ODR will apply for the Law Enforcement Assisted Diversion (LEAD) Grant for a pre-arrest diversion program to expand what DA Lacey initiated for mental health to include substance abuse treatment for non-violent offenders.

**Key Takeaway**

*- It is crucial to break down silos and involve the right leadership, including the Board of Supervisors, District Attorney's Office, Public Defender's Office, community mental health, the Courts, and the Departments of Mental Health and Public Health.*

## San Diego, CA

**Susan Bower, MSW, MPH, Assistant Director Integrative Services, County of San Diego Health and Human Services Agency**

**Health & Human Services Department:** After data made clear the need to work together, San Diego Health and Human Services connected the data systems of 9 departments, using role-based authorization to adhere to HIPAA regulations. Connect Well gives HHS service providers a clear picture of everyone who is working with their clients. They can see all contacts including probation, benefits, child welfare, and behavioral health. It has allowed for better coordination and also shows aggregate information hotspots for interventions or for developing new programs.

**Community Transition Center:** Everyone released from prison is picked up and brought to San Diego's community transition center, where they can stay up to 5 days. The center provides Medi-Cal assistance, behavioral health screening, physical health links, and is co-located with Probation, detox and residential substance abuse treatment.

**911 Services:** Project 25 targets high utilizers of San Diego's 911 system. It is organized by a homeless service provider who receives data from all the entities to identify the target population. Data show it has saved a significant amount of money.

**Housing & Mental Health Services:** Project One For All's goal is to provide intensive full-service mental health treatment and housing to everyone who is homeless in the county. There are 4 components: outreach and engagement, treatment, housing and program performance measurements.

**High-Cost Utilizers:** Whole Person Wellness developed system integration teams to target high-cost users of medical care and matching them with homeless data to identify those who are homeless (or at risk of being homeless) and/or often in and out of jail. This program provides intensive case management for whatever needs they have, including accessing housing, mental health services, substance abuse treatment and probation.

**Key Takeaways**

- *Use an individual-centered approach instead of a department or profession focus.*
- *Have one common vision throughout the county so agencies can pool resources.*

## San Francisco, CA

**George Gascón, District Attorney, San Francisco County  
Tara Anderson, MPP, Policy and Grants Manager, San Francisco County District Attorney**

San Francisco used already available data to pilot the Law Enforcement Assisted Diversion (LEAD) program which uses aggregate data about accessed emergency room services and crime hotspots.

The County has developed its own data-driven assessment tool, the Public Safety Assessment (PSA) and a decision-making framework which was implemented in April. Since then, over 18,000 people have been screened and more are being released pre-arraignment.

**On the Horizon:** San Francisco has a plan for a 4-tier facility run primarily by the Behavioral Health Department with involvement of partners, including law enforcement, the Public Defender's Office and the District Attorney's Office. It will include law enforcement drop-off, services, short-term housing, long-term housing and a secure unit.

**Key Takeaway**

*- There are things you can do with the data you already have even while working toward more comprehensive reform of the infrastructure.*

# Mentally Ill Offender Crime Reduction (MIOCR) Grants

In partnership with BSCC during the three-day conference, representatives from adult programs funded by MIOCR Grants who are advancing best practices.

MIOCR grants have facilitated thinking outside the box and spurred collaboration. Many reported decreased hospitalizations and recidivism as a result. Representatives reported on their counties' accomplishments in using their MIOCR grants. In particular, counties saw:

- Collaboration with partners on finding housing for individuals with serious mental illness,
- Successes in Behavioral Health Courts,
- New programs for the tri-morbid population,
- Full service partnerships,
- Continuation of care between institutions and community services,
- Integration of county services,
- Gains in transitional housing,
- Cultural shifts of custody staff.

The Alameda County Sheriff's Department convenes monthly meetings with partners, including the District Attorney's Office, Public Defender's Office and probation to discuss barriers and strategies.

Nevada County reported that their grant was used to identify officers in each jurisdiction to work with mental health professionals to identify people needing mental health services. Coordination of this kind is important because they don't have dedicated staff like larger counties.

San Francisco reported that they focused their grant on housing, a new felony Behavioral Health Court (BHC) and a full-time peer specialist. Their objectives were to increase engagement with

## Mentally Ill Offender Crime Reduction (MIOCR)

Grantees with Adults Programs:

Alameda	\$948,459
El Dorado	\$950,000
Los Angeles	\$1,834,000
Madera	\$869,547
Nevada	\$110,472
San Francisco	\$950,000
San Luis Obispo	\$950,000
Santa Clara	\$887,529
Santa Cruz	\$949,995
Solano	\$949,998
Total:	\$9,400,000

For more information, including project summaries, please visit:

[http://www.bscc.ca.gov/s\\_cppmiocrgrant.php](http://www.bscc.ca.gov/s_cppmiocrgrant.php)

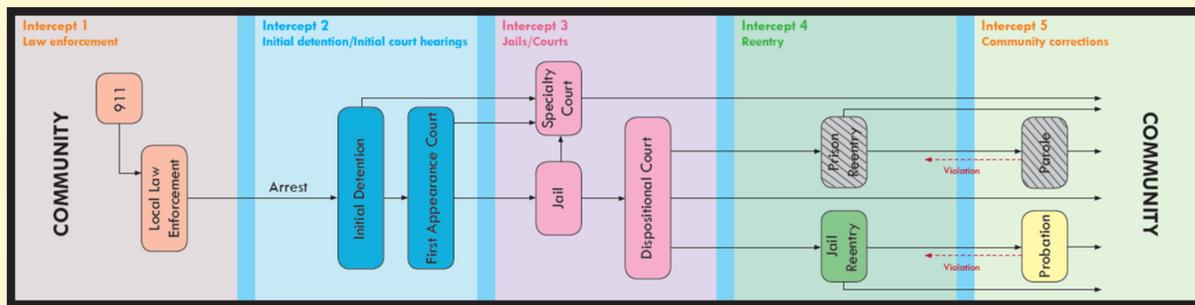
mental health providers, increase compliance with court-ordered treatment, and reduce criminal justice system involvement.

San Luis Obispo reported that they took an intercept mapping project from another grant to find gaps and then used their MIOCR grant to fill those gaps. They put staff in the courts to identify people needing mental health services and provided a therapist to work in the jail.

Santa Cruz county used their grant to expand programming already in place and to strengthen collaborations with Probation, the Courts and Law Enforcement.

Solano County's MIOCR grant spurred collaboration that wasn't there before. The county developed pre-arrest diversion, post-filing diversion, a mental health program within the jail, and a reentry person to identify people in custody and develop a reentry plan with case managers.

## Tracking Progress: Focusing County Leaders on Key Outcomes Measures<sup>1</sup>



Outcome measures needed to evaluate impact and prioritize scarce resources.

# Ask the Experts

Lisa Bates, Deputy Director, Housing Policy Development, CA Department of Housing and Community Development

Karen Baylor, PhD, LMFT, Deputy Director, CA Department of Health Care Services, Mental Health Substance Use Disorder Services

Diane Cummins, Special Advisor to the Governor, State and Local Realignment, California Department of Finance

Scott Kernan, Secretary, California Department of Corrections and Rehabilitation

## Experts listed many recent successes in California:

- Prisons have added Cognitive Behavioral Therapy (CBT), substance abuse treatment, job readiness programs and 85% leave signed up for Medi-Cal.
- SB 1380 passed establishing the Homeless Financing and Coordinating Council.
- No Place Like Home passed, which authorizes \$2 billion of MHSA funds for permanent supportive housing for individuals who are chronically homeless, at risk of chronic homelessness or who have serious mental illness. Developers are required to accept people based on a housing first concept to ensure there aren't barriers such as denial because of criminal history. Technical assistance for applying will be provided soon.
- Stigma reduction campaigns.
- The State received the 1115 waiver for the drug Medi-Cal delivery system. CMS was given approval to start the nation's first demonstration project.

## Challenges identified:

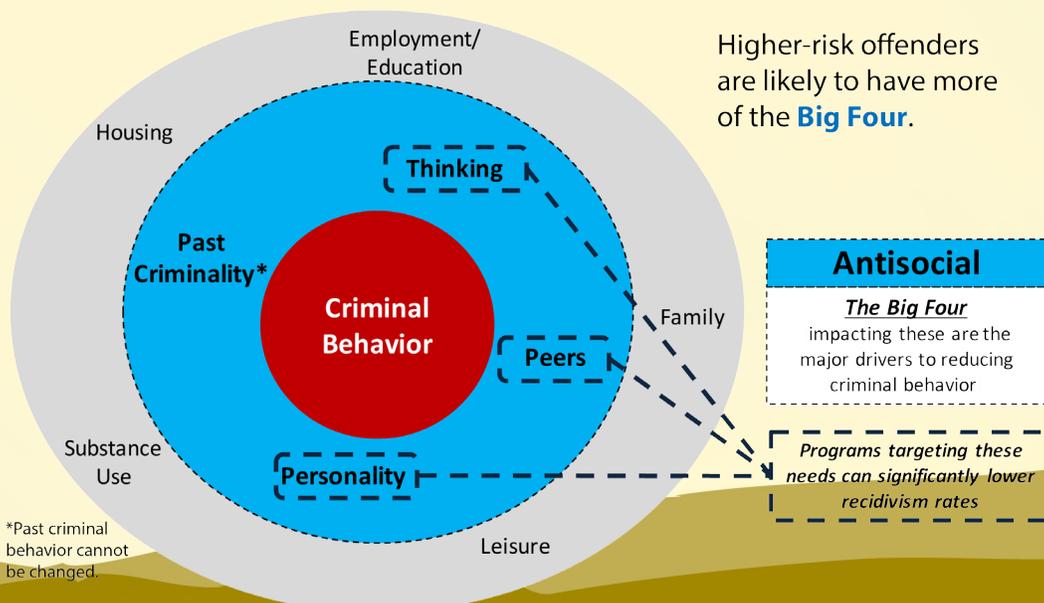
- Better handoff from state to county facilities.
- Sites for reentry facilities. Grant funding exists in the budget to incentivize siting hard-to-site facilities but so far no applications.
- Incentives for inmates to participate in programs.
- Entities within counties need to work together, especially when it comes to funding.

- Getting everyone on the same page, with clear and specific goals.
- Housing sector at state level must connect with mental health and counties.
- Better substance abuse treatment and better care coordination.
- Sober living homes are not regulated.
- Data collection difficulties. It's not just software, it's also HIPAA, SUD CFR 42, and good care coordination.
- The State collects a lot of data but can't integrate it well enough to drive policy so must go to the local level for data.
- At the local level, critically important to figure out what to emphasize and analyze in your system because that will help reduce costs.
- Important to integrate substance abuse and mental health treatment, which is now more integrated at the state level.

## The future our experts see:

- Working on a list of all the programs in the State where mental health services are funded. There are too many at the late stages of the system (corrections, state hospitals) as opposed to the county level regarding early intervention and supportive services, for example.
- Encourage development of mental health and substance abuse services which are not typically considered with the same importance as food banks and shelters.
- In process of releasing the statewide housing plan.

## Target the Factors that Evidence Shows Are Most Central to Criminal Behavior<sup>1</sup>



# HIPAA and Information Sharing

Sharing individually identifiable health information can raise many questions, especially when it comes to custody situations and the courts. Participants received current clarification from Sherri Morgan, JD, MSW, Health Information Privacy Specialist, U.S. Department of Health and Human Services, Office for Civil Rights.

**General Rule:** PHI\* may be disclosed by a covered entity without authorization for purposes of treatment, payment of healthcare, and healthcare business operations. Some of this is subject to the minimum necessary requirement but not if it's being shared with another covered healthcare entity.

**Minimum Necessary<sup>3</sup>:** Covered entities may disclose only the minimum amount of PHI necessary for the purpose of the disclosure to a non-health provider.

## Disclosures to social service agencies

A healthcare entity can share PHI, including criminal justice information, to social service agencies for treatment purposes, including care coordination. This can be done with or without an authorization. If it's done without an authorization, the minimum necessary standard applies.

## Corrections and other custodial situations

**Rule:** A covered entity is permitted, not required, to disclose PHI in response to a request from a law enforcement official who has lawful custody of an individual if the official represents that it is needed to provide healthcare to the individual or for the health and safety of the individual. Representation of the purpose related to providing healthcare services must be given. The provider can accept the scope of the request as necessary or the provider can determine that a smaller scope is the minimum necessary required for the purpose of healthcare or health and safety.

### When does criminal justice data become protected?

- When public information such as criminal justice data is created, received, maintained or transmitted by a covered entity, it becomes subject to HIPAA protections.
- HIPAA doesn't limit the types of data a treatment provider can seek or obtain for healthcare purposes, including care coordination. For example, healthcare entities can combine criminal justice information they receive with other health information. At that point, the criminal justice information becomes PHI and can be used and shared by covered entities in the same ways and for the same purposes that HIPAA permits generally.

### What can law enforcement do with data?

Law enforcement is not a covered entity under HIPAA so there are no rules that address law enforcement disclosing PHI. Other federal or state laws may apply, however. For example, protection of substance abuse information follows the data not the entities.

### When is someone in lawful custody?

HIPAA isn't specific here but custody is not considered to be only arrest situations. Guidance will be released soon.

## Q&A

### What about healthcare providers within institutions?

- Between treatment providers, including covered entities and covered professionals, PHI can be shared without the minimum necessary standard.
- There isn't clarification regarding which correctional healthcare agencies are or are not covered entities.

### Can entities aggregate data and analyze it?

HIPAA permits providers to disclose PHI to their business associates for purposes permitted by HIPAA. The business associates must agree to use the data only in the ways specified in the agreement with the covered entities.

### California has a law requiring consideration of any available history when considering an involuntary hold, which could be imposed on a clinical person evaluating dangerousness or on the law enforcement officer. What is the guidance when there may be an issue of dangerousness and a law enforcement officer requests psychiatric history from to the provider?

It sounds like this could be seen as a request from law enforcement. There is a provision of HIPAA that allows for disclosure when mandated by law. It's not clear here whether the State law makes it mandatory only for the provider to consider available history or if it's required to disclose to others and, if so, to whom.

### Does HIPAA allow you create an infrastructure to coordinate care through consent? Or, could an individual get access to their own information and then share it with providers?

- Authorization could be worded in a general way if needed to meet the broader care coordination.
- One mandatory disclosure in HIPAA is to the individual who is the subject of the information.

## Links for more information

- Blueprint for sharing behavioral health information from CA HealthCare Foundation: [www.chcf.org/publications/2015/07/fine-print-exchanging-behavioral](http://www.chcf.org/publications/2015/07/fine-print-exchanging-behavioral)
- Bureau of Justice Assistance Police-Mental Health Collaboration Toolkit: <https://pmhctoolkit.bja.gov/>

## \*Definitions

**PHI** = protected health information

**Covered Entity** = subject to the requirements of HIPAA

### Covered Entities are:

- Healthcare providers and their contractors (business associates). To be a covered entity you need to be set up to provide electronic insurance reimbursement. Some counties are set up for this and some aren't. Each facility needs to perform its own analysis to determine if they are a covered entity.
- Community service providers, only if they are healthcare providers.
- Law Enforcement, Parole, and Probation are not covered entities.

**Criminal Justice Data** = Use and disclosure of individually identifiable information about an individual's interactions with public health and safety officials such as police, courts, and first responders. Examples include data on arrest, jail days and utilization of 911 services.

# Challenges and Strategies

In addition to HIPAA and digital technology challenges, participants sought advice from their peers on other problems they encounter in their work.

## Challenge 1: Convincing County Behavioral Health Strategies

- Align incentives.
- Demonstrate that high-utilizers are shared clients. The behavioral health system isn't funded to provide services in the jails or for probationers, so use data to show that providing these services will be a cost saver.
- Train judges and service providers so that they have a better understanding of each other.
- Find a champion from Behavioral Health.
- Show that introducing structure for a patient is different from taking away freedom.

## Challenge 2: Coordination in Releasing Inmates Strategies

- Expand who you ask regarding your patients' release. Talk to the Public Defender's and District Attorney's Offices regarding whether someone is likely to be sentenced or released.
- Make sure all players attend joint meetings to get answers right away and the same information.
- Seek authorization for providers to enter the jail to take people to treatment.
- Work with custody staff to release to a program only during its hours of operations.
- Work with the Sheriff's Department so that people with

mental illness are not permitted to be released from court. The staff in the Sheriff's Department may need to be supplemented and this should be considered when applying for grants.

- Participants shared examples of creative collaborations with the Sheriff's Department:
  - In Orange County the Sheriff's Department puts a slip in inmates' jackets, "Don't release until evaluated by Behavioral Health."
  - In Santa Cruz, Corrections flags people in its system to not release before notifying Behavioral Health. Additionally, a jail discharge planner accompanies behavioral health clients to court.
  - Custody in Santa Clara flags inmates who have mental illness for the Judge so they won't be released from court.
  - In Alameda, a group of Sheriff's employees are clinical case managers who perform risk-needs assessments, establish reentry plans and are able to leverage funding from Medi-Cal. They can't bill for services in the jail but can for those provided outside.

## Challenge 3: Probation Participation Strategies

- Co-locate Probation with Behavioral Health.
- Conduct trainings in the Probation Office.
- Find a leader committed to making it happen such as a judge, DA staff or Chief Probation Officer.

## RESOURCES

Resources from W2D X available through the following link: [fmhac.net/trainingw2dX.html](http://fmhac.net/trainingw2dX.html)

Including:

<sup>1</sup> Slide excerpts from presentation by Michael Thompson, CSG Justice Center, based on cited research by D.A. Andrews, James Bonta and Edward J.D Latessa. Full presentation available at the link above.

<sup>2</sup> Information from "Exploring the Criminal Justice/Mental Health Intersection Project: Words to Deeds Conference Summary," written by Ashley Mills, Senior Researcher, MHSOAC, was used in this report. The full report is available at the link above.

<sup>3</sup> Guidance: "Minimum Necessary" <https://www.hhs.gov/hipaa/for-professionals/faq/minimum-necessary>



# From Words to Deeds: Action Steps

Actions speak louder than words. Participants spent an afternoon in action groups to brainstorm about the issues below.

## Legal & Law Enforcement Professionals: Education/Systems Change

Gilbert Gonzales, Director, Mental Health Department, Bexar County, Texas

David Grillo, LMSW-C, Veterans Justice Programs Coordinator, VA Palo Alto Health Care System

Jennifer Johnson, Deputy Public Defender, San Francisco County

Terri McDonald, Senior Policy Advisor, Los Angeles County Office of Diversion and Reentry

Dave Meyer, Professor, USC Institute of Psychiatry & Law

### Brainstorming:

- Create incentives to bring attorneys into the mental health world such as loan forgiveness for internships with local departments of mental health
- Bridge spanners
- Specialized certification for this type of work
- Tell the story
- Cross-training

### Call to Action:

Further discussion at the FMHAC Annual Conference, Words to Deeds Track, as well as other trainings.

## Stepping Up

Hallie Fader-Towe, Senior Policy Advisor, Council of State Governments Justice Center

Stephen V. Manley, Superior Court Judge, Santa Clara County

It is important to be able to give policy makers information to support the prioritization of reducing the number of people with mental illness in jails, shortening stays in jail, improving connection to support on reentry, and reducing recidivism.

### Six questions each county needs to ask:

1. Is our leadership committed?
2. Do we conduct timely screenings and assessments? This means understanding definitions and the implications of doing it correctly, which may mean an increase of people needing services.
3. Do we have baseline data? This is critical and can be a big challenge in a large county like L.A. but might as simple as connecting files in a smaller county.
4. Do we conduct a comprehensive process analysis and inventory of service?
5. Have we prioritized policy, practice and funding improvements?
6. Do we track progress?

## Juvenile Justice

Mary Butler, Chief Probation Officer, Napa County

Rosie McCool, Deputy Director, Chief Probation Officers of California

**Challenges:** lack of residential treatment, lack of integrated care, some juveniles at secure facilities only for lack of another place.

### Brainstorming:

- Make sure there is cross-system training and when you're speaking with youth and their families, you are speaking their language in a culturally and age-appropriate manner.
- Include children and families in needs assessment.

### Call to Action:

Gather all critical players together to identify gaps in your local system so that you can take advantage of all the funding programs that are coming soon, such as the Continuum of Care reform, Continuum of Crisis Stabilization funding, and substance use disorder waiver.

## Veterans

Steve Binder, Deputy Public Defender, San Diego Office of the Primary Public Defender

Jonathan Johnson, Director, Veterans Justice Outreach Program, San Francisco Veterans Health System

Kathleen Lacey, LCSW, Program Director, UCSF/Citywide Case Management Forensic Program

Joel Rosenthal, PhD, National Training Director, VHA Veterans Justice Programs

Kevin Smith, Ethnic Services Manager, Orange County Health Care Agency Behavioral Health Services

Lanetta Smyth, LCSW, HUD-VASH Supervisor, Department of Veterans Affairs

**Successes:** Palms Housing Unit, working on land owner engagement, Moral Reconciliation Therapy (MRT) (a workbook tailored for vets), jail/prison veteran units, psychiatry through Assertive Community Treatment.

**Challenges:** housing, backlog for treatment and services.

**Brainstorming:** It's important to establish many points for identifying veterans. Ask many times in many ways at many different intercepts. Then this information needs to be recorded in such a way that it is available to everyone throughout your local system.

### Call to Action:

Develop a working network with entities providing services to veterans who were incarcerated, to ensure that important players are in the information loop.

## Description

Words to Deeds is the result of a collaboration of leaders in criminal justice and mental health throughout California who joined together to identify and advance strategies to effectively divert individuals with mental illness from jail. Since 2003, Words to Deeds has provided a unique forum that has evolved into a standard best practice for creating a true shift in the paradigm between criminal justice and mental health, by fostering successful and ongoing collaboration among courts, criminal justice agencies, mental health professions, and governmental and nongovernmental organizations.

## Mission

The leaders in criminal justice and mental health participating in this effort strive to end the criminalization of individuals with mental illness by supporting proven strategies that promote early intervention, access to effective treatments, a planned reentry and the preservation of public safety.

## Vision

A true shift in the paradigm between criminal justice and mental health will embody an effective jail diversion system that fosters a successful and ongoing exchange of information among courts, criminal justice agencies, mental health professionals, government and nongovernment organizations, to achieve a substantial positive change in the way individuals with mental illness are treated within our communities.

## Words to Deeds Leadership Group

- **Kirsten Barlow** - Executive Director, County Behavioral Health Directors Association of California
- **Bill Brown** - Santa Barbara County Sheriff-Coroner
- **Hallie Fader-Towe** - Senior Policy Advisor, Council of State Governments Justice Center
- **Morgan Grabau Dosskey** - Program Manager, Forensic Mental Health Association of California
- **Brenda Grealish** - Assistant Deputy Director, California Department of Health Care Services, Mental Health and Substance Use Disorders Services
- **Carmen Green** - Executive Director, California State Sheriffs' Association
- **Darby Kernan** - Legislative Representative, California State Association of Counties
- **Kathleen Lacey** - Program Director, UCSF/Citywide Case Management
- **Elaine Linn** - Words to Deeds Coordinator, Elaine Linn Creative Strategies
- **Rosie McCool** - Deputy Director, Chief Probation Officers of California
- **David Meyer** - Clinical Professor, Institute of Psychiatry, Law and Behavioral Sciences, University of Southern California Keck School of Medicine
- **Ashley Mills** - Senior Researcher, Mental Health Services Oversight and Accountability Commission
- **Karen Moen** - Senior Court Services Analyst (Ret.), Judicial Council of California
- **Jasmine Murrey** - Member Services Coordinator, California State Sheriffs' Association & Foundation
- **Kimberly Pearson** - Deputy Agency Director, Orange County Correctional Health Services
- **Patricia Ryan** - Consultant; Executive Director (Ret.), County Behavioral Health Directors Association of California
- **Kevin Smith** - Ethnic Services Manager, Orange County Behavioral Health Services
- **Linda Tomasello** - Senior Governmental Program Analyst, California Highway Patrol
- **Jolena Voorhis** - Executive Director, Urban Counties of California
- **Kit Wall** - Words to Deeds Project Director, Kit Wall Productions
- **Charlie Walters** - Law Enforcement Consultant
- **Stephanie Welch** - Executive Officer, State Council on Mentally Ill Offenders
- **Tracey Whitney** - Deputy District Attorney, Mental Health Liaison, Los Angeles County District Attorney's Office
- **Molly Willenbring** - Executive Director, Forensic Mental Health Association of California
- **Jenai Wyatt** - Events Coordinator, California State Association of Counties
- **Carrie Zoller** - Supervising Attorney, Judicial Council of California

## About FMHAC

For more than 30 years, the Forensic Mental Health Association of California, a nonprofit organization, has advanced the provision of mental health services to persons involved in the criminal justice system and provided educational opportunities to the professionals involved in the delivery of these services.

## Paradigm Awards

Congratulations to the 2016 Paradigm Award winners! Thank you for being champions of mental health services for individuals involved in the criminal justice system.



### County Champion

JACKIE LACEY

District Attorney, Los Angeles County

*Presented by Dave Meyer - Professor, USC Institute of  
Psychiatry and Law*



### Law Enforcement Champion

GEORGE GASCÓN

District Attorney, San Francisco County

*Presented by Jennifer Johnson - Deputy Public Defender,  
San Francisco County*



### State Champion

BILL BROWN

Sheriff-Coroner, Santa Barbara County

*Presented by Martin Ryan - Sheriff-Coroner, Amador  
County; Immediate Past President, California State Sheriffs'  
Association*

## Sponsors



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## More Information

For more information about Words to Deeds and FMHAC, visit [www.fmhac.net](http://www.fmhac.net) or contact:

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