County of Santa Clara
Office of the County Executive

82906

DATE: August 30, 2016

TO: Board of Supervisors

FROM: Garry Herceg, Deputy County Executive

SUBJECT: Santa Clara County Jail Diversion Program Recommendations

RECOMMENDED ACTION

Consider recommendations relating to the Jail Diversion and Behavioral Health Subcommittee of the Reentry Network report regarding the Santa Clara County Jail Diversion Program including appropriate treatment placements and support services.

Possible action:

a. Receive report relating to the reduction of individuals with behavioral health issues in jail, jail diversion, and alternatives to incarceration.

b. Receive report from the Jail Diversion and Behavioral Health Subcommittee of the Reentry Network.

c. Approve recommendations from Administration and direct Administration to return to the Board for funding allocation.

FISCAL IMPLICATIONS

Fiscal Implications of this program are elucidated within the body of the transmittal. At this point, dollar amounts are estimates.

The cost of the administration's recommendations are estimated to be a total of $8.2 million on an ongoing basis. There will be significant additional capital costs that cannot be accurately predicted at this point. The administration believes that $3.3 million of that amount could possibly be offset by Medi-Cal revenue. It is also possible to offset and additional $2.3 million is Public Safety Realignment (AB 109) funds and $500,000 from MHSA funding. If those offsets are possible, the total net cost to the General Fund would be approximately $2.1 million.

REASONS FOR RECOMMENDATION

Jail Diversion and Behavioral Health Subcommittee's Recommendations:

On June 13, 2016 the Jail Diversion and Behavioral Health Subcommittee (JDBHS) reviewed 35 possible recommendations and requested additional information related to those recommendations. On June 28, 2016, the JDBHS prioritized the 35 recommendations. Of the group, 10 recommendations were supported by consensus vote. Staff was asked to provide analysis of these 10 recommendation, including costs estimates, and to forward a report to the Board of Supervisors. Below are the Administration's analysis and recommendations.

Administration Recommendations:

The Behavioral Health Services Department (BHSD) and the Office of Reentry Services (ORS) staff worked closely with the Administration to review the Committee recommendations from an operational and financial perspective. Additionally, staff and the Administration reviewed prior and current funded programs that have been approved by the Board and will be implemented during the current fiscal year and at the beginning of next fiscal year.

In particular, there are two projects that have already been approved by the Board and will be available for the target client group. These are the following:

A. Implementation of the planned custody and post-custody Substance Use Treatment Services (SUTS) recovery services. These services were included in the Custody Health funding allocation for clinical teams that was approved by the Board of Supervisors in December of 2015. New services are anticipated to begin on September 1, 2016 will include:
    - A SUTS transition team, with co-occurring capable staff, that will work with Custody Health staff and clients to provide planned transition to community services. This team will introduce clients to providers, arrange appointments, secure medications and ensure "warm handoffs" to the community. Of note, BHSD intends to evaluate the new SUTS Transition Team and consider development of a Mental Health Transition Team, due to different funding and service regulations.
    - 200 outpatient treatment slots serving approximately 800 clients annually.
    - 50 Transitional Housing Unit beds serving 200 clients annually.
B. Completion of the Muriel Wright redesign and implementation of 30 residential substance use treatment and respite beds and 15 co-occurring crisis residential beds. The County Executive's FY 2016 /17 Recommended Budget includes funding for facility upgrade and services. Estimated completion date: October 2017.

The BHSD views addressing issues pertaining to the Jail Assessment Coordinator (JAC) waiting list and in-custody client waiting times for services as the highest service priority. On any given day, the JAC list can include an average of 100 referrals waiting for mental health and/or substance use services. The second priority is ensuring that clients receive services that match their need, through a broader continuum of care, including housing

opportunities. For service recommendations that involve inmates/clients in custody, BHSD will collaborate with Custody Health/Mental Health physicians, managers and staff and community providers to coordinate care and plan transition processes to ensure clients are ready for discharge to the community. In addition, BHSD Division Directors will participate in Custody Mental Health operations meetings.

The Administration recommendations presented below are intended to expand and implement an array of community services that will meet the behavioral health needs of client inmates as they are diverted out of and from jail and provide law enforcement additional tools to redirect individuals to community based services. The Administrative recommendations do not include all of the JDBHS Recommendations. An analysis is included in the next section that explains the differences in the recommendations. The Administrative Recommendations are grouped into five areas, (1) Screening and Assessment, (2) Behavioral Health Treatment, (3) Housing Services, (4) Supervision, and (5) Administrative Support. All of the Administrative Recommendations are also JDBHS Recommendations. However, as stated, the Administrative Recommendations do not include all of the JDBHS Recommendations.

<u>Screening and Assessment:</u>

a. BHSD to develop and implement a standardized, validated screening tool and assessment process with public safety partners. The goal is to divert individuals from jail into community services when appropriate.
    i. Estimated Implementation Timeline: BHSD will convene a work group to select a tool in September and conduct the training of selected local law enforcement agencies, County staff, and Court staff. It is estimated that this process will take approximately six months after selection of the tool and will be completed no sooner than March 2017.
    ii. The cost of the entire process is not determinable at this point. The expected revenue source is MHSA and AB109 funding.
    iii. High Priority
    iv. Assign to BHSD

<u>Behavioral Health Treatment:</u>

b. Expand post-custody mental health and/or co-occurring outpatient services by 40 slots to address a service gap for clients. BHSD currently offers 180 outpatient slots for post-custody clients, however, there is an ongoing wait list for these services. (Static Capacity: 40; Dynamic Capacity: 40; Average LOS Days: 365)
    i. Estimated Implementation Timeline: Service start date of July 2017 as an RFP will be required for this new service modality.
    ii. Estimated total cost is $294,038 per year (Medi-Cal revenue approximately $132,317, remainder from General Fund).
    iii. High Priority

iv. Assign to BHSD

c. Increase the Criminal Justice (CJ) FSP capacity by 20 slots. The JAC list demand is largely for FSP slots, which are currently full due to the limited number of outpatient slots. Some of these individuals cannot be released from jail until stable housing is available, based on their charges. (Static Capacity: 20; Dynamic Capacity: 20; Average LOS Days: 365)
   i. Estimated Implementation Timeline: Service start date of July 2017 because this will require amending recently awarded BHSD agreements or conducting an RFP in January 2017.
   ii. Estimated total cost is $425,000 per year (Medi-Cal revenue approximately $191,259, remainder from General Fund and programmatic County funds)
   iii. High Priority
   iv. Assign to BHSD

d. Expand the 90-day Intensive Outpatient Service Team by 50 additional post-custody client slots. This service will support clients as they leave custody, linking them to housing, BHSD services, primary care services and benefit assistance, as well as addressing any other needs. In addition, the team will employ Peer Mentors in order to connect clients to the appropriate BHSD services upon release. (Static Capacity: 50; Dynamic Capacity: 152; Average LOS Days: 120)
   i. Estimated Implementation Timeline: Service start date of July 2017 as an RFP will be required as this is a new service modality.
   ii. Estimated total cost is $1,329,982 per year (Medi-Cal revenue $598,492, MHSA revenue $423,675, remainder from General Fund).
   iii. High Priority
   iv. Assign to BHSD

e. Develop one Behavioral Health Urgent Care Center in East San Jose as a drop-in center for law enforcement. The JDBHS suggests that such a Center could be modelled after "Restoration Centers" that exist in Bexar County, Texas. The goal is that the Urgent Care Center would offer voluntary services 24/7/365 and provide a community drop-off site for law enforcement that would divert individuals to treatment, rather than jail or Emergency Psychiatric Services (EPS). Individuals served in an Urgent Care Center would be assessed for treatment needs and referred to the appropriate level of care in the community. If an individual requires a 5150 involuntary hold, they would be transported to EPS. Administrative staff notes that, although this model appears to be effective in Texas, California laws and regulations are significantly different than Texas. Thus, the planning and implementation for such Center is likely to be complex and take significant time. For example, at this point, in order to accept clients directly from law enforcement or from an ambulance, staffing

and licensing requirements for such a center would have to comply with either Title 9 or Title 22 of the California Code of Regulations—effectively making the Center equivalent to either a Psychiatric Health Facility or a Psychiatric Hospital. The potential implications of these regulatory issues cannot be over emphasized. Therefore, Administration recommends that we start with one site with the intention to develop a total of three sites as the challenging issues are solved.

i. Estimated Implementation Timeline: Because of the regulatory uncertainties, it is estimated that implementation would take at least 24 months. Considerable research and communication with state regulators will be required in order to provide a clear project timeline.
ii. The cost of this project is very, very, very approximate at this time and involves a number of assumptions that may ultimately be proven incorrect. However, for the purposes of comparison, staff estimates a total yearly operational cost of $4,269,720 (Medi-Cal revenue $1,921,374, AB109 revenue $1,000,000, MHSA revenue $76,325). Capital costs could vary widely depending upon licensing requirements, size, site, and ownership. At this point, any estimate would only be a guess. However, the capital costs could be very significant.
iii. High Priority
iv. Assign to BHSD

<u>Housing Services:</u>

f. Add flex funds for CJ FSP to provide housing for 50 clients referred into treatment services. Flex Fund expenditures will be utilized for individuals after it is established that there are insufficient funds available for the client's housing subsidies. These funds will assist clients in successfully meeting their housing goals on their Personal Service Plans related to the Treatment plans listed above.
    a. Estimated Implementation Timeline: Implementation would require amending existing recently awarded BHSD agreements or conducting an RFP in January 2017 with services starting on July 2017.
    b. Estimated annual cost is $500,000 of AB109 revenue
    c. High Priority
    d. Assign to BHSD

g. Establish a Permanent Supportive Housing (PSH) program. Initially, we believe that we should plan for up to 90 chronically homeless clients with SMI. This PSH program would consist of two integrated components. First, a Multi-disciplinary team that is capable of providing mental health services, substance abuse services, housing services and vocational/education support. The team would be able to leverage specialty mental health and, working with the SUTS team, may also be able to leverage drug Medi-Cal. The second, and most difficult, component would be a "bricks and mortar" housing plan that would move clients to housing permanency. These plans would be

individualized for each client and could include deep permanent housing subsidies or deeply subsidized housing units. This component of the plan would also be very challenging because of land use and neighborhood issues. Because of these challenges, administration would recommend that we first target 90 persons, with the intention to expand as resources and sites become available. This program would be a part of the countywide coordinated entry system and would build operational relationships to coordinate services and receive referrals from ORS, Custody Health Services, the specialty courts and other system partners.

i. Estimated Timeline Implementation: Administration would see this projects as an incremental effort. We can project that there will be a number of unexpected hurdles that will need attention in the process.
   - We suggest starting with increased contributions to community partners who currently provide PSH services. This would require amending one or more of the six recently awarded BHSD agreements with PSH providers that provide intensive outpatient services and permanent supportive housing. This augmentation should allow for improved services starting in July of 2017. This is the only part of this project that can be costed out with some accuracy.
   - Next, presuming that the County Housing Bond passes in November, we would develop a "bricks and mortar" plan to site permanent housing. There are so many variables in this part of the plan, it is impossible to project operationally or financially at this point. The Administration expects that the Board will ask for a housing strategic plan once the Housing Bond passes. We anticipate that we will need to hire outside expertise in order to help with this effort.

ii. Estimated cost of the entire project is highly speculative at this point. However, we recommend an initial increase in contracts with CBO's in the total amount of $1,300,000 (Medi-Cal revenue $500,000, AB109 revenue $800,000). There is some possibility that MHSA could provide some additional funding for this project. However, at this point, administration does not believe that we can recommend that the Board rely upon that source.

iii. High Priority

iv. Assign to OSH

<u>Supervision:</u>

h. Enhance an existing Pretrial Mental Health Supervision Program with Superior Court and integrate the program with future Behavioral Health Services Court and Transitions Team by adding a Pretrial Service Officer.

i. Estimated Timeline Implementation: After Board approves second reading of salary ordinance – three months for posting and recruitment – January/February 2017 position hired.
ii. Estimated cost is $100,000 per year
iii. High Priority
iv. Assign to BHSD

Administrative Support and Data/Evaluation Resources:

i. Add a Health Care Program Manager at Behavioral Health Services Department to assign Jail Diversion referrals to Clinical Social Worker/Marriage and Family Therapists for screening, referral, and treatment placements of clients. (Leverage staff at Office of Reentry Services to coordinate program operations and data/evaluation support & staff the Jail Diversion Subcommittee).
    i. Estimated Timeline Implementation: After Board approves second reading of salary ordinance – three months for posting and recruitment – January/February 2017 position hired.
    ii. Estimated cost is $175,000 annually
    iii. High Priority
    iv. Assign to BHSD

Costs of Administrative Recommendations:

The minimum total ongoing cost of Administration Recommendations is approximately $8,277,796 (Alternate Revenue $6,143,442. General Fund Revenue $2,123,354). There will also be capital costs associated with some of these recommendations. However, the capital costs cannot be determined at this time.

Differences between Administration Recommendations and Final 10 Committee Recommendations:

(1) Recommendations that involve team building rather than client services or capital costs should be started immediately.
    a. The Committee included certain Recommendations that are not associated with specific projects or costs. These Recommendations focus upon changing the culture of groups associated with inmates. Administration believes that these Recommendations should be implemented now. The Recommendations include:
        i. Establishment of a cross-systems workgroup in order to develop alternatives to incarceration
        ii. Review of Booking operations with safety chiefs in order to facilitate diversion

iii. Develop a plan to offer a complete continuum of services to all inmates
iv. Develop peer mentor, community health worker, and community leadership programs in order to support clients post-custody.

(2) The Administration Recommendations do not include some components of the Committee Recommendations for the following reasons:

a. The Committee recommended that we create three Behavioral Health Urgent Care Centers in the county. Administration believes that this should be a goal in the future. However, given the many issues that need to be resolved prior to a successful implementation, Administration believes that it would be best to start with one Center and plan to create a total of three as challenges are resolved. Operational costs for each Center are estimated to be around $4.3 million. Capital costs are unknowable at this point, but are likely to be very significant.
b. The Committee recommended the development of a Permanent Supportive Housing for 250 clients. The costs of a 250 client program cannot be predicted accurately at this point. Administration recommends that we start with a goal of 90 clients, increasing the number as resources and sites become available. It is clear to Administration that we will not be able to accomplish the goal of 250 clients in a short time-span, and success will be very dependent upon the Housing Bond and individual site issues. We would not represent to the Board that anything but an incremental approach will work.
c. The Committee recommended certain changes to the booking area. Some of these changes are currently funded and planned for the current jail. The booking area will be completely different in the new jail and will address the Committee concerns.

Effective jail diversion for individuals with mental illness, substance use disorders and co-occurring (mental illness and substance use) conditions, relies on fully understanding the Behavioral Health Services system and the many stakeholders collaborating with criminal justice system leaders. *As defined by experts, a jail diversion program is one that identifies people with serious mental illness and co-occurring substance use disorders in contact with the justice system and redirects them from jail by providing linkages to community-based treatment and support services. In essence, jail diversion is the avoidance or radical reduction in jail time achieved by linkage to community-based services.* The impact of jail diversion programs largely depends on the availability of effective mental health and substance use treatment services at the community level. Furthermore, it is important to establish guidelines for enrollment of clients; engagement and screening; and assessment of individuals referred to new diversion programs.

The Behavioral Health Services Department (BHSD) and the Office of Reentry Services (ORS) recommends that the County initially target severely mentally ill (SMI) adults, 18 years and older, who reside in Santa Clara County. These individuals exhibit a significant

impairment in their emotional, cognitive or behavioral functioning which interferes substantially with their ability to remain in the community without supportive treatment or services. This initial target population will meet the medical necessity criteria pursuant to Title 9, California Code of Regulations (CCR), Chapter 11, Sections 1820.205, 1830.205, and 1830.210 to receive Medi-Cal specialty mental health services. The target population should also include individuals with SMI and co-occurring substance use disorders.

Jail Diversion Program Goals:

In order to implement a robust, collaborative approach to jail diversion and the development of a BHSD continuum of care, the County's goals will lead to increased public safety, improved health outcomes, reduced recidivism, and positive fiscal impacts. The goals will recognize that service integration at the community level is key, including partnerships among mental health, substance use, social services, justice and other agencies that are essential to developing a well-coordinated response.

1. Reduce the number of clients/inmates on the Jail Assessment Coordination (JAC) list, which ranges from 80-100 individuals daily, with a goal of eliminating incarceration of individuals who are held only because adequate residential and outpatient services are not available.
2. Expand the community-based continuum of care for clients/inmates to move clients/inmates out of the jail and into community programs.
3. Partner with Custody Health staff to ensure planned care transitions – "warm handoffs" – and effective connections to community-based services, supports and/or treatment for individuals leaving custody.
4. Reduce the number of people with mental illness and/or co-occurring (mental health and substance use) disorders that are booked into jail. Goal: 250 fewer people over two years.
5. Reduce the length of time people with mental illness and/or co-occurring disorders remain in jail. Current length of stay: 159 days for males and 58 days for females. Goal: 80 days for males and 30 days for females.
6. Implement the initial phase of SCVHHS HealthLink Electronic Medical Record System in Custody Health and Behavioral Health Services (current estimated timeline is Fall of 2017) to capture individual client and aggregated service data to assess service utilization patterns, service needs and gaps, and recidivism rates for custody and deep end behavioral health services, such as hospital stays. This initial phase recommendation has already been approved and funded by the Board of Supervisors.
7. Develop metrics to identify and track service utilization and outcomes of individuals diverted from jail.

Outcome Measurement and Data/Program Oversight:

Data collection and sharing must be made a priority from planning through implementation. Without a thoroughly outlined data collection process, it will be difficult to adequately assess diversion initiatives based on the established metrics for success/efficacy. Establishing a data

systems workgroup may be the best way to ensure that the program can be assessed and improved on an ongoing basis. A comprehensive evaluation would also require a control group comprised of individuals that were processed "as normal" instead of through diversion initiatives.

Staff is also considering a process analysis in order to identify policy and process challenges to efficient diversion and connection to community-based treatment and services. This effort will be in concert with and leverage existing planning efforts; clarify which options for community-based mental health and integrated co-occurring substance use treatment are appropriate for different levels of severity of need; and develop procedures to share assessment information so that those with the most severe needs are prioritized for the most appropriate, intensive treatment options.

It is clear that establishing definitions for key outcome measures, processes for collecting and analyzing data and a regular reporting schedule will track progress adequately. Using the Reentry Referral Tracking System to track clients and services will ensure that these efforts have adequate staffing and Information Technology (IT) support so that the Re-Entry Network, Public Safety & Justice Committee and the Board of Supervisors receive high quality reports with which to make informed decisions.

The Office of Reentry Services (ORS) will lead the efforts to maintain an inventory of diversion programs organized by intercept points. ORS will create a dashboard to update the number of persons diverted from jail as result of efforts and partnerships. Additionally, ORS will identify a cost simulation model to project the effectiveness, costs, and potential cost savings of implementing a County Jail Diversion Program. Furthermore, ORS will review and evaluate the program using the following general performance measures:

- *SCREENING*: The percentage of diversion-eligible persons assessed for diversion placement.
- *PLACEMENT*: The percentage of persons appropriate for diversion placement who are placed into diversion and specific diversion programs or services.
- *COMPLIANCE*: The percentage of participants successfully completing specific diversion requirements (community service hours, restitution, fees, etc.)
- *RESPONSE*: The frequency of policy-approved responses to compliance and noncompliance with diversion conditions.
- *PROVISION*: The percentage of assessed and appropriate participants who receive substance abuse, mental health, or other needed services.
- *SATISFACTION*: The qualitative measure of stakeholder opinions of the pretrial diversion program's quality of supervision and services, interactions and worth within the criminal justice system.

The general outcome measures will include:

- *SUCCESS RATE*: The percentage of diversion participants who successfully complete the diversion program.

- *SAFETY RATE*: The percentage of diversion participants who are not charged with a new offense while participating in diversion programs or services.
- *POST-PROGRAM SUCCESS RATE*: The percentage of participants who complete diversion successfully and are not charged with a new offense during a specific period of time after program completion.

The critical operational data elements will include the following:

- *REFERRALS*: Number of referrals to the diversion program and referral sources.
- *ADMISSIONS/ENROLLMENTS:* Basic inputs for any program, bed slot, service, center, etc.
- *TIME TO PLACEMENT*: Time from the defendant's arrest or diversion eligibility screen and actual diversion program placement.
- *TIME IN DIVERSION*: Time from program entry to successful completion, voluntary withdrawal, or termination.
- *TIME IN PROGRAMMING*: Time from entry to successful completion, voluntary withdrawal, or termination for each diversion program component.
- *EXITS*: Recorded graduations or other successful completions, voluntary withdrawals, and/or program terminations.

CHILD IMPACT

The recommended action may have a positive impact on building safer communities and stronger families by reducing crime and recidivism through proper assessment and effective programs in custody and in the community.

SENIOR IMPACT

The recommended action may have a positive impact on senior age inmates by ensuring better linkages between inmate/ex-offenders and the resources and benefits needed for a stable, self-sufficient and successful lifestyle.

SUSTAINABILITY IMPLICATIONS

The recommended action will have no/neutral sustainability implications.

BACKGROUND

Diverting low-level nonviolent offenders with mental illness and/or substance use away from jails toward more appropriate community-based treatment enhances public safety by addressing repeat offender's treatment needs and provides judges and prosecutors with alternatives to incarceration. Jail diversion for the mentally ill has been utilized in many local jurisdictions. There are a variety of best practices and evidence-based models and many diversion programs have been deemed cost-effective and/or successful at reducing recidivism while others have reported mixed results.

Types of Jail Diversion:

The California Mental Health Association's 2009 report on jail diversion and mental health outlines ten types of jail diversion tactics:

1. *Outreach*: Proactive efforts by outreach teams to homeless areas and people at high risk of criminal justice system contact, to provide services before a crime has been committed.
2. *Pre-Arrest*: Officers and/or co-responders direct diversion at the commission of an offense that is considered minor or for which the officer does not find it necessary to file charges and directly transfers the individual to treatment services.
3. *Alt. Pre-Arrest*: Same as number 2, except officer offers an ultimatum if the offender is unwilling to be enrolled in services; the filing of criminal charges or enrollment in services.
4. *Pre-Booking*: Police respond to 911 calls or other situations (often accompanied by mental health officials) through Crisis Intervention Team programs and make a referral to treatment instead of taking the person into court; also an alternative to taking a person to the hospital for a 5150 (involuntary psychiatric hold).
5. *Pre-Arraignment*: Involves taking the individual into custody, filing charges and transferring the individual to a mental health treatment program—with legal action initiated, but not court action.
6. *Pre-Trial*: After the filing of charges, offender is diverted at the time of arraignment or the initial pleading of the case but before there has been a trial.
7. *Pre-Sentencing*: After the trial, intervention is determined by a mental health court in lieu of entering a conviction.
8. *Alternative Sentencing*: The more common form of the mental health court, which is an alternative sentencing approach after, and in response to a conviction.
9. *Insanity Plea:* Defendant determined not guilty by reason of Insanity plea-bargaining.
10. *Unfit for trial:* Defendant determined to be Incompetent to Stand Trial (debatable as to whether this is really diversion versus delay but when initiated it does result in treatment instead of incarceration and could lead to one of the other forms of diversion).

Ideally, local jurisdictions should implement as many of the above as practical, so that there is a continuum of opportunities to identify and divert individuals at all core stages of the justice process, and even prior to offenses being committed in the first place. Answering policy questions to determine the effectiveness of programs requires that data collection and sharing must be made a priority from planning throughout implementation. Without a thoroughly outlined data collection process, it will be difficult to adequately assess diversion initiatives based on the established metrics for success/efficacy. A comprehensive evaluation would also require a control group comprised of individuals that were processed "as normal" instead of through diversion initiatives.

Existing County Diversion Efforts and Programs:

The County has engaged in many activities to help reduce the number of people with mental health issues in the jails and operates a variety of supportive housing programs (both

permanent and temporary) which target mentally ill and/or substance use persons. The County's Adult Reentry Network offers a variety of reentry services to the same populations, such as inpatient/outpatient, psychiatric, counseling, and case management services.

On December 15, 2015 the Board of Supervisors approved funding for enhanced Crisis Intervention Training to Sheriff deputies/Correctional officers and for twelve Behavioral Health teams (each team will consist of a psychiatrist and psychologist) to address mental issues at the jails. The County also supports specialty courts for mentally ill persons and/or chronic substance users, at which a panel of clinical professionals decide the best course of action for the offender. In addition, the County has been steadily increasing mental health treatment capacity in the community and leveraging Medi-Cal reimbursement for services. The County is implementing a Health Care Enrollment Program that provides Medi-Cal screening for inmates in the jails and enrollment into Medi-Cal thirty days prior to release. Enrolling inmates and clients exiting the criminal justice system into Medi-Cal program ensures people will have greater access to medical and mental health and substance use treatment.

With the creation of the Jail Diversion and Behavioral Health Subcommittee of the Re-Entry Network and the County's current participation in the national *Stepping Up Initiative* (initiative to help advance counties' efforts to reduce the number of adults with mental and co-occurring substance use disorders in jails) key stakeholders are ready to explore and identify jail diversion programs. In order to ensure that the County implements an effective Jail Diversion Program, planning must be extensive and will rely on examining the potential points of intercept for diverting persons with serious mental illness and/or substance use.

Below is a summary of existing diversion programs that divert individuals away from jail facilities:

Name	Program Description
Community Accountability Program: (Pre-Filing) (Office of the District Attorney)	Adults who are arrested or cited for misdemeanor petty theft, vandalism and most kinds of trespass who meet eligibility requirements are offered to complete 16 hours of community service, a class addressing the criminal conduct, pay restitution owed to the victim of the crime and pay a program fee (not applicable if person is indigent). Upon proof of completion, criminal charges are not filed against the person, and no court appearance or possible incarceration from a sentence occurs. If someone elects not to participate in the program or does not complete it within a reasonable amount of time, criminal charges are filed as in any other similar case. The District Attorney reserves the very rare option of not recommending pre-filing diversion if the investigation reveals aggravating factors which make diversion against the interests of public safety.
Mental Health Treatment Court	Diversion for Mentally Ill Offenders. The Mental Health Drug Treatment Court is a collaboration between Superior Court and

(Post-Plea) (Courts)	DBHS that provides engagement and assessment services to clients both incarcerated and those present at the Superior Court. Clients are referred to the program through Judge Manley and his staff. The program offers counseling sessions to clients of Department 64. Clinicians refer and/or connect the client to community resources to assist in the client's successful transition from the jail to the community. Further, Mental Health Drug Treatment Court provides culturally competent services to both clients and their families; and are able to educate the clients and families about relapse prevention.
Drug Treatment Court (Pre-Sentence) (Courts)	Targets criminal defendants and offenders who have a substance use problem and have been arrested regardless of whether or not the charge is drug related and regardless of the seriousness of the charge. These individuals are referred to Drug Court at the time of sentencing by Judges throughout the Court. Program consists of all levels of substance use and co-occurring treatment and treatment is the primary focus.
Veterans Treatment Court (Post-Plea) (Courts)	The Veterans Treatment Court (VTC) is a post plea diversion program addresses the specialized needs of veterans who have a substance use and/or mental health disorder who are facing criminal charges by providing the treatment, social service, educational and vocational support they need to lead productive and independent lives and successfully reenter the community.
Military Services Division (Pre-Plea) (Courts)	Permits defendants who have served in the military on making a request that is reviewed and approved or not approved by the Judge responsible for the case, and who has become mentally ill, traumatized, a substance user or suffered other conditions that resulted from the Military Services to be diverted before a plea is entered. Each defendant must enter and complete a treatment program, primarily through partnership with the Veterans Administration. On completion all charges are dismissed.
Developmentally Disabled Court (Pre & Post Plea) (Courts)	Developmentally Disabled (DD) Court is a pre-plea and post-plea treatment court that incorporates the drug and mental health court model in collaboration with San Andreas Regional Center and other community providers who are grant funded to assess and place mentally challenged offenders who need treatment services in the community.
California Penal Code 1000 (Deferred Entry of Judgement)	Penal Code 1000 allows certain qualified people charged with certain drug offenses to enter into drug diversion, keeping their criminal record free from traditional convictions and allowing

(Courts/Probation)	them to avoid custody.
Substance Abuse and Crime Prevention Act of 2000 (Prop 36) (Courts/Probation)	Prop 36 mandates that persons arrested for non-violent drug offenses be offered opportunities for treatment instead of serving jail time and would only face 30 days of jail time after repeated failures of the program. All clients referred based on assessment by Behavioral Health Services Department.
Incompetency to Stand Trial (Pre-Plea) (Courts)	Pre Plea: Defendants who are charged with a misdemeanor and have been found incompetent to stand trial may not be sent to a state hospital. They often spend nearly one year in jail. This diversion program releases them into the community, places them in community mental health and substance use treatment, and monitors their progress. Competence is either restored or a determination is made that competency cannot be restored.
Reentry Court (Supervision Officer Referral) (Court)	Ongoing State funded program to intervene when mentally ill and substance use offenders under supervision who face or have had a Formal Violation filed as the last intervention before hearing and possible sentence for Violation(s). Offenders are placed in treatment programs, provided services including job training, subsidized employment and on the job training, MRT or CBT and close monitoring.

The County of Santa Clara also provides alternative sentencing programs administered by the Office of the Sheriff for individuals sentenced to a county jail with a low level offense, mostly misdemeanors. This includes the Weekend/Weekday Work Program, a court mandated out of custody program designed to allow low-level, non-violent convicted misdemeanants to serve their sentence by completing community service in lieu of a jail sentence. Additionally, the Office of the Sheriff administers the Reentry Correction Program, an intense three-phase comprehensive recovery and reentry program with the goal of transferring the individual into the community under supervision. A third alternative sentencing program administered by the Office of the Sheriff is the Custody Alternative Sentencing Program that transfers sentenced individuals under PC 1170(h) AB 109 into the community with intensive supervision and case management services. Finally, the Public Service Program is offered to misdemeanants with low-level offenses to complete their remaining days of time left to serve (up to 120 days) in the community by completing community service work.

Creation and the work of the Jail Diversion and Behavioral Health Subcommittee:

At the December 5, 2015 meeting of the Blue Ribbon Commission on Jail Operations, commissioners recommended that the Re-Entry Network form a subcommittee to receive public testimony and formulate policy recommendations related to diverting individuals from the County's jails. The Commission emphasized the need to fully examine Behavioral Health

Services in its analysis of discharge planning and creation of diversion programs and strategies.

On December 15, 2015 the Board of Supervisors unanimously approved the creation of a Santa Clara County Jail Diversion and Behavioral Health Subcommittee of the Re-Entry Network with a "No-Entry" focus that will consider best practices, receive public testimony and deliver recommendations to the Board of Supervisors. Specifically, the subcommittee will:

1. Identify strategies for preventing individuals with mental health needs from becoming offenders;
2. Identify gaps and strategies for community based treatment solutions for individuals with mental health and substance use problems who have a history of or are at risk of offending;
3. Assess training needs of relevant personnel (i.e., law enforcement, first responders);
4. Ensure cultural competency is included in community based solutions and discharge planning; and
5. Be prepared to address any other relevant issues as they arise from the Subcommittee's work.

In order to effectively meet its intended function, the Santa Clara County Jail Diversion and Behavioral Health Subcommittee of the Re-Entry Network should:

1. Make recommendations to the Board of Supervisors;
2. Name additional members to the Subcommittee with specific areas of expertise; and
3. As appropriate, hold meetings at times to facilitate public participation.

Since its commencement, the Subcommittee held several public meetings to discuss best practices, current programs and data on mentally ill individuals in the jails, and draft recommendations. Listed below is a summary of the meetings that the JDBHS has held since March 2016.

March 11, 2016:

The JDBHS affirmed its purpose, which is to help prevent mentally ill people from becoming offenders, improve community based treatment for people with mental health and substance use problems, assess the training needs of relevant personnel (law enforcement, etc.), ensure cultural competency is included in these solutions, and addressing any other issues that arise with this work. The approval of the work plan then took place, which in broad strokes is identifying how many people are mentally ill or have a substance abuse problem, what do they need, what resources does the community have, what has worked elsewhere, and then create a model that works for the County. ORS presented on the existing jail diversion programs.

April 7, 2016:

The JDBHS discussed what the stakeholder environment would be, including establishing roles and levels of commitment, as well as the communication and interaction which will be necessary with the expanding programs. The JDBHS received reports on the Reentry Network, the Blue Ribbon Commission on Improving Custody Operations, and the Bail and Release work group; the Pretrial Justice Phase of Criminal Process system map, and the Jail Needs Actions Taken Place since March 11, 2016. JDBHS' members shared data on the needs and prevalence of inmates with mental health and substance abuse issues to brainstorm as a group. ORS and BHSD gave a presentation on SAMHSA's Sequential Intercept Model (SIM) to provide a simple visualization of currently existing diversion programs and how they are related.

April 22, 2016:

The JDBHS received the report from the National Summit on Reducing the Prevalence of Individuals with Mental Illnesses in Jail to highlight strategies that help jail diversion for the mentally ill. The JDBHS studied the jail diversion practices of Seattle, Washington; Bexar County, Texas; Los Angeles County, California; and San Diego County, California. The JDBHS received a report on how emergency shelter, transitional housing and permanent housing programs are being utilized how they might be better used for populations including Reentry and Behavioral Health Clients. The number and needs of the seriously mentally ill were evaluated and then an outline of what questions the program should answer was created. The JDBHS discussed the new jail design and how it relates to providing services for the mentally ill.

May 6, 2016:

The JDBHS continued its discussion of the construction of the new jail. The Los Angeles Police Department's Mental Health Unit Law Enforcement program gave a presentation on Los Angeles County's jail diversion initiatives. The JDBHS discussed how the County is using the Affordable Care Act to expand treatment services and how it could be used for diversion programs, including Custody Health Substance Use Treatment Services and Mental Health Treatment Services; including a presentation on maximizing use of Medi-Cal cost centers using Drug Medical-Organized Delivery System 1115 Waivers. BHSD and the Department of Correction gave presentations on their respective Fiscal Year 2016-2017 budget request.

May 20, 2016:

ORS and BHSD presented initial recommendations on expanding and implementing various community services to meet the behavioral health needs of clients. The short-term recommendations included increasing the number of CIT officers, visiting other counties to observe law enforcement and justice best practices, expanding behavioral health community-based programs, improving coordination between services, and developing a housing diversion program. The mid-term recommendations included developing a screening tool for law enforcement to determine the best treatment and completing the Muriel Wright redesign and implementation of residential substance use treatment and respite beds and co-occurring crisis residential beds. Subsequent to the initial list of recommendations, Subcommittee Co-

Chairs Judge Stephen Manley and Supervisor Cindy Chavez, and the Behavioral Health Contractors' Association of Santa Clara County provided additional recommendations.

June 13, 2016:

On June 13, 2016 the JDBHS reviewed 35 recommendations and requested additional information. Some of the short-term recommendations were implementing the custody and post-custody plans for Substance Use Treatment Services, expanding Outpatient Services by 40 slots, expanding the 90-day Intensive Outpatient Service Team by 50 slots, and more. Mid-term, the ORS and BHSD recommended completing the Muriel Wright redesign and designating areas around the county as drop-in centers for the homeless. And for long-term, the recommendations were adding three Urgent Care facilities, delivering to the Board of Supervisors a recommended plan to open a Restoration Center, and developing a plan to add 100 Substance Use Transitional Housing Beds and 100 residential treatment beds. Additionally, data collection and sharing was advised to be made a priority from planning through implementation.

June 28, 2016:

The Office of Supportive Housing gave a presentation on how it can help jail diversion efforts by expanding its programs and catering the type of housing to each individual. ORS and BHSD provided a final presentation to the JDBHS based on plans and/or recommendations to expand and implement clinical services aimed at facilitating diversion efforts. The JDBHS reviewed the 35 recommendations and prioritized the 35 recommendations selecting five recommendations to forward to the Board of Supervisors.

CONSEQUENCES OF NEGATIVE ACTION

Failure to approve the recommended actions may impact the ability to successfully divert serious mentally ill with co-occurring substance use disorders into community based treatment and away from jail.

LINKS:

- Replaces: 82639 : Consider recommendations relating to the Jail Diversion and Behavioral Health Subcommittee of the Reentry Network report on the Santa Clara County Jail Diversion Program including appropriate treatment placements and support services.
  Original Leg File