

WORDS TO DEEDS XI

Changing the Paradigm for Criminal Justice and Mental Health

2017 Overview

Words to Deeds

Bringing together behavioral health and criminal justice leaders and stakeholders with the goal of ending the criminalization of individuals with mental health needs

2017 Conference Overview

Over 100 leaders from across California participated in *Words to Deeds XI* in partnership with the Board of State and Community Corrections (BSCC) and the Mental Health Services Oversight and Accountability Commission (MHSOAC), November 7-9, 2017. *Words to Deeds* has long highlighted the use of data and data-driven decision-making to better inform policy and practice decisions. This year's conference continued its focus on 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. Juvenile programs were featured this year, including many discussions about trauma-informed care with particular attention to commercially sexually exploited children (CSEC).

Mentally Ill Offender Crime Reduction (MIOCR) Grants

In partnership with BSCC during the three-day conference, representatives from juvenile programs funded by MIOCR grants shared accomplishments and challenges.

Highlights

- Reduced numbers of youth in institutions.
- Lower recidivism rates.
- Less substance use.
- Increased participation in pro-social activities.
- Increased school attendance.

Challenges

- Collaboration – Finding a way to work with partners, including schools, was essential.
- Parents – Working with parents could be a challenge but was an imperative element to success.
- Staffing – Staff changes hampered progress.
- CSEC – Issues around youth who had experienced commercial sexual exploitation often needed to be addressed.
- Sustainability Plan – The Board of Supervisors needs to be involved to ensure program sustainability.
- Transportation – Transportation was often an issue that needed program support.
- Referrals – There were not always enough client referrals to fill the programs.

Reports from Counties

Santa Clara County – SOAR (Successful Outcomes and Active Reengagement) project. Added staff for their dually-involved youth (DIY) unit, a half-time behavioral health clinician through the Probation Department to work especially with CSEC victims, a training for providers on culturally responsive interventions, and a youth advisory council.

San Joaquin County – CITA (Court for Individualized Treatment for Adolescents) program featuring strong judicial support. Multi-disciplinary team encouraged involvement in community programs addressing substance abuse, planned parenting, mental health, and more. A Parent Partner supported parents of youth involved in the program and helped advocate for the kids with the school. Upon completion, participants are connected with peace keepers to help with gang involvement.

San Diego County – Universal mental health screening tool, focused on trauma, to capture the population of youth not coming into custody, and get them routed to full assessments and specific treatment in the community, if appropriate. Additionally, while continuing to address kids on the front end of the system, they expanded the program to include services for youth already deep in the system and reentering the community. Funds were used to expand trauma services in the community.

Riverside County – Program focused on offenders with mental illness that distinguishes between low- and high-risk youth, providing intensive treatment for the high-risk population. MIOCR allowed for addition of Evidence-Based Practices (EBPs) including Aggression Replacement Therapy (ART), Moral Reconciliation Therapy (MRT), Seeking Safety, trauma-focused Cognitive Behavioral Therapy (CBT), family therapy, Functional Family Probation (FFP) and substance use counseling. It took time to establish clinicians for all the various EBPs so it was slow beginning. A therapist was co-located in the classroom for quick response to classroom challenges. Aftercare on release from the program was crucial to success.

Nevada County – Mental health screening tool implementation at every possible point including school, the juvenile hall intake process, and front-line law enforcement. Crisis Intervention Team (CIT) education for officers and mental health first aid training to non-clinical staff in the community. Trained staff on the Maricopa County competency restoration program model so the court can refer youth with competency issues to someone within Nevada County. Worked with George Mason University to ensure model fidelity in their wraparound services. Reviewed the California Healthy Kids study to determine if there were trends regarding mental health in schools and the county. Involved kids in prosocial activities where they live, especially outdoor activities.

Contra Costa County – Improvement of transition from custody into the community by introducing Functional Family Therapy (FFT), allowing access to Medi-Cal funding. Targeted the highest-risk population and served over 200 families so far. Grant analyst will conduct a cost-benefit analysis comparing FFT and Multi-Systematic Therapy (MST) given to the highest-risk youth.

Yolo County – Expansion of wraparound services for high-risk, high-need youth, in particular for those with mental health needs. Early, immediate diversion was important for youth who share common criteria with child welfare dependency court, whose family had multi-generational offenses, or had three or more offenses in a 6-month period. Expanded the initial criteria for the qualifying diagnoses.

Tuolumne County – After school services during high-risk crime hours, including tutoring, life skills classes, EBPs, and extra-curricular activities. Transportation proved an important support service provided by the program.

Solano County – Juvenile MIOCR Diversion Program provided early intervention services to non-serious juvenile offenders with mental health needs. Established collaboration between probation, police, the school district, health and social

Mentally Ill Offender Crime Reduction (MIOCR)

Grantees with Juvenile Programs:

Contra Costa	\$950,000
Nevada	\$750,000
Riverside	\$948,510
San Diego	\$950,000
San Joaquin	\$949,073
Santa Clara	\$946,250
Santa Cruz	\$950,000
Shasta	\$938,842
Solano	\$761,322
Tuolumne	\$262,730
Yolo	\$950,000
Total:	\$9,400,000

[BSCC Website -](http://www.bscc.ca.gov/s_cppmiocrgrant.php)

www.bscc.ca.gov/s_cppmiocrgrant.php

services, and prosocial services diverting from the juvenile justice system and providing mental health services. Program holds participants accountable for delinquent behavior, promoting participation in school and prosocial activities. Added CSEC considerations to the screening tool and clinicians sometimes traveled to the kids, since transportation was often an issue.

Shasta County – WINGS (Wraparound Interagency Network for Growth and Stability) program for kids with mental issues and their families to prevent out-of-home placement. With MIOCR grant, added WINGS 2, a drug court for mostly dually-diagnosed youth. Court staff included mental health clinician as well as drug and alcohol counseling, skill builders to help participants learn social skills, and Parent Partners. Parent Partners, trained AmeriCorps staff, provided any resource needed by parents to achieve success, such as help applying for jobs and leaving abusive situations. Equally important to hold the parents accountable as the kids.

Santa Cruz – FUERTE (Families United in Respect Tranquility and Hope), part of a county-wide system improvement plan. An intensive wraparound program with a mental health component, open to non-ward probation youth (WIC 654.2). Program provided a dedicated clinician from a community-based organization for treatment services, as well as a Transition Specialist and a full-time Probation Officer. Program also worked to increase parental capacity by teaching good parenting techniques in addition to addressing the mental health needs of the youth.

Best Practices in Juvenile Justice

Moderator:

William Arroyo, MD – Medical Director, Los Angeles County Department of Mental Health (LACDMH), Children’s System of Care; Professor, USC Keck School of Medicine

Panelists:

Paul Curtis – Executive Director, California Council of Community Behavioral Health Agencies (CCCBH)

Ami Davis – Manager, Youth and Wellness Policy, Reach Out (San Bernardino County)

Sparky Harlan – CEO, Bill Wilson Center (BWC) (Santa Clara County)

Hon. David Wesley – Judge, Los Angeles County Superior Court; Director, Stopping Hate and Delinquency by Empowering Students (SHADES)

Reach Out

Reach Out provides education and services to providers throughout California who serve lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI) youth clients. Providers include sworn and non-sworn professionals in contact with this population, which is overrepresented in the homeless youth population by 30-40%, depending on the county. Services they provide include:

- Assisting in writing Board policies.
- Training counselors, teachers, front line staff, and district officials.
- Working with Gay Student Alliance (GSA) clubs in schools and helping create new GSA clubs.
- Collaborating with law enforcement in the collection of Sexual Orientation and Gender Identity (SOGI) data.
- Helping the State and school districts include LGBTQI figures and issues in text curricula and standardized tests.
- Working with students when there is resistance at the school district level.

Resources:

- [Reach Out Website](http://www.we-reachout.org) - www.we-reachout.org
- [Gender Spectrum](http://www.genderspectrum.org) - www.genderspectrum.org
- [Gender Health Resource Center](http://www.lagendercenter.org) - www.lagendercenter.org

California Council of Community Behavioral Health Agencies

The California Council of Community Behavioral Health Agencies (CCCBHA) is an association of nonprofit service providers across the State, of which 60% provide services to youth. One of its primary goals is to address the continuum of care, particularly for children and youth. Its members are still battling the lack of availability of services, especially in more rural areas, but recent accomplishments include:

- The addition of a category for licensing residential mental health treatment facilities for children and youth.
- Securing \$28 million in new funding for children and youth for mental health services. Services include mobile care units and mental health treatment below the level of hospitalization.

Paul Curtis, Executive Director, recommends that successful substance use programs be specifically developed for youth and young adults. They are at different developmental stages and won’t identify with older adults in a program.

Bill Wilson Center

The Bill Wilson Center (BWC) is a crisis residential program providing a range of services to youth, young adults and families, especially with the homeless population. Some of its work includes gang prevention and intervention services and a foster care program adapted to kids who sex offended. The Center collaborates with the Probation Department and its facilities are also licensed drug treatment centers.

Sparky Harlan, CEO, urges consideration of the following:

New federal standards are being developed for homeless youth service providers, which means starting reentry planning early, especially if it looks like the child won’t be returning home.

Rapid re-housing and permanent supportive housing assistance is available but remember the Department of Housing and Urban Development (HUD) requirements when it comes to justice involvement. For example, HUD facilities often won’t allow kids with a criminal record, a youth in juvenile hall is considered housed, and qualification for family housing requires the youth to be a minor. These areas need advocacy.

The BWC recommends transitional housing for LGBTQI, and transgender youth in particular, but is mindful that it is not for every LGBTQI youth. For example, a third of gang-involved youth identify as LGBTQI but might be more comfortable in the gang drop-in center than an LGBTQI-focused center. You need to make determinations based on the individuals.

There is a lack of drug treatment for juveniles. Seven Challenges is the current program of choice but it’s lightweight. Often what’s most effective is determined by who you have on staff.

SHADES Program

The Stop Hate and Delinquency by Empowering Students (SHADES) Program is a teen court that acts as an early intervention and diversion program in Los Angeles County. Juvenile offenders are charged in the juvenile justice system but face a student jury, who pose the questions. There are

no attorneys but there is a psychologist who helps students understand the problems the defendants are having and make sure their questions aren't accusatory. When defendants complete the program, their records are sealed.

The program has no budget, costs very little, and originally was volunteer-based, though now is part of Probation assignments. Cases come from the DA's Office, Police Departments, schools, and other courts. Youths serving on the jury go through a 5-day training at the Museum of Tolerance. Convicted youths are given a mentor and community service, assigned based on the nature of their offenses. Youths convicted of a hate crime in the SHADES program attend a human relations camp called Building Bridges at the Museum.

Since the program is popular and considered successful by participants, the University of Southern California is currently analyzing the impact on jurors and offenders.

Resources:

- [California Association of Youth Courts](http://www.calyouthcourts.com/) - www.calyouthcourts.com/

More Tips From the Panel

Short-Term Residential Therapeutic Program (STRTP) Policy Changes – Dual programs serving both the runaway/homeless population and kids from child welfare may have trouble keeping the runaway/homeless youth because they would have to be labeled seriously mentally ill to stay, under the current design of the STRTP.

Extended Foster Care with Transitional Housing Placement (THP) (AB12) – You may need to push to get your kids access to THP + foster care. But it's worth the effort: with extended foster care, almost 100% of kids are exiting with a high school diploma and 75% are entering college.

Programs Based on Need – Juvenile halls should consider reaching out to community service providers to see if they would develop programs for the needs identified in custody.

Homeless Youth –

- Working with the families of homeless youth is important. Homelessness is becoming intergenerational and often it's the parents who have issues that need addressing, such as substance abuse problems and gang affiliations.
- If your county hasn't been working with the runaway/homeless youth population, you should. Nationally, 44% of this population has been in juvenile hall, 78% have been arrested, and 50% of their parents have been in jail. For the Santa Clara Transition Age Youth (TAY) population, 50% had a caregiver in prison and 18% had come from homeless families.

Kids Who Have Incarcerated Parents –

- Santa Clara County now asks everyone about to be sentenced if they have children who need caretaking arrangements.

- Make sure the kids continue to stay connected with their parents. In Santa Clara County, there are volunteers who will help with transportation for visiting parents.
- Motivate Em is a nonprofit that gives mentorship to kids who have incarcerated parents.

School –

- Education is extremely important but so is employment and being mindful of student debt.
- McKinney-Vento, the Homeless Assistance Act, helps homeless youth by requiring schools to allow kids to attend school within 48 hours even if they don't have their files.
- School non-attendance can result from many factors including bullying and homelessness. The Bill Wilson Center has found that preventing families from becoming homeless (which can result from undocumented status or lack of resources) improves grades and school attendance. Schools may pay for a program that addresses this issue to be located onsite.

Sustaining Your Programs

- The revenue formula for Prop 64 (marijuana initiative) is complicated but 60% is supposed to go to children and youth for early intervention and prevention programs and services around the State. Work with your County Supervisors to help them determine the best way to use these funds.
- The California Department of Healthcare Services has assembled an advisory group to help roll out a substance use disorder continuum of care for youth in the public sector. You can inquire about its status to ensure your youth population is covered.
- Emotional disturbance and learning disability are two prominent Special Education categories for which accommodations must be made by law.
- There are entitlement programs in education such as the federal Individualized Education Plan (IEP). Some considerations include:
 - IEPs must be requested by the parents. They can't be ordered by the court, but judges can appoint an education lawyer, funded by the court, to help navigate the system.
 - Ensuring school attendance is important for IEPs because it allows the school to do the necessary testing.
 - The Alliance for Children's Rights can help work through the IEP process and to make sure kids get the credits they've earned.
 - You may need to advocate for re-assessment (through a parent partner or a clinician and the school) if plans aren't working or are out of date.

Resources:

- [Alliance for Children's Rights](http://kids-alliance.org/) - <http://kids-alliance.org/>

Challenges and Solutions: Brag, Borrow, and Steal!

Moderator: Bill Brown – Sheriff-Coroner, Santa Barbara County; President, California State Sheriffs’ Association (CSSA); Commissioner, California Mental Health Services Oversight and Accountability Commission (MHSOAC); Chair, MHSOAC Criminal Justice and Mental Health Project

As Chair of the MHSOAC Criminal Justice and Mental Health Project, Sheriff Brown shared his committee’s recommendations and moderated this session for Words to Deeds participants to contribute resources and programs they found exceptionally helpful from their own organizations.

MHSOAC Report - Together We Can: Reducing Criminal Justice Involvement for People with Mental Illness

The MHSOAC Criminal Justice Report provides a roadmap of solutions (see section, Criminal Justice and Mental Health Project) emphasizing the need for people to work across disciplines. It can be used by mental health professionals and advocates, county officials, law enforcement administrators, County Boards of Supervisors, the Governor, and the Legislature.

Teen Court

Start one in your county if you don’t already have one. See discussion of the SHADES program in this report for more information.

Special Education

The Special Education world has a wealth of information that could be useful in your program. Funding streams are available (see section, Sustaining Your Program in the Best Practices in Juvenile Justice). Contra Costa County modeled its special individualized program plan after Special Education behavioral intervention plans, which address kids with behavioral issues, especially violence, with very positive results.

Resources:

[California Department of Education Special Education Resources](http://www.cde.ca.gov/sp/se/sr/selinks.asp) - www.cde.ca.gov/sp/se/sr/selinks.asp

[US Department of Education Office of Special Education Programs](http://www2.ed.gov/about/offices/list/osers/osep/index.html) - www2.ed.gov/about/offices/list/osers/osep/index.html

Academic Institution Partners

Program evaluation can be costly. Consider asking an academic institution to partner with you, as students always need projects.

Yolo County Construction Program

The Yolo County Construction Program is a collaboration between the local school district and the Office of Education that provides transportation, among other services. Daily school attendance is up to 85%, which offsets costs of the program to the school. Collaboration also allows for broader grant possibilities.

CIT

Consider adding an LGBTQI component to your CIT program, as Ventura County recently did.

Intellectual Disabilities

Ventura County created a multi-disciplinary team to track people with intellectual disabilities when they are booked into jail to find the most appropriate location to place them.

Mental Health Liaisons

Santa Cruz County embeds mental health liaisons with the Public Defender’s and Sheriff’s Offices for front-line diversion and prevention/intervention.

Ask the Experts

Moderator:

Stephanie Welch – Executive Officer, California Council on Mentally Ill Offenders (COMIO)

Panelists:

Karen Baylor, PhD, LMFT – Deputy Director, California Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services

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

Toby Ewing, PhD – Executive Director, California Mental Health Services Oversight and Accountability Commission (MHSOAC)

Linda Penner – Chair, California Board of State and Community Corrections (BSCC)

Monique Pierre – Section Chief, Housing and Community Development Division of Financial Assistance; Program Manager, No Place Like Home

Diana Toche, DDS – Undersecretary of Health Care Services, California Department of Corrections and Rehabilitation (CDCR)

What are your successes in the past year or two?

Karen Baylor – Implementation of the Drug Medi-Cal Organized Delivery System (ODS), a county opt-in pilot program under the 1115 waiver which will expand and organize substance use disorder service delivery for Medi-Cal beneficiaries, and provide a full continuum of care and assessment to make sure the right level of care is given.

Toby Ewing – The MHSOAC report on Criminal Justice and Mental Health (see section Criminal Justice and Mental Health),

Linda Penner – An additional 26 hours of Standards and Training for Corrections (STC) education in mental health.

Diana Toche – 85% of all CDCR inmates are enrolled in Medi-Cal (pre-eligibility) upon release. Also, Department of Rehabilitative Programs (reentry programs) exist in every institution, which include services such as CBT, mental health treatment, and community reentry programs.

Monique Pierre – Implementation of the No Place Like Home (NPLH) program, which is an MHSA-funded program to provide housing for people with serious mental illness. The target population is homeless, chronically homeless or at-risk of chronic homelessness, which allows inclusion of individuals leaving institutions. The program is working with counties on permanent supportive housing including an application process to partner with developers to build housing designed specifically for this purpose. NPLH is currently in the court validation process and a lower court ruling is anticipated by Spring 2018.

What are you working on now?

Karen Baylor – DHCS is working with a number of counties on implementing the Hub and Spoke Model, funded by the federal 21st Century Cures Act, employing Opioid Treatment Programs (OTP) to provide medication-assisted treatment for opioid addiction. DHCS is also partnering with the Council on Criminal Justice and Behavioral Health (CCJBH, formerly

COMIO) on a study of patterns of healthcare utilization among former offenders released from CDCR. Data sharing between CDCR and DHCS can occur in-house.

Linda Penner – The BSCC spoke to experts nationwide to determine what training corrections staff need for positive interactions with inmates. They developed several recommendations that are currently being floated in the field.

Toby Ewing – MHSOAC is working on a project with schools focusing on Pre-K to 3rd/4th grade because these kids are coming to people's attention early on. However, they found that services are lacking and it's difficult locally for counties to prioritize funding for children. So, the MHSOAC is making half of SB82 dollars available for children.

Also, counties are struggling to use MHSA Innovation funding. The MHSOAC is developing a relationship with California's innovation sector to connect it to its mental health sector. They are working with Google Health and other tech partners to try to change the culture and make it safe for counties to innovate. Successful innovation, with accompanying research and evaluation, can lead to scaling best practices and drive real transformational change.

Diana Toche – CDCR is focusing on pre-release planning and the warm hand-off to counties for individuals with serious mental illness and those with high medical needs. They are partnering with the Los Angeles Whole Person Care Project to enhance its warm handoff to counties. CDCR is also conducting a medication-assisted treatment pilot for substance use disorders, working with someone who started a similar program at the Department of Veterans Affairs (VA).

What challenges do you see coming up?

Diane Cummins -

- While the number of people in prison has decreased, the number of people with very severe mental health needs has gone up. Similarly, the number of people deemed

Incompetent to Stand Trial (IST) has increased even while more beds have been built. Whole Person Care will help, as well as other programs like the Conditional Release Program (CONREP) and MIOCR, but not all counties are able to implement those programs.

- Jail and prison are not the best places to provide services, but we're forced to do it because that's where the people are.
- We must start looking at the juvenile system and earlier. Almost half of the 130,000 people in prison have juvenile records. If we don't start turning that around, and including foster care kids, nothing will change.
- Multi-generational incarceration is an issue. Often, we wait until incarceration is third generation before there's an intervention. How can we find those families earlier?

Do you see a possibility of bringing the parole, probation and in-custody treatment systems closer together to facilitate the hand-off to the community? Early in-reach, such as Skyping in probation officers or using peers and community health workers as a bridge to the community, would be very effective as well as working with the families to provide them the tools to help their loved one upon release.

Karen Baylor – Some of this has been addressed and discussed with realignment but bridging from state to local still needs to be improved. Reaching out to the family while doing mental health treatment in custody is a best practice and FFT is being done in some parts of California.

Toby Ewing – The MHSOAC would welcome program proposals in the Innovation funding category to address this issue. Additionally, MHSA Prevention/Early Intervention (PEI) funds can be used if it's not directly for in-custody treatment. You can use that funding for training, in-reach, hand-offs, and developing infrastructure, including informational technology.

We are defaulting to police response to mental health crises, even when it comes to diversion. What are your thoughts on changing the conversation?

Diane Cummins – We have done mobile crisis teams in the past as part of Mental Health Wellness. Those teams were effective, though still included police involvement. Money realigned to localities can be used for these teams. Additionally, CCJBH (formerly COMIO) and the MHSOAC reports mention training Emergency Medical Technicians (EMTs), which hasn't been done yet.

Toby Ewing – The MHSOAC has prioritized Intercept 0: the best way to reduce criminal justice involvement is to not have it at the beginning. We are about to issue an RFA under SB82 intended as seed money to help counties develop collective strategies with

When someone calls 911 you can get fire, law enforcement or an ambulance. Where's the mental health worker?

technical assistance for the analysis and evaluation. Moving some of these expenditures into mobile crisis teams is difficult. The MHSOAC wants to incentivize counties to move from high-cost low-effectiveness to lower-cost higher-effectiveness.

Linda Penner – The Law Enforcement Assisted Diversion (LEAD) grants allowed officers to divert people before booking and the cost-benefit analysis looks successful. There are many models of diversion at the front door.

What can we do to prepare to tell our story to the new administration about the importance of continuing investment in community alternatives to prevent people from incarceration?

Diane Cummins –

- The Department of Finance prepares transition papers for incoming administrations by program area or department. In the Corrections area, they will make sure everything references the ultimate goals and why it's so important to the entire system. We have learned that you must describe how all the programs – corrections, schools, mental health, housing, and health care services – fit together. Emphasis should be placed on the importance of the whole, what parts of the system change have worked well and what there is left to do.
- Lay out a platform of what is important.
- Find out who is going to work with the new administration right away and start talking to them.

What do you advise for the future?

Diane Cummins –

- Be flexible. It takes time for change to happen, particularly because the State can't mandate everything, unless it also commits to fund everything.
- You have to assume that the level of funding you have is not going to change. Work on collaboration and making the most of the funding you have.
- The trick is to find what works and effectively tell others about it. CCJBH and BSCC are well positioned to do this.

Collaborator Comments

Ashley Mills, MHSOAC – The criminal justice system is inappropriately used as an outreach and engagement strategy but the question is what would appropriate outreach and engagement look like? How do you reach people before the 911 call is made?

Criminal Justice and Mental Health Project: Findings and Recommendations

Toby Ewing, PhD – Executive Director, Mental Health Services and Oversight Accountability Commission (MHSOAC)

Ashley Mills – Senior Researcher, Mental Health Services and Oversight Accountability Commission

The Mental Health Services Oversight and Accountability Commission (MHSOAC) developed a set of recommendations over the past year through consultation with local, state and national experts on barriers and best practices. It is a product of input from:

- Diverse communities,
- Current research,
- Policy and practice,
- Community forums,
- Public hearings around California,
- Community members,
- People with lived experience,
- Experts in the fields of mental health,
- Public safety and social services,
- State and County leaders,
- Service providers,
- Site visits in California, Florida and Texas, and
- Collaboration with BSCC, CCJBH (formerly COMIO), Stepping Up and the White House Data-Driven Justice Initiative.

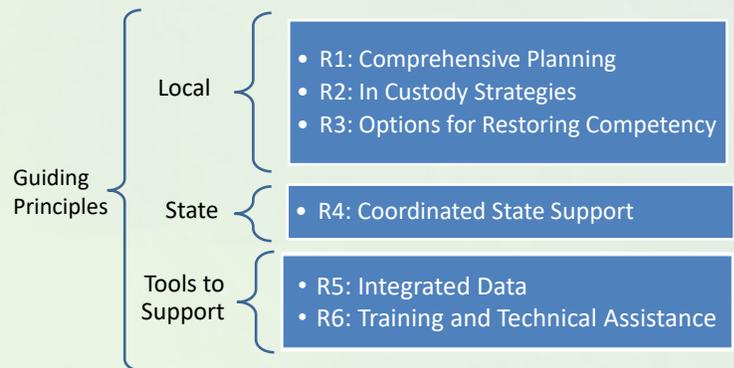
Issues and Challenges

- Environmental and personal factors, including substance use and poverty, increase the chance of becoming involved in the criminal justice system and mental health needs make people more vulnerable to these risk factors.
- There are substantial racial, ethnic and cultural, including LGBTQI, disparities in the mental health and criminal justice systems. These populations have greater exposure to risk and trauma and have less access to prevention and early intervention services.
- Often services are scattered apart and have different eligibility, making coordination complicated.

Approaches:

- Mapping programs and services and engaging community members can help county agencies develop a shared understanding of what is available and how to best coordinate resources. For example, mental health and criminal justice funding can be blended to make the most of both funding streams.
- Leadership needs to prioritize prevention and diversion from the criminal justice system, adding capacity to community-based alternatives to jails, and collaboration among community members, public health and public safety leaders.

The MHSOAC plans to work on implementation of these recommendations for at least the next two years. Some can be done relatively quickly through legislation or funding and others need a longer process.



FINDING 1

Too many mental health consumers, particularly those from diverse communities, end up in jail because of unmet needs and system inequities. A robust, prevention-oriented system can reduce this unnecessary harm.

Recommendation: California’s mental health agencies, in partnership with law enforcement and others, should have a comprehensive prevention-focused plan that reduces the incarceration of mental health consumers in their communities.

FINDING 2

California’s jails are not equipped to serve mental health consumers. Diversion should be prioritized but counties need more effective in-custody options to ensure that they can provide appropriate and necessary services for those who cannot be diverted.

Recommendation: The Board of State and Community Corrections should facilitate a collaborative effort with counties to identify, develop, and deploy services and strategies that improve outcomes for mental health consumers in jail, including universal screening for mental health needs at booking and enhanced training for custody staff.

FINDING 3

A large and growing number of people found incompetent to stand trial because of unmet mental health needs are forced to spend months in jail awaiting services necessary for their cases to proceed.

Recommendations:

- To reduce the backlog of people found incompetent to stand trial, California must maximize diversion from the criminal justice system.
- For people who cannot be diverted and are found incompetent to stand trial, the state and counties should expand options for restoring competency.

Lasting change is dependent on all of us undertaking a concerted and coordinated effort to align resources and services to prevent people with mental health needs from getting into the criminal justice system in the first place, diverting when possible and effectively serving those who cannot be diverted.

FINDING 4

California has not put in place a statewide, systemic approach for prevention and diversion to reduce criminal justice involvement for mental health consumers and improve outcomes.

Recommendation: The Council on Criminal Justice and Behavioral Health should fortify its efforts to champion collaboration among state agencies to support local prevention and diversion of mental health consumers from the criminal justice system.

FINDING 5

Data is a critical tool in decision-making and service delivery, but state and local agencies are not effectively harnessing its power to improve outcomes for those in need.

Recommendation: The California Health and Human Services Agency should reduce or eliminate barriers so that data and information technology are used to drive decision-making, identify service gaps, and guide investments in programs to reduce the number of people with mental health needs in the criminal justice system.

FINDING 6

To build effective prevention and diversion systems, criminal justice and mental health professionals will need new knowledge, skills, and abilities to better serve mental health consumers and their communities.

Recommendation: The State, in partnership with the counties, should expand technical assistance resources to improve cross-professional training, increase the use of data and evaluation, and the dissemination of best practices, including community-driven and evidence-based practices.

RESOURCES: Read the reports -

[Together We Can: Reducing Criminal Justice Involvement for People with Mental Illness](https://www.mhsoac.ca.gov/criminal-justice-and-mental-health) - [mhsoac.ca.gov/criminal-justice-and-mental-health](https://www.mhsoac.ca.gov/criminal-justice-and-mental-health)

[California Office of Health Information Integrity \(OHII\), State Health Information Guidance \(SHIG\) on Sharing Behavioral Health Information](https://www.chhs.ca.gov/OHII/Pages/shig.aspx) - www.chhs.ca.gov/OHII/Pages/shig.aspx

Audience Q&A

Does the report discuss MIOCR funding coming and going, and how problematic this is for improving these issues?

It does discuss well-intentioned grants that are time limited. The intention of these grants is to have counties identify stable funding sources to mirror the short-term grant programs. The MHSOAC recognizes the challenge but hopes the grants incentivize collaboration to find the sustained funding.

In Recommendation #3, does the report stress the importance of community restoration so that incarceration is not necessary for restoration to occur?

The report does emphasize community restoration. The tension comes, however, when communities can't do it or can't right away. Jail-based restoration is still needed in those situations.

For Recommendation #5, did you look at how data was collected and whether it was helpful? Data collection is challenging and resource-intensive for programs.

Data is mostly being collected within programs or facilities. The report recommendation focused on integration and how to get a good picture of what's going on rather than whether collection was helpful to programs. In 2007, the MHSOAC worked with UC Berkeley to link mental health and criminal justice data and analyze it to see if there were patterns. They are now doing the same thing with State administrative mental health and Department of Justice (DOJ) data.

About Recommendation #6, the San Diego Probation Department has a tight working relationship with the treatment community and they would like to use funding for building infrastructure to increase capacity in the community treatment system such as training and technical assistance. Are there MHSOAC funds available for this?

Yes, you can use MHSOAC funds for this purpose. Prevention and Early Intervention (PEI) funds can be used for training, capital facilities and IT needs. The challenge is often about how to move this issue to the head of the line in your community and the MHSOAC is trying to help with that. There are examples all over the State of programs and projects that are working well and they're trying to support scaling those best practices.

First Adapters in Action

Moderator:

Linnea Koopmans – Senior Policy Analyst, County Behavioral Health Directors Association of California (CBHDA)

Panelists:

Brett O'Brien, LMFT – Director, Children, Youth and Prevention Behavioral Health Services, Orange County Health Care Agency

Chelsie Bright, PhD – Supervising Research Analyst, Judicial Council of California Center for Families, Children, and the Courts

Donna Strobel, MS – Analyst, Judicial Council of California Center for Families, Children, and the Courts

Orange County

Stop the Cycle

Stop the Cycle is a 12-week prevention program, funded by MHSA PEI, targeting families who have a youth in the juvenile justice system and at least one other child who may be at risk.

The program receives referrals from schools and provides services for children and parents all at the same time. Services, held at a school, a youth reporting center or a family resource center, include education for parents about effectively interacting with their children who are strong-willed or out of control; group counseling; resiliency skills; and protective skills to avoid getting involved in the juvenile justice system. Upon completion, parents and youths get certificates and are referred to further services as needed. While there, parents often form relationships with other parents for ongoing peer support. As is often the case, providing food is an important enticement.

Gang Reduction Intervention Partnership (GRIP):

Operated by the Orange County District Attorney's Office and Community Service Programs, Inc., GRIP offers case management services to 4th-8th grade youth who display signs of being at risk for gang activity. Case managers assess needs, teach problem-solving skills and how to resist enticements into gangs, provide enrichment activities such as art or soccer and self-esteem building exercises, and provide links to services for their families.

Youth Reporting Centers

Youth Reporting Centers are an alternative to detention and a one-stop-shop for services, funded by Medi-Cal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) because the youths are not in custody. The Department of Education and the healthcare agency collaborate with Probation, which leads the program. Services are trauma-informed and include behavioral health, medical support, counseling, case management, substance use disorder counseling, anger management groups and individual treatment.

Juvenile Halls & Camps

In-custody treatment is supported by the Board of Supervisors, funded by general county dollars and many services are cost-shared with Probation. Services include crisis intervention, case

management, medication support services and psychological testing. There are specialists who work with the CSEC and ACE (adverse childhood experiences) populations using EBPs including Eye Movement Desensitization and Reprocessing (EMDR), CBT, Seeking Safety, and more.

Truancy Response Program

The Truancy Response Program works in parallel with the District Attorney's Office to keep kids out of jail. There is a correlation between truancy and involvement in the criminal justice system so early intervention is important. The program offers counseling, employment services, medical services, tutoring and engagement with the family - whatever is needed to make the kids successful. Referrals come from school attendance review boards and many kids are first identified as having a serious emotional disturbance.

Juvenile Recovery Court

The Juvenile Recovery Court is part of the Collaborative Courts Full Service Partnership (FSP) in Orange County. It provides treatment to youth (up to age 26) with substance use disorders and co-occurring mental health disorders. They receive job training, employment support, and flex funds for things like books, clothes, housing, or educational opportunities. Of 159 youths served in fiscal year 2016-17, 96% were employed or in school since enrollment.

Youthful Offender Wraparound

The Youthful Offender Wraparound program provides treatment to kids with serious mental illness in the juvenile justice system starting before release. The goal is to sustain the gains made in-custody after release and 75% of the youth take advantage of the services. Employment assistance is especially important for those who have convictions.

OC Accept

Orange County's MHSA-funded Innovation project, called OC Accept, provides behavioral health services, including counseling and case management to the LGBTQI community and their loved ones, as well as community trainings on LGBTQI and behavioral health issues.

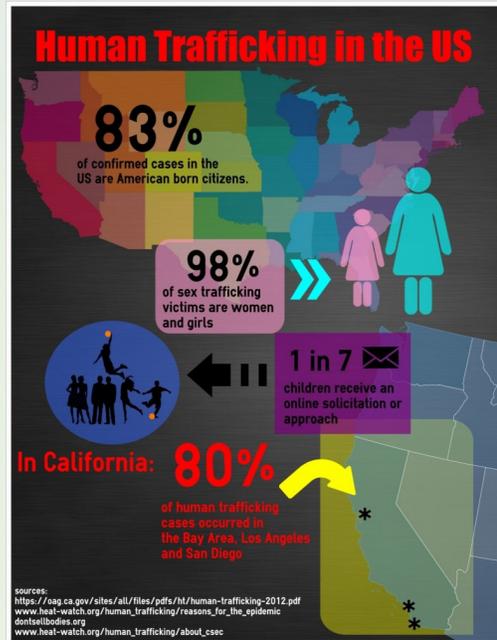
Orange County's Stepping Up Initiative

The overarching goal of the initiative is to divert low-level, nonviolent offenders with mental illness and/or substance abuse issues away from jail and toward community services. The County formed ten committees with representatives from various agencies, including juvenile justice services, to work on a plan for implementing recommendations of the initiative, including serving youth and their families.

Judicial Council of California Center for Families, Children and the Courts

Human Trafficking Toolkit for Judicial Officers

Human trafficking is a major problem in the United States today and many victims of trafficking end up in the criminal justice system, being arrested on unrelated charges such as shoplifting or assault. The Judicial Council has developed a resource for its judicial officers to help them identify trafficking victims. Resources in the toolkit include laws and legislation, guidance on immigration issues, information on best practices, and a listing of federal resources. It also provides education around Post-Traumatic Stress Disorder and other mental health issues that may arise in trafficking cases. It is a living document since laws are often changing and best practices are still developing. The Judicial Council is currently assessing the Support and Treatment After Release (STAR) Court, which will be included in the toolkit when completed.



Resources:

- [US Department of Health and Human Services Tools](http://www.acf.hhs.gov/otip) - www.acf.hhs.gov/otip
- [Judicial Council Toolkit](http://www.courts.ca.gov/documents/human-trafficking-toolkit-cfcc.pdf) - www.courts.ca.gov/documents/human-trafficking-toolkit-cfcc.pdf
- [Star Court Video](http://www.youtube.com/watch?v=SYiUiz9peSU) - www.youtube.com/watch?v=SYiUiz9peSU

From Words to Deeds: Action Steps

Breakout Reporting Facilitator:

Mack Jenkins – Member, California Council on Mentally Ill Offenders (COMIO); Chief Probation Officer, San Diego County (Retired)

Actions speak louder than words. Participants spent an afternoon in small groups to discuss the issues below.

Each small group was asked to use the Stepping Up Questions for Counties to facilitate a discussion around challenges and brainstorming solutions. The questions are:

1. Is our leadership committed?
2. Do we conduct timely screenings and assessments?
3. Do we have baseline data?
4. Do we conduct a comprehensive process analysis and inventory of services?
5. Have we prioritized policy, practice, and funding improvements?
6. Do we track progress?

Small-Sized County

Darby Kernan – Senior Legislative Representative, California State Association of Counties (CSAC)

Bill Goodwin – Chief Administrator, Tehama County

Samuel Leach – Chief Probation Officer, Calaveras County

Discussion:

- The key to leadership commitment is collaboration.
- Santa Cruz is using Stepping Up to identify where the gaps are in their system.
- It's easier to try new things in small counties because it's not hard to turn the ship if it doesn't work. Some innovations can be tried in those counties that can't be easily tried in larger counties.

Challenges:

- Assessments can be a burden for small counties.
- Data collection is a problem. There may not be enough people receiving services in a small county to have



significant data. In addition, the small population could mean that the data can't reasonably be expected to be anonymous. Focusing on qualitative data rather than quantitative was discussed.

- Sharing data confidentially can be difficult because not everything is automated and when there are automated systems, they aren't compatible.
- Forms can be too proscriptive for small counties who don't provide many services but do other things that work for their needs.

Medium-Sized County

Linnea Koopmans – Senior Policy Analyst, County Behavioral Health Directors Association of California (CBHDA)

Karen Larsen, LMFT – Director, Yolo County Health and Human Services Agency

Frank Martinez – Lieutenant, Stanislaus County Sheriff's Department, Bureau of Inmate Services

Discussion:

- Timely screening and assessment – progress not perfection.
- There needs to be collaboration between local law enforcement, local mental health and the service provider in the jail.
- Once gaps in the system are identified, make sure the money follows the gaps.
- The VA has a tool called Veteran's Reentry Search Services (VRSS) to identify veterans in the local system so they can be connected to VA services.
- You need to build sustainability into your programs from the beginning.

Examples:

- Yolo County has champions on the Board of Supervisors along with the County Administrator. They have prioritized creating a continuum of care and have adopted Stepping Up. They created six intercept sub-committees who report back to the steering committee, including one on data. They are identifying gaps and determining how to move forward.
- Stanislaus County's Sheriff and staff leaders are champions who understand the value of treatment. They

created mental health deputy positions who liaise within the jails and work with County Behavioral Health to develop discharge plans.

Call to Action:

This group intends to explore replication of the California Forensic Medical Group (CFMG) contract and implementation of the screening tool in custody when they get back to their counties.

Large-Sized County

Kathleen Lacey – Program Director, UCSF/Citywide Case Management

Kelly Glossup, LCSW – Manager, Alameda County Sheriff's Office, Youth and Family Services Bureau

Deborah Johnson – Deputy Director of Forensics, Riverside University Health Systems – Behavioral Health

Discussion:

- Focused on the difficulty of collaboration and the importance of having the Board of Supervisors and courts involved.
- Data is difficult to share because the data doesn't match, systems don't communicate with each other and there is a lack of automation. The State tracks CDCR inmates' Medi-Cal usage as they move to the county, finding that 75% of them have accessed Medi-Cal services. Counties will eventually get this information.
- Gaps identified in the mapping process need to be tied to funding sources. Must follow the money and have the hard conversations that result.

Examples:

- Santa Clara County had all stakeholders meet in person to coordinate reentry. This was important because it facilitated sharing information that couldn't be sent by email.
- Riverside County meets twice a month with their Board of Supervisors.
- Santa Clara County was able to get all law enforcement agencies in the county to agree on one assessment tool. They are still working on screenings at all intercept points, including jails. They continue to explore the possibility of creating a universal screening tool.
- Santa Clara County's Board of Supervisors blended different funding together for a coordinated response to the lack of treatment capacity. This is different from some counties that would not let AB109 money be allocated to county services.
- Alameda County conducts daily data comparisons between the Sheriff's Department and the Department of Behavioral Health to prevent missed releases from the jail.

Call to Action:

This group would like to find outcome measures or performance indicators that a county could use to focus a collaborative response. Are there outcome measures already identified that could help a county focus on a collaborative solution?

Moving from Innovation to Sustainability: CAO Perspective

Moderator:

Stephanie Welch – Executive Officer, California Council on Mentally Ill Offenders (COMIO)

Panelists:

Bill Goodwin – Chief Administrator, Tehama County

Birgitta Corsello – County Administrator, Solano County

Kim Engelby – CEO Budget Office; Team Lead, Orange County Public Protection and Community Services

Deanna Adams – Senior Policy Analyst, Council of State Governments Justice Center (CSG)

Elizabeth Siggins – Project Consultant, Council of State Governments Justice Center (CSG)

Stepping Up

Deanna Adams is working with counties to identify who is coming into their jails with serious mental illness using a brief 8-question tool for screening and follow-up assessment. Elizabeth Siggins is working on helping counties problem solve and prioritize on a system level when it comes to funding and maximizing existing resources. The traditional approach is to start a pilot program using funding from a grant proposal. Instead, she will be working with counties to map service gaps on a system-wide level, prioritize needs, estimate costs and identify all the possible funding sources, including accompanying restrictions. Then the County can take the information and match priorities with funding sources, saving more flexible funds for projects that don't have other funding options. More information should be available to counties in 6-9 months.

Orange County

The Stepping Up Initiative was adopted by Orange County in 2015, with the Sheriff's Department taking the lead. They used the Sequential Intercept Model (SIM) so that each department could see where they fit in the system and assigned committees to develop the framework. They determined a shared definition of mental illness and local stakeholders developed the ideal model, without concern for resources at first. Recommendations were detailed out for five years by cost and potential funding. They are now wrapping it into the strategic financial plan being developed by the CEO's Office. They used data for decision making at every step of the way including cost savings analysis. They also make sure to coordinate messaging to the Board of Supervisors from the committees.

Solano County

The Solano County Board of Supervisors was asked to adopt the Stepping Up resolution in 2016. They are currently organizing and preparing to do the initial mapping.

AB109 funding was allocated for diverse programming in this county including:

- Expanded training and education in the jail on mental health and substance abuse;
- Increased staffing in the jail, needed due to the number of people returning to the county jail under realignment;

- Two grant writers to secure funding for a mental health court, two drug courts and a veteran's court;
- A project addressing homelessness needs;
- Treatment teams inside the jail, blended with general funds.

The county also received two MIOCR grants - one in juvenile hall, led by Probation, and one focused on the transition out of custody, led by the Sheriff's Department. In addition, the County blended Medi-Cal Waiver, Prop 47 and MAW funds together for a new training facility and a new jail that has counseling, anger management, and high school and college education. They are working to move this programming from the jail to the community which allows mental health staff to focus on the homeless population needs, of which the biggest is the right kind of housing. They are also funding mental health clinicians in the Sheriff's Department and social workers in the Probation and District Attorney's Offices.

Regarding sustainability, Solano is using pieces of funding in a collaborative fashion such as:

- A project with one city that targets people who are either cycling through the system or are living on the streets. It uses Section 8 vouchers to buy units and the County uses mental health dollars for case management, which allows placement in permanent subsidized housing.
- Another project with a different city is exploring the conversion of a hotel into permanent subsidized housing for those who are justice-involved or homeless and not yet justice-involved.

Tehama County

Tehama County's Chief Probation Officer, Sheriff, and Executive Director of Health Services, together addressed these issues by developing a crisis unit and by training all their first responders in CIT and diversion.

In addition, the County used the Sequential Intercept Model to determine gaps in the system and brought in the Center for Health and Justice to evaluate efficacy throughout the system. Tehama is now developing a full strategic plan which hopefully will include a consensus of all the cities in the county to prioritize housing. The county is holding regular collaborative meetings of law enforcement, health services, the Community Corrections

Partnership, the Interagency Coordination Committee and the Mental Health Crisis Response subcommittee.

Tehama County is so small that only one person does all the screenings, which is good for consistency but also means there is a need for additional support such as telepsychiatry. They have a long-term lease with an out of use hotel that is now used for reentry. It has onsite caretakers, nearby law enforcement, an auto shop, a day reporting center, counseling services, a work farm, a cabinet shop and a welding shop. It is intentionally high profile so the benefits of the restoration they are doing is visible to the community. For this same reason, they also make sure that local dignitaries and the Board of Supervisors are invited to the drug and dependency court graduations.

Panel Q&A

In this process, was there a catalyst to making the commitment in the investment?

Bill Goodwin – AB109 changes overwhelmed the county with people coming back needing jail space for long-term incarceration. The county needed to figure out how to extend and expand the services that were once short-term but now needed to be continued as people were staying in jail longer. This also made it necessary to find alternatives to incarceration.

Birgitta Corsello – The jail population increased, and the terms were longer after realignment. Additionally, some rules changed on certain funding the county was getting for homelessness and it looked like they might lose that funding. These two circumstances caused them to take a hard look at what they were doing and what changes were needed. At the same time, there was almost 100% turnover in the people responsible for the programs including the Sheriff, District Attorney, Chief of Probation and the Director of Health and Human Services. This was fortuitous as it made making substantial changes easier.

Kim Engelby – AB109 and Prop 47 really generated new thinking and momentum in behavioral health services and correctional health services. The different money streams as well as the Stepping Up Initiative incentivized stakeholders to work together to solve the common problem.

What steps have you taken to support your prosecutors who may want to use a new approach in dealing with people with mental illness? They may need political protection since they have to run for office.

Kim Engelby – Perhaps law enforcement also needs this support and political protection. It's a big culture shift and Orange County is starting a collaborative process to determine the framework/structure which could provide the political protection needed.

Bill Goodwin – Turnover of judges has made a difference in Tehama because they aren't all from the DA's Office now.

Additionally, the Sheriff and Chief Probation Officer are speaking publicly about the need to have the right people in jail. They frame an overcrowded jail as unsafe and a public safety issue. Hopefully this contributes to the cover the District Attorney needs.

Stepping Up – Let the data speak for itself regarding whether it's working. Outcome measures you can focus on include: the number of mentally ill in jail, the length of stay, the number of connections to treatment and the rate of recidivism.

Would you speak to engagement with hospitals, in particular emergency rooms, regarding this problem?

Birgitta Corsello – Solano County has a joint powers authority for emergency medical services. They meet quarterly to discuss who is receiving Emergency Medical Services (EMS). Additionally, there is the Coalition for Better Health, where hospital administrators from each hospital system in the county, the County Public Health Officer, the Health and Social Services Director and a member of the Board of Supervisors meet to track and manage this population, identify frequent users and discuss how to intercept them. Also, Birgitta Corsello, County Administrator, sits on the Board of Directors of the California Medical Services Program, which results in more conversation and a better working relationship with health care providers.

Bill Goodwin – Those conversations are happening, but it took a lot to convince the public. There is a psychiatric health facility in the community that has been of great benefit because both hospitals and crisis units had limited time they could give to someone in a mental health crisis. Now, this is a facility where these patients can go longer term.

Kim Engelby – Orange County developed a system for peer mentoring frequent flyers to get them diverted. In addition, they have a campus with crisis stabilization, treatment and a sobering tank so they can avoid the emergency room.

Collaborator Comments

Tracey Whitney, LA County District Attorney's Office, regarding the need for political cover for District Attorneys – The subject of mental health diversion is enormously popular with voters, so you may need less protection than you think. Still, there might continue to be a dread that something bad would happen if someone is released. What you need then is for stakeholders to meet regularly and trust each other so prosecutors don't have to worry that they will be publicly blamed if someone who had been released commits a new crime.

Sheree Lowe, California Hospital Association – Every county is assigned a California Hospital Association staff person who can help facilitate discussions with hospitals. Sheree Lowe can facilitate those connections.

[CHA Website - www.calhospital.org/contact-us](http://www.calhospital.org/contact-us)

Achieving Successful Outcomes While Implementing Changes in Current Program Funding: Opportunities and Challenges

Introduction:

Stephanie Welch – Executive Officer, California Council on Mentally Ill Offenders (COMIO)

Moderator:

Brenda Grealish – Assistant Deputy Director, California Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services

Panelists:

Hon. Lawrence Brown – Judge, Sacramento County Superior Court

Shannon Dicus – Assistant Sheriff, San Bernardino County

Steve Kaplan – Director (Retired), San Mateo County Behavioral Health and Recovery Services

Robin Lipetzky – Chief Public Defender, Contra Costa County

Terri McDonald – Chief Probation Officer, Los Angeles County

Tracey Whitney – Deputy District Attorney, Mental Health Liaison, Los Angeles County District Attorney

There have been multiple reforms including public safety realignment, behavioral health realignment, Prop 47, the Affordable Care Act, and the Drug Medi-Cal Organized Delivery System Waiver. How has the system you represent been impacted by these reforms?

Steve Kaplan – In San Mateo, these reforms have provided resources but also a whole new level of responsibility and accountability. It gave a real impetus to bring people together for a common purpose and significantly boosted the collaboration already under way in the county. The shift in thinking – that we're all in it together - has not totally happened, in that much of AB109 money went to the criminal justice side, but overall these reforms have had a very positive effect, including forcing us in the county to face our own failures.

Robin Lipetzky – For public defenders, the main impact has been that we now have a seat at the table. We have an adversarial system of justice so making this change was important to get the two sides talking to each other. It has gone better in some counties than others, which may have more to do with the personalities involved and their ability to see the big picture. Another positive result is that some AB109 funding went to Public Defender's Offices, used to fund such things as social workers that would have been difficult to achieve if tried directly through the Board of Supervisors. Some of the more recent initiatives – Props 47, 57, the new Prop 36 (Three Strikes reform) and others – have put burdens on Public Defender's Offices that have not been accompanied by funding. These are positive reforms, but the additional workload has been difficult. Still, public defenders are pleased to be able to have the broader discussion with other county players when they have defendants with mental illness.

Terri McDonald – Not all the reforms have worked as intended, however, one positive effect has been the changing attitudes about everyone keeping their own funding to themselves. In LA County, Terri was able to add her funding as the Chief Probation Officer to the general fund account at the Office of Diversion and Reentry so that it could be matched with Medi-Cal and Prop H (homeless initiatives) dollars. LA County is currently converting an existing juvenile camp into a residential vocational training center for young men aged 18-25. It's not a sentencing alternative or through Probation. Instead, it's for those being released from detention who choose to do it. Next, Terri would like to see the needs of clients determined before the funding streams are identified. We need to focus on what services are needed and then find the money rather than provide services based on what the funding streams seem to dictate.

Shannon Dicus - It is an evolving process in the San Bernardino County jail. In particular, identification of mental health issues is evolving because we're getting better at recognizing it and are continuing to work on how best to work with this population and divert them. His jail is collaborating with the Public Defender's Office so that cases can be evaluated by the Department of Behavioral Health before the hearing and the public defender can propose a solution to the judge and district attorney at the hearing. This can have the effect of avoiding in-custody IST completely. One issue that comes up with the changing of some offenses from felonies to misdemeanors is that judges don't have the leverage of a felony to incentivize offenders to show up in court. So, the judge remands them into custody which clogs the jail and potentially forces the Sheriff's Office to release more serious offenders.

The Prison Law Office lawsuit is heading to the smaller counties, who have fewer resources. Shannon encourages them to group

A big part of this work is identifying the right population of people to target for services. Bringing people together for these conversations is important to allow the opportunity to think differently.

resources with other small counties for crisis stabilization units and telemedicine. Not just because of this lawsuit but because it's the humane thing to do.

Looking at the data is key to knowing what is happening in your jail. California Forward conducted a jail utilization study for San Bernardino County and found that 82,000 people are booked each year but only 26,000 of them stay longer than 3 days. This shows that they are successfully diverting but still having problems. Inmates with mental illness are staying two times longer because of system-related issues and are two times more likely to be re-arrested. If we identify the population of long-term high utilizers and give them wraparound services, he believes they can reduce their recidivism rate and lower the costs of the system as a whole.

Tracey Whitney – There were huge implementation issues for law enforcement and the DA's Office with AB109 and Prop 47. Beyond that, there was both a hardening and softening of attitudes at the same time. Some people in the office remain unhappy with the reforms but many others became more cooperative with other stakeholders in the system, embraced innovation and creativity and became more open to the perspectives of others. There is an increased spirit of trust and communication. All that was needed was the leadership permission to be collaborative.

They have also started to have conversations about basic assumptions such as what is a felony and even whether drug use and addiction should be a crime or is rather a public health concern. What should be a crime, what shouldn't be a crime and what should we use our jails for? Prosecutors now can have conversations about whether keeping someone in jail is the best decision or whether services are the best bet for improving the situation.

The LA County District Attorney's Office strongly supported the funding of psychiatric social workers in the Public Defender's Office. This is a very important function because it is covered by attorney-client privilege, which helps clients feel more comfortable being open about their mental health condition. The public defender then may choose to disclose some of that information resulting in everyone getting better information to inform the justice decision. Also, these psychiatric social workers can help avoid forcible extractions from cells due to mental illness.

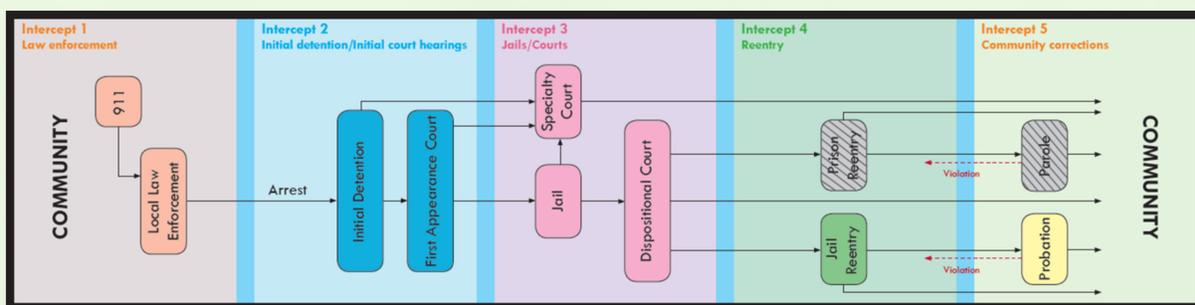
Tracey does not think, however, that prosecutors should be making referrals directly to programs because the public defender has more information and the DAs needs to trust that they know what they're doing and are competent professionals.

Hon. Lawrence Brown – AB109 localized the system and a lot of the change for judges was learning the new sentencing. But the philosophical underpinnings of realignment are taking longer to embrace. Some judges are skeptical of Penal Code Section 17.5 regarding the use of evidence-based practices, community-based corrections and risk-needs assessment. The challenge is to get buy-in outside of just the collaborative courts.

For District Attorney's Offices, the leadership needs to make it clear to the deputy DAs that this is the philosophy that is supported and one's career will be looked on favorably if one speaks like Tracey does. In addition, you need to have at least one deputy district attorney trusted by the front office who has this perspective, so they can offer buy-in from the DA's office for drug treatment or behavioral health treatment. This is the way to turn the ship.

The only way for AB109 to succeed is if Probation succeeds. And what's needed to get movement in the whole county is for the DA and the Sheriff to be on board.

Another byproduct of these reforms is in the managed care plans, responsible for the Medicaid system. They are now interested in the criminal justice work being done because inmates often have complex, chronic health problems and they are the responsibility of the managed care plans when they get out of custody. Managed care plans are thinking about what kind of physical health care treatment inmates are getting access to in custody and about coordination of care when they get out. Judge Brown encourages engagement of managed care plans to explore opportunities for collaboration.



Sequential Intercept Model

In addition, we don't do a good job engaging with private insurance companies to determine if they will work with someone with private insurance who is released from custody. Stigma with this population is not always easy to see but often plays a role in discussions. Judge Brown encourages continually addressing the stigma that may be interfering with the ability to make progress in collaborations.

Moving from the bail system and to a pre-trial services system is going to be key for people with mental illness. Some of these programs are pre-booking and in the future. We need to build the structure on the front end.

How does your staff work with the social worker to earn the trust of clients?

Robin Lipetsky – If the client has trust in their defense attorney, then they will be more likely to trust the social worker who comes in asking about their mental health. Many times, clients will not have disclosed mental health issues during the screening at booking because they are afraid it will be used against them in the future. Public Defenders can get the full picture that perhaps others wouldn't be able to get.

One of the unintended consequences of letting ISTs sit in jail for several months is that they become more psychotic and more difficult to restore to competency. How are your counties dealing with the question of whether involuntary medication should start while in custody instead of waiting until they are at the State Hospital?

Terri McDonald – LA County discussed the Restoration of

Competency (ROC) program and community-based restoration because there was such a big backlog. They do some involuntary medication but it's relatively new and it's very staff intensive. Another thing that happens is that people are restored in the State Hospital but decompensate before getting to trial because medications were not able to be continued. You must look at the whole system and continuity of treatment.

Shannon Dicus – A lot of the larger jails have LPS systems, the governing body over involuntary medication. His jail uses some long-acting injectable medications that last for a month at a time. Additionally, they are looking at the contribution of solitary confinement to mental decompensation. Sometimes socialization can be treatment that contributes to prevention of mental decompensation.

Collaborator Comments

San Luis Obispo County has MIOCR-funded screeners in the predisposition courtroom who can determine level of care and eligible programs right in the courtroom. They can refer defendants to mental health, drug treatment, a treatment court or wherever they need to be right there in the first court hearing. Data on this program is very promising. During the first two years, they had 713 charges, reduced to 70 once the program was implemented.

San Mateo County's Community Alternatives for the Mentally Ill provides a team within the jail that mobilizes when someone is booked and identified with a mental illness. They work to get the person released as soon as possible by arranging a wraparound program within the community that commits to making sure the person attends their court hearings.

Together We Can: Moving from "One-Offs" to Full System Change

Ashley Mills – Senior Researcher, California Mental Health Services Oversight and Accountability Commission (MHSOAC)

Why aren't the model programs in Bexar County, Texas, and Miami-Dade, Florida, moving to other counties? One reason is that Bexar County had a significant financial investment that is not easily replicable - but the other is just that this is very difficult work.

Final Thoughts

Data & Strategic Spending - It can be overwhelming to start with many thousands of people needing services, but you can use data to identify the ones with more significant needs who are driving most of the cost, so that you can be strategic in how you use the funds you have.

Data & Care Coordination –Realignment put a spotlight on

the local system, making community intervention important and making new partnerships necessary. You can use data to determine where the gaps are in your county system, where diversion opportunities are and where there are opportunities for prevention.

Training, Technical Assistance and Support – Often you don't need to convince anyone that people with mental illness shouldn't be in the criminal justice system but rather you need to convince them about alternatives to incarceration. There are nationally recognized models such as those in Bexar and Miami-Dade Counties, but they won't necessarily fit in your community. We can explore options collaboratively and learn what adaptations need to be made.

Collaborator Comments

Stephanie Welch, Council on Criminal Justice and Behavioral Health – Many partners who attend *Words to Deeds* have their own training institutes and maybe those institutes could offer training specific to issues around AB109. Perhaps the same training could be done at each institute so diverse professionals would be exposed to it.

➤ FMHAC's goal is education and has been doing one-day trainings around the State. If funding is available and interest is there, FMHAC is willing and able to put it together.

Could Innovation funding be used for this purpose?

Ashley Mills – It's hard to say if Innovation dollars could be used for this function. The MHSOAC is holding an Innovation Summit soon to hear from counties about what the needs are. This idea could be floated then to determine whether this funding could be used.

Bill Goodwin, Chief Administrator, Tehama County - highly recommends bringing in an outside evaluator to do an analysis on the effectiveness of your county system.

Schiff-Cardenas Crime Prevention Act of 2000 (AB1913)

A challenge grant program that mandated competing counties use experimental/control groups to determine the efficacy of the interventions.

Stephanie Welch, Council on Criminal Justice and Behavioral Health – CDCR made an investment in officer wellness recently by expanding and enhancing peer support staff as well

as in-house psychological services in the form of a culturally competent chaplain. In addition, there is a team in Canada with a different approach to CIT called Road to Mental Readiness that addresses stigma and provides education about warning signs for themselves and their colleagues. The next challenge is to determine how we give officers a break from some of the really difficult units or shifts.

Jasmine Murray, California State Sheriffs Association (CSSA) – Do you know of any services or training to support social workers to prepare to work in forensic settings?

➤ FMHAC just discussed this very topic. They would be pleased to develop a training for this need if you can provide information about what you think it should include and where should it be located.

➤ USC often has a track for veterans and the criminal justice system for social workers. Please be aware that if you're talking about having interns from graduate programs, you may need to pay them.

Positive Youth Justice Initiative

If you are interested in what the panelists from the First Adapters presentation are doing, you might want to look at this initiative as it is very similar.

Sparky Harlan, Bill Wilson Center – What can we do that doesn't cost money? We can work to reduce stigma, not just for mental illness but also for criminal justice involvement. You are all beacons in your community and can share that message.

Report Bibliography

Resources from [W2D XI](#) available through the following link: www.fmhac.net/events/words2deeds/past/2017

Including:

Page 9 - MHSOAC Report Guiding Principles graphic, slide excerpt from presentation by Ashley Mills, MHSOAC

Page 12 - Human Trafficking in the US graphic, slide excerpt from presentation by Chelsie Bright, PhD, and Donna Strobel, MS, Judicial Council of California Center for Families, Children, and the Courts

Page 17 - Sequential Intercept Model graphic, GAINS Center, SAMHSA, www.prainc.com/wp-content/uploads/2015/10/SIMBrochure.pdf



*Thank you to all session presenters
and attendee collaborators for your meaningful insight
and motivation!*

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
- Stanicia Boatner – Legislative Analyst, California State Association of Counties
- 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
- Kathryn Jett – Senior Policy Consultant, California Forward
- Darby Kernan – Senior Legislative Representative, California State Association of Counties
- Linnea Koopmans – Senior Policy Analyst, County Behavioral Health Directors Association of California
- Kathleen Lacey – Program Director, UCSF/Citywide Case Management
- Elaine Linn – *Words to Deeds* Event Coordinator, Elaine Linn Creative Strategies
- Robin Lipetzky – Public Defender, Contra Costa County
- Sheree Lowe – Vice President, Behavioral Health, California Hospital Association
- Rosie McCool – Deputy Director, Chief Probation Officers of California
- David Meyer – Clinical Professor, Institute of Psychiatry, Law and Behavioral Sciences, USC Keck School of Medicine
- Ashley Mills – Senior Researcher, Mental Health Services Oversight and Accountability Commission
- Karen Moen – Senior Court Services Analyst (retired), 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 (retired), County Behavioral Health Directors Association of California
- 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
- Stephanie Welch – Executive Officer, California Council on Mentally Ill Offenders
- Tracey Whitney – Mental Health Liaison, Los Angeles County District Attorney's Office
- Molly Willenbring – Executive Director, Forensic Mental Health Association of California
- Carrie Zoller – Supervising Attorney, Judicial Council of California, Administrative Office of the Courts

About FMHAC

For more than 40 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 2017 Paradigm Award winners! Thank you for being champions of mental health services for individuals involved in the criminal justice system.



Law Enforcement Champion

TERRI MCDONALD

Chief Probation Officer, Los Angeles County

*Presented by Kathryn Jett – Senior Policy Consultant,
California Forward*



State Champion

TINA WOOTON

Manager, Santa Barbara County Department of Behavioral Wellness

*Presented by Toby Ewing, PhD – Executive Director,
California Mental Health Services Oversight and
Accountability Commission*



Lifetime Achievement Champion

CHARLES WALTERS, PHD

Law Enforcement Consultant

*Presented by Hon. Stephen Manley – Judge, Santa Clara
County Superior Court*

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criminal justice & behavioral health
to prevent incarceration*

More Information

For more information about *Words to Deeds* and FMHAC, visit www.fmhac.net or contact:

Forensic Mental Health
Association of California
fmhac@fmhac.net
415.407.1344

Kit Wall
W2D Project Director
kitwall@sprintmail.com
707.280.7133

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