Words to Deeds

Metrics That Matter

Establishing Metrics to Measure Success: Diversion, Data, and Accountability

Convening Report

September 5 - 6, 2024

Sacramento I Virtual

MHSOAC
Mental Health Services
Oversight & Accountability Commission

CCJBH
Council on Criminal Justice and Behavioral Health
20 YEARS of building bridges to prevent incarceration

INTRODUCTION

"Data drives change."

"Measure the unmeasured."

"Data is the starting point."

"Metrics give us tools to help us get where we want to be."

"In the long run, it's what we do to best help those in need."

"We need all the data to be woven together."

"If you don't measure something, it's hard to take action."

"How can we know that we are making progress?"

On September 5 and 6, 2024, more than 100 cross-sector leaders came together in Sacramento and virtually for the 17th Words to Deeds convening since 2003: ***Metrics That Matter – Establishing Metrics to Measure Success: Diversion, Data, and Accountability***.

Across those two days, 35 presenters led discussions about county and statewide policies and programs that today are in place because of the intersection of individuals with behavioral health issues and the criminal justice system. The stated goal of the convening was: *to share information and resources about establishing key metrics to track and measure success in preventing people with behavioral health (i.e., mental health and/or substance use disorders) issues from becoming involved in the criminal justice system.*

Participants from a variety of sectors came prepared to help take the conversation to another level. Session moderators guided the group through reviews of some existing programs and measurements. Each then opened the conversation to suggestions for new opportunities to put existing or new data to work to:

- Demonstrate accountability
- Enhance existing services
- Develop new treatment programs to enhance efforts to keep those living with behavioral health issues out of the criminal justice system

The following report serves as an extensive summary of these presentations and conversations. Discussion recaps from each session highlight key themes and takeaways, with selected presentation slides included for additional detail. Throughout the report there are also links to related resources and "Deeds" tips for turning these ideas into action.

While community engagement and data sharing among providers were overarching themes throughout, many other ideas quickly surfaced and were retained for future evaluation. The convening's energy-filled exchanges culminated in early-stage discussions around keeping the momentum going throughout the following year, in order to bring these ideas to fruition and further develop them for discussion at the next Words to Deeds convening, scheduled for September 2025 in Los Angeles.

DAY 1: SETTING THE STAGE — METRICS THAT MATTER

Welcome and Introduction

Kit Wall – Project Director, Words to Deeds
Brenda Grealish – Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)
Toby Ewing – Executive Director, Mental Health Services Oversight and Accountability Commission (MHSOAC)

The conference opened with Kit Wall thanking the Council on Criminal Justice and Behavioral Health (CCJBH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) for the organizations' support of Word to Deeds, now in its 21st year. "It's about hope," Kit said. "That's why we're here. Many good things have come out of Words for Deeds which continue to give us hope that we can continue to help those who need us."

She emphasized several questions she challenged attendees to keep in mind as the conference got underway:

- What metrics are you already using that you want to share?
- What metrics are you using that you want to be accountable for?
- What metrics don't you like? Why don't they work for your organization?
- Is anyone else collecting what you're thinking about collecting?
- Is there another organization that might benefit from the data you collect? Is it shareable?

Brenda Grealish also welcomed the group and emphasized the importance of Words to Deeds and its partnership with the Mental Health Services Oversight and Accountability Commission (MHSOAC).

"It is imperative to measure something because if you don't, it's hard to know what's happening and it's hard to take action," Grealish stated. "And far too often throughout my career, I've also seen the wrong problem being solved, which also obviously causes additional problems with moving forward. Data helps us uplift and identify the true problem." She reinforced the goal of the convening to, "Look at the heavy-hitter, top metrics we can identify to keep behavioral health out of the criminal justice system."

Toby Ewing highlighted the MHSOAC's partnership with the California State Sheriff's Association, recognized Santa Barbara County Sheriff/MHSOAC Commissioner Bill Brown, as partners in assisting those impacted by behavioral health issues, and emphasized the importance of collaboration and cooperation among all helping organizations.

> ***"It is imperative to measure something because if you don't, it's hard to know what's happening and it's hard to take action. Data helps us uplift and identify the true problem."***
>
> *— Brenda Grealish*

"There are times where it feels like we're having the same conversation over and over and over again," Ewing said. But he emphasized two wins: "Proposition 1—the state is reinforcing its commitment to building an outcome and accountability system that will provide clear and compelling information on how we're doing."

He encouraged the group to go to MentalHealth.CA.gov to begin to develop metrics and to share those publicly in ways that help "keep attention on the prize." Ewing added, "For this conference, we talked about how we, through

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

Words to Deeds, can bring together some of the brightest, most compassionate, committed people in the Behavioral Health (BH) and Criminal Justice (CJ) space and draw from your expertise to advise the governor and the legislature about how we know whether we're making progress in the areas that are most important."

Secondly, Ewing told the story of a young person who recently brought a knife to school but was supported by a teacher, who asked the student why he had brought the knife to school. When the response was, "because the voices in my head were telling me people were trying to hurt me," the instructor was able to engage behavioral health services and get the student assistance.

"These are the kinds of stories we're seeing in California and across the country today because of the work you and others are doing in addressing behavioral health issues," Ewing said.

"How can we know that we are making progress?" Toby posed to the group in highlighting metrics as a tool to provide better behavioral health services. "What is most important to me is 'The Deeds' part. How can we begin to walk the talk? This is the most important part of the answer," he said. "That's why we're here."

Hiding in Plain Sight: Personal Conversations from the Front Lines

Erik Ewers – Director/Co-Producer, Ewers Brothers Productions, *Hiding in Plain Sight: Youth Mental Illness*

Toby Ewing welcomed filmmaker and producer Erik Ewers, whose documentary, *Hiding in Plain Sight: Youth Mental Illness*, has helped to expand understanding around behavioral health. Erik and his brother, Christoper Loren Ewers, co-directed the documentary film, collaborating with Ken Burns, Executive Producer, Julie Coffman, Producer, and David Blistein, Writer.

> ***"The making of this film impacted me because it empowered me to talk about some of the issues I have been through. Helping remove the stigma from mental health issues has become a mission for my brother and me."***
>
> *— Erik Ewers*

The two-part, four-hour piece aired on PBS and is available for streaming through Amazon Prime. It features first-person accounts from more than 20 young people, from ages 11 to 27, who live with mental health conditions.

Ewers noted that the film has been rebroadcast 5,200 times because PBS viewers "demanded it." Ninety-five percent of the households in the U.S. have access to the show.

"This film was about leveling the playing field, decreasing stigma, getting young people to see themselves in this tapestry of human experience," said Ewers.

"People want to learn, they want to know," he added. "In my generation, we weren't taught anything about mental illness or mental health when growing up. Also, a barrier that keeps you from doing what you want to do is that you're convinced there is no support (when you're dealing with behavioral health issues)," Ewers said. He went on to explain that doing this film helped him identify behavioral health issues in his own life.

In coordination with Providence Health Oregon, Ewers and his brother created a 26-chapter curriculum as a companion to the film, designed for middle school, high school, and college students and available to use for free by any educational institution.

The conversation then shifted to the new film the Ewers brothers are currently developing, this time with an emphasis on adult mental health crises. Ewers highlighted the stigma that persists, particularly for those working in the field of law enforcement.

"As we think about developing metrics, so often, criminal justice comments are about clients, Ewing said. "A much more difficult task to tackle is recognizing workplace mental health issues, particularly in the public safety space. It's much harder to build out workplace mental health strategies and how we define success. As the Commission begins to think about how we define success, we need to make sure that we recognize that the workplace is a tremendous source of stress and a source of resiliency. We have to think about not only how the system is serving the public but how the system is serving those of us who are inside the system."

Transformational Changes in California Behavioral Health: Transparency and Accountability

Stephanie Welch – Deputy Secretary of Behavioral Health, California Health and Human Services (CHHS) SLIDES

Stephanie Welch opened her remarks by saying, "Today I am here to talk about some opportunities," and proceeded to outline sweeping changes in California's behavioral health care system.

"One of the most exciting things is Proposition 1 because Prop 1 is a culmination, and one of the key puzzle pieces of the whole mosaic of this administration making significant changes in our behavioral health system," Welch said.

> ***"How do we make sure that data is present in the process so that we can advocate for more resources and strategies for the justice-impacted populations or those at risk?"***
>
> *— Stephanie Welch*

"Prop 1 is especially exciting in its specific focus on justice-impacted populations," she continued. "I think there are a lot of opportunities in this space. In alignment with the theme of this Words to Deeds (convening) I want to encourage all of you in the next day and a half to think about the data that you may have access to, the metrics and the measures. How do we ensure that for our justice-impacted populations, or those who are at risk of being so, that we tell their story and bring their data to the local planning process? That's where the rubber is going to hit the road in terms of making decisions about how funds get spent.

California is Transforming Our Entire Mental Health and Substance Use Disorder (SUD) System

Welch emphasized that Governor Newsom is very engaged with this initiative (and all California mental health initiatives), and that his office has created a simple, easily accessible website where anyone who accesses it can learn where to go for care.

DAY 1: SETTING THE STAGE — METRICS THAT MATTER (continued)

"We worked very hard to bring data forward around the justice-impacted population in order to make it a priority population served by Prop 1," Welch said. She encouraged all Words to Deeds attendees to continue to review the proposition, however, to "see if there is anything we might be missing."

"The inclusion of resources to treat people with substance use disorder and to truly integrate the delivery of care for substance use disorder and mental illness is major," Welch added.

Prop 1 Funding Opportunities
Prop 1 Provides $6.38B in Funding for Behavioral Health Treatment; Up to $4.4B Available for Behavioral Health Treatment Settings in Counties, Cities, Tribal Entities, Non-Profit Organizations and the Private Sector

According to Welch, $2.2B of the bond funds will be dedicated to housing for veterans dealing with behavioral health issues. She said that competitive proposals for a portion of the bond funding are due December 13, 2024, in keeping with one of the sub-goals of Prop 1, which is to implement it as quickly as possible. Grants will be awarded in Spring 2025, also in keeping with moving the process along quickly. All grants will be awarded and put to work in communities by 2026.

Welch added that 3% of the bond will be dedicated at the state level for workforce development. "We have the opportunity to work with universities and other training programs to reimagine what the future workforce should be," she said, adding that it is important to have specialized staff members and a diverse workforce.

Five Key Opportunities for Transformational Change with Proposition 1:

- Reaching and serving high need/risk priority BHSA populations
- Inclusion of substance use disorder (highlighting data essential to apply)
- Housing is health
- Supporting children and youth
- Measuring progress and impact

"We have a lot of work to do in this area and I hope over the next two days you think about recommendations for us," Welch said. "How do we not overdo it but collect enough information. While there's still local flexibility, it has to be some sense of uniformity so that we can tell a story at the state level and that communities at the local level, and through their planning process, can really look at and make decisions about where they want to spend their money."

Local governments and communities will be working together very closely in the planning and implementation of BHSA plans which will inform the state's Integrated Plan for Behavioral Health Services and Outcomes, Welch emphasized, again highlighting the need for data and metrics collection and understanding the appropriate use.

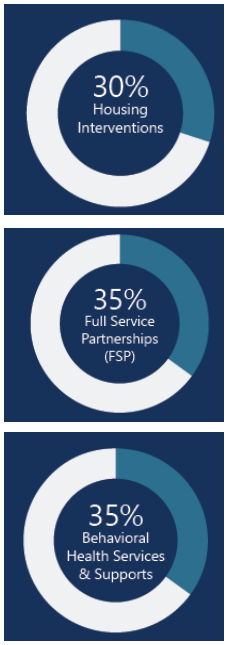
DAY 1: SETTING THE STAGE — METRICS THAT MATTER (continued)

BHSA County Funding Allocations (90% of Total Funds)

Housing Interventions – 30%
- For individuals living with SMI/SED and/or SUD who are experiencing or at risk of homelessness.; 50% prioritized for individuals who are chronically homeless with BH challenges
  - Not limited to FSP partners or persons enrolled in Medi-Cal
- Includes: rental subsidies, operating subsidies, shared & family housing, capital, and the non-federal share for certain transitional rent

Full Service Partnerships (FSP) – 35%
- Outpatient BH services necessary for on-going evaluation/stabilization
- Clinical & non-clinical services, including services to support maintaining housing
- Includes MH, supportive services, and SUD treatment services; Assertive Community Treatment/Forensic Assertive Community Treatment, supported employment & high fidelity wraparound are required.

Behavioral Health Services and Supports (BHSS) –35%
- Includes early intervention, outreach/engagement, workforce education/training, capital facilities, technological needs & innovative pilots/projects.
- At least 51% shall be used for Early Intervention; at least 51% of Early Intervention must serve people 25 years younger.



The Policy Guide for what the 3-year integrated plans for BHS outcomes must include will be available at the end of 2024 and the state will continue to work closely with all local governments.

Welch highlighted the importance of all entities engaged in the BH/CJ effort working together, with focus placed on the following:

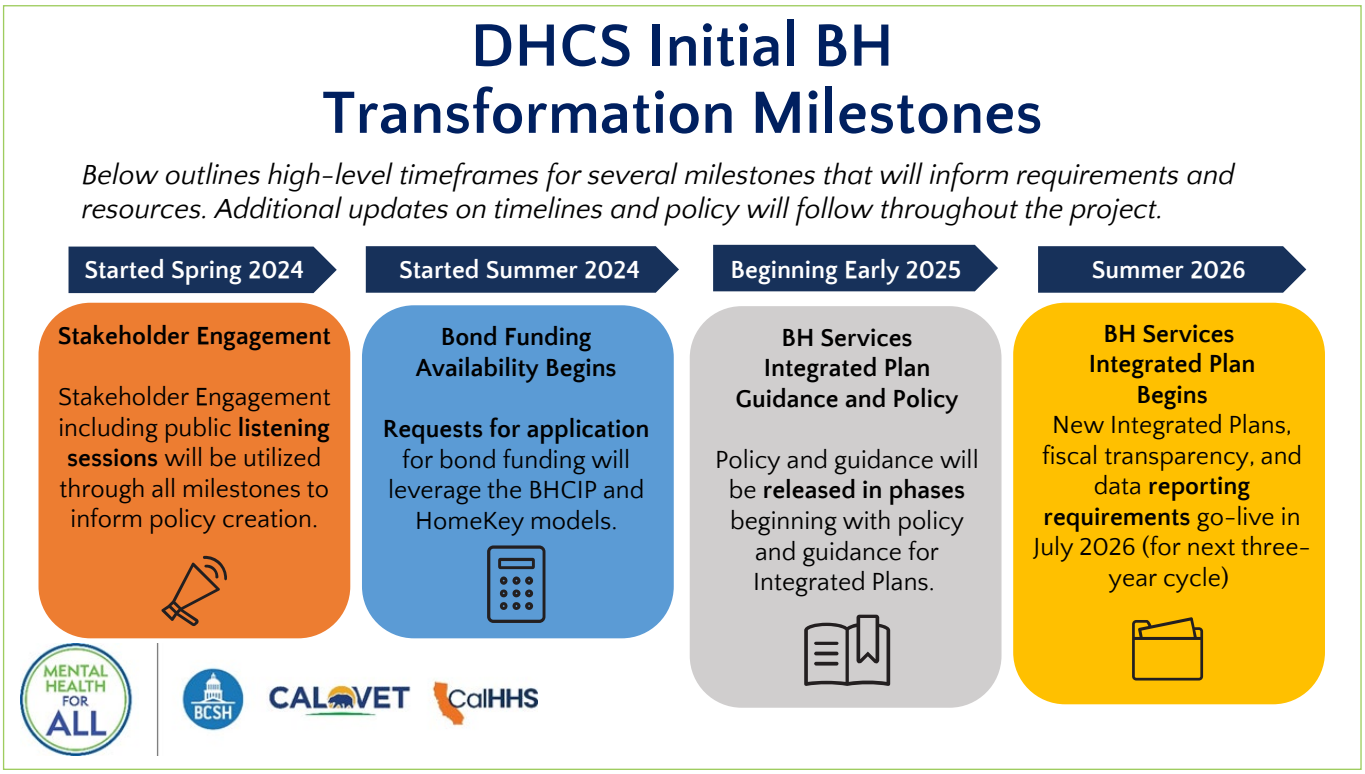
- Accountability — County behavioral health outcomes, accountability and transparency reporting
- Quality — how we build out Full Service Partnerships (FSPs)
- Flexibility — what works for a large county might not work for a small county
- Funding — how to smooth out the volatility of the millionaires tax

"There are going to be lots of opportunities for engagement. At the state, the Department of Mental Health will be reviewing plans, making comments, asking for suggestions, and looking for consistency with the data submitted. We want these plans to come in with great information following a robust process," Welch said.

Engagement with communities will include:

- County Behavior Health (BH) Advisory Boards
- Integrated Plan for Behavioral Health Services and Outcomes
- Behavioral Health Services Oversight & Accountability Commission (BHSOAC)

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*



"By the end of this year we will put out the entire policy guide so we can gain lots of public comment. But the goal is to give counties ample time to have their own local community planning process. The first year of this integrated plan going into effect will be 2026," Welch said.

In the past, communities were asked how they would spend their Mental Health Services Fund, but that was only half or even a smaller portion of the story. These changes in reporting multiple funding sources will tell the whole story of what is happening, according to Welch.

The takeaway for what you're going to be working toward in the next day and a half is: "What are we looking for people to report on? How would we measure that we're even making an impact with these dollars for justice-impacted populations? How would we even know that people coming home from incarceration were actually getting touched by these dollars," she asked.

"How do we, in a way that's reasonable for our counties, that's consistent with privacy rules, get information that would really help us tell the story of whether or not we're actually making a difference with justice-impacted populations?"

"Get engaged! Your expertise is very important in this process," Welch asked of Words to Deeds attendees.

DEEDS

When turning ideas into action:

- **Design reporting to tell the full story of what's happening**
- **Find the right mix of flexibility and consistency so we have insights at the local and state level**

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

Session 1: Overview: What Do We Know? What Does Success Look Like?

Moderator: Brenda Grealish – Executive Officer, Council on Criminal Justice and Behavioral Health
Latonya Harris – Research Scientist III, Mental Health Services Oversight and Accountability Commission SLIDES
Kamilah Holloway – Research Scientist III, Council on Criminal Justice and Behavioral Health SLIDES
Katie McAlindon – Senior Community Researcher, The Possibility Lab at UC Berkeley SLIDES
Randy Clopton – Research Associate, The Possibility Lab at UC Berkeley

Criminal Justice and Mental Health Data at MHSOAC, History, Findings and Next Steps
Latonya Harris shared the Criminal Justice and Mental Health Project metrics that answered both questions in this session title and demonstrated how data and metrics can be used to inform and improve program planning. This project was an outcome of the *Together We Can* report released by the MHSOAC in 2017.

In 2018, the commission received funding to work with counties to implement the *Together We Can* report's recommendations.

- From 2017-2019, criminal justice data linkage began, and findings were released demonstrating that consumers of Full Service Partnerships (FSPs) showed reduced criminal justice involvement up to a year after receiving FSP services.
- In 2019-2020, the Commission sponsored the Data-Driven Recovery Project (DDRP) which was "an individualized set of analytic tools to identify county programmatic innovations through system mapping and improving data resources that connect across agencies."
- In 2020, a data dashboard was published so that users could examine Criminal Justice Linkage Project data and outcomes by county and demographics.

Since *Together We Can* was published seven years ago, it has been proposed that the Commission update its report in recognition of the new expectations established under Proposition 1. The Commission has an opportunity to highlight strategies to support criminal justice diversion across the range of the newly established Behavioral Health Services Act.

The California Department of Public Health has newly established responsibilities to lead population-based prevention strategies, including approaches to reducing criminal justice involvement. The California Department of Health Care Services has been charged with establishing standards for early intervention programs, which should include interventions to reduce justice involvement or re-involvement. The California Department of Health Care Access and Information will receive new and on-going funding to strengthen California's behavioral health workforce – and with that opportunity should explore pathways to employment for clients with criminal justice histories, and to ensure services providers are familiar with the intersection of behavioral health and criminogenic factors that lead to justice involvement. County behavioral health programs have an obligation under Proposition 1 to support innovative approaches to meeting needs. The California Health and Human Services Agency has a renewed mandate to develop an outcome and accountability system that measures criminal justice involvement and support the ability of all relevant agencies to support improved outcomes.

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

Harris shared with the group how valuable data can be to inform future planning for successful FSPs as well as for expanding the analysis of the impact on arrests of other mental health services.

Exploring and Monitoring Behavioral Health Data

Kamilah Holloway explained how the CCJBH explores and monitors data for criminal justice-involved populations with behavioral health needs, outlining what was to come.

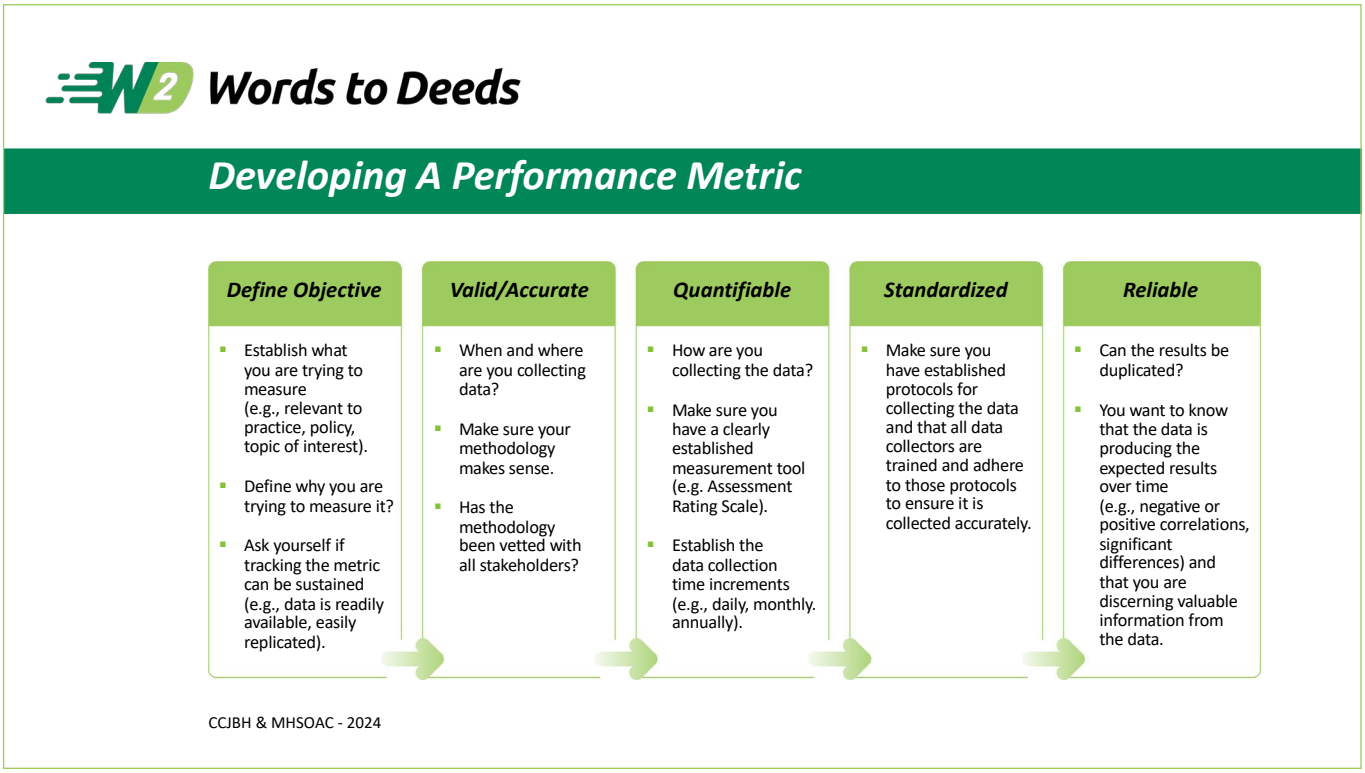
> ***"What are you trying to accomplish? What are the goals? These help you focus on what you're trying to measure and your progress toward achieving those goals."***
>
> *— Kamilah Holloway*

"First, we want to cover the characteristics of good performance measures," she said.

These guide how the CCJBH establishes its goals and provide the framework for good metrics around performance.

"Measures must be valid and accurate, said Holloway. "And, ask yourself, can you tie it back to the goal?" She also emphasized for the group a key differentiator that sometimes is confusing: reliability is 'can I replicate the data,' while validity is, 'am I measuring what I want to'," she said.

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*



CCJBH's Performance Metrics/Goals are:

- Prevalence Data
- Systems of Care
- BH/JI Workforce Expansion and Training
- Supporting Data-Driven Practices

Holloway said she chose as examples of the value of good data, Goal #4: Supporting Data-Driven Practices as examples of metrics gathering which includes:

- Medi-Cal Utilization Project (MCUP)
- Public Health Meets Public Safety Data Visualization (PH/PS)

MCUP is a data-matching collaboration effort between DHCS and the California Department of Corrections and Rehabilitation (CDCR) to inform policy development and operational improvements so that it can maximize enrollment and utilization of medical services.

The CCJBH/Department of Health Care Services (DHCS) Medi-Cal Utilization Project monitors enrollment into Medi-Cal, including selection of Medi-Cal Managed Care Plans, access to and utilization of Medi-Cal behavioral health services for people released from CDCR who suffer from mental illness and/or substance use disorders (SUD).

The most recent report examines individuals released from CDCR in FY 2019-20.

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

Medi-Cal Enrollment and Behavioral Health Services Utilization Rates for Individuals Released from CDCR in FY 2019-20

Holloway pointed out that monitoring includes community engagement and service coordination.

Medi-Cal enrollment remained fairly constant within two years after release, 79% as compared to 77% respectively. Medi-Cal MCP selection also remained consistent within two years after release, from 89% to 85%, respectively.

After examining the data, next steps in the CDCR-DHCS MCUP are:

- CCJBH received and is working to match/compile CDCR and DHCS Medi-Cal data for individuals released from CDCR in FY 2020-21 and FY 2021-22. The Calendar Year 2024 report will:
    - Present updated Medi-Cal enrollment and MCP selection rates
    - Examine mental health and substance abuse disorder services' penetration and engagement rates stratified by identified behavioral health needs at the time of release
- CCJBH staff are working with DHCS to explore opportunities to examine member utilization of the new Enhanced Care Management (ECM) and Community Support (CS) services.

Holloway then moved on to the next example of utilizing data in achieving goals with the CCBJH Public Health Meets Public Safety (PH/PS) Framework and Data Visualization efforts.

PH/PS Project Goal and Framework

The purpose of the PH/PS goal is to use data to inform policymaking at the intersection of criminal justice and behavioral health to reduce the number of people with behavioral health needs in California's justice system.

Holloway said that the PH/PS Data Visualization (Community Domain) compiled available data about the community environment, including where people were born, where they grew up, work and age.

It also pulled poverty, unemployment, high school drop-out rates, homelessness, food security, low income, health insurance and life expectancy data from existing sources.

Those interested in viewing or using this data can go to: https://www.cdcr.ca.gov/ccjbh/ for data visualization dashboards by both region and statewide.

She then outlined the PH/PS Data Visualization Parameters that currently must be taken into consideration:

- Data sources are the most recent available
- Best available data are not perfect data
- No causality: "What, not why"
- Not a program or policy evaluation tool

Within the Community Services/Treatment Landscape, CCJBH is looking at all services available for mental health and SUD, as well as other services that are utilized by those in need.

And, in the Crisis Response area, she highlighted that quality of the response obviously impacts whether people become involved in a clinical or a justice setting.

DAY 1: SETTING THE STAGE — METRICS THAT MATTER (continued)

"Right now, we're just looking at the data," Holloway said. "There are no inferences yet. It is just one repository of the what."

However, with that said, she added that, "We want users to use this data to inform their planning, grant writing, etc. as much as they can." In the future, additional data metrics for the PH/PS Data Visualization will include:

- Behavioral health prevalence rates
- Overdose rate
- Suicide rates
- Behavioral health workforce shortage area data

To accomplish compiling this additional data, Holloway reported that the CCJBH received funding for an embedded Resident Corrections Analyst position. The CCJBH has also entered into an agreement with UC Berkeley Possibility Lab to:

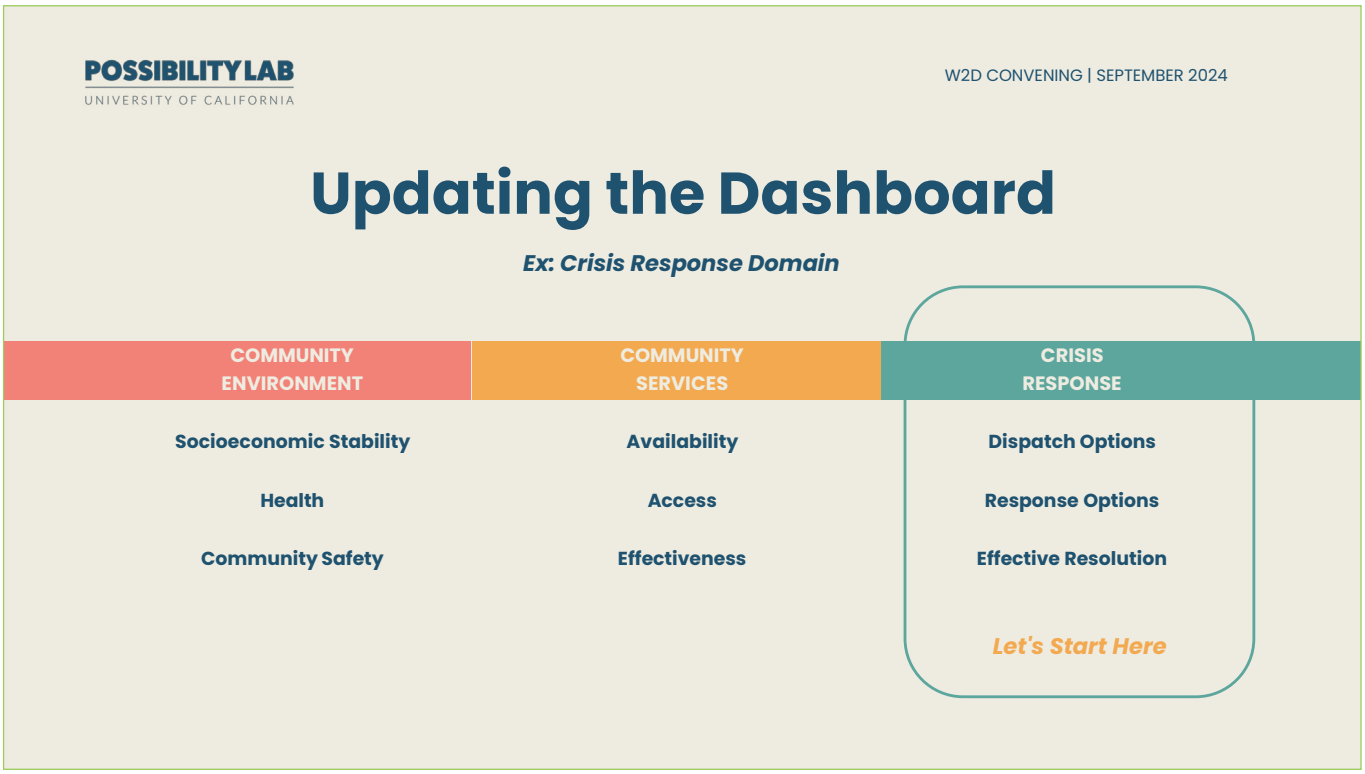
- Maintain and update a data inventory and dashboard
- Continue building the PH/PS framework and data visualization
- Engage with additional stakeholders on use cases, including how best to track the 2025 system goals, and inform system efforts, for example

CCJBH requested that UCB prioritize the Crisis Response Domain as they work to expand the PH/PS Data Visualization because the quality of system response to crisis strongly influences the outcomes of individuals with behavioral health needs. The current focus areas of this domain are:

- Dispatch Options (e.g., 988, 911)
- Crisis Response Options (e.g., Mobile)
- Effective Resolution (e.g., Follow-Up Care Coordination)

Katie McAlindon, Senior Community Researcher at The Possibility Lab at UC Berkeley presented next. She opened her comments with a challenge to the group saying, "We want to run through our charge and how we're going to address expanding and updating the (PH/PS Visualization) dashboard and try to get some ideas percolating."

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*



> ***"It hasn't been very long that we've been looking at data for the justice-involved population, [which] highlights why we're here today."***
>
> *— Brenda Grealish*

In a quick overview, Katie outlined:

- Our charge
- Aligning with the full framework
- Capturing complexity
- Optimizing for the user—prioritize who those are—planners? grant writers?
- Integrating research, practice and experience—looking across research; where's the room to move?
- The framework
- Our approach: updating the dashboard
- Potential data sources

McAlindon added that the UC Berkeley team is doing a system scan of the current climate of behavioral health and criminal justice in California. "We're gathering information on what policy looks like right now. Programming? Resources? Allocation? Where's the room to move? We're simply starting there with the goal of making something that fits into that puzzle."

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

She then passed the presentation on to Randy Clopton, Research Associate at The Possibility Lab, with a request that Words to Deeds attendees contact the team with suggested data—including restricted access data—that might be available to inform the data mining and PH/PS Data Visualization project.

Clopton said his charge is finding, processing, and understanding the data. He also suggested scanning the QR Code, which he presented, so that attendees can provide input to the UCB team and "tell us if we're on the right track." All of it is currently in development. He said they will narrow it to the following to begin:

The Individual

Who Experiences Crises:

- Type
- Demographics
- Information on Past Crises

The System

Who responds to Crises:

- Referral Source
- Contact Source
- Call Volume
- Co-Response Model
- Moving Between Systems

In initiating their work, Clopton said the team has done "a little searching for new data sources to particularly influence the crisis response domain." In doing this, they have some potential data sources including the Long Beach Dashboard and 988 Call Reports. Randy emphasized they would like to know where else they should look, for both additional public data and restricted access information. They can be contacted at: Possibilitylab@berkeley.edu.

Holloway reviewed Developing a Performance Metric using the CCJBH/MCUP Project as an example. The hypothesis is that more services should equal fewer individuals with AMI (Any Mental Illness) in CDCR facilities.

Brenda Grealish, moderator, summarized the session and reminded attendees that "it hasn't been very long that we've been looking at data for the justice-involved population." She added, "It highlights why we're here today. And this is all state-level data, too. We've tried to kick over all the rocks at the state level but what else is out there? I also want to remind people that the framework of Community, Service Availability, and Crisis was done through a two-year contract that we had with the Council on State Governments Justice Center to come up with those three buckets of what really drives folks into the justice system."

DEEDS

When turning ideas into action:

- **Start with the goals and what you're trying to accomplish; make sure what you're measuring ties back to those goals**
- **Explore what's available beyond state-level data**
- **Build better dashboards: the more intentional and strategic the dashboard, the stronger the insights you'll get from it**

Session 2: Someone to Call

Moderator and Presenter: Budge Currier – Assistant Director Public Safety Communications, CalOES, Governor's Office of Emergency Services

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

Dr. Jessica Sodhi – Director, 988 Systems, CalOES, Governor's Office of Emergency Services
Dr. Anh Thu Bui – Project Director, 988-Crisis Care Continuum, Public Health Medical Administrator, California Health and Human Services Agency SLIDES
Kiran Sahota – Project Director, Multi-County Psychiatric Advance Directives Innovation Project; CEO, Concepts Forward Consulting SLIDES

Budge Currier reminded attendees that the last time the group gathered (2022), he had shared plans for the implementation of the 988 Suicide and Crisis Lifeline in California. Beginning in July 2022, all phone service and text providers in the U.S. and five major U.S. territories, were required by the Federal Communications Commission to direct all 988 calls and texts to the 988 Suicide and Crisis Lifeline. AB 988 subsequently implemented the 988 system in California. It also designated 12 local California Lifeline Crisis Centers to provide 24/7 help and intervention.

"We took a close look at the 988 ecosystem, and while it's distinctly different from 911, some of the ways that we move information through the system is the same," Currier said.

"So, we aren't turning 988 into 911. We've had to learn what the 12 existing 988 centers in the state do, how they operate and then, more importantly, how they interact with the county mental health services that exist in all the counties in the state. And we're still learning. We remain focused on the fact that no matter what number somebody decides to call, we should be able to get them the right help and the right resource."

"We've really worked hard to ensure that the technology can be deployed to move not only the help seeker, but the information that's critical about that help seeker, between the systems in a way that doesn't compromise the caller's privacy," he added.

Dr. Jessica Sodhi, Director of 988 Systems, CalOES, Governor's Office of Emergency Services, shared, "911 has been developed for 50 years, so people have an expectation of how their call will be answered. "911, what is your emergency? Police, medical, fire?"

"With 988 we're seeking something similar because we have 50 years of building out this infrastructure network to look at throughout the nation," she continued. "But 988 needs are unique—there are 12 crisis centers in the state which means 12 different approaches to how calls are routed, the number of local lines coming into each center, and the services that are provided in each community."

"We're leveraging the existing network and the technology experience that we have to route 988 calls to centers based on a combination of area code routing, call center availability, and network infrastructure," Dr. Sodhi added.

The routing is still evolving because of the differences between calls from landlines and mobile phones. With a landline, a call goes through telephone networks to a 988 center, based on area code. A call made from a mobile device is routed via area code and the phone number of the caller, which can be a challenge with locating people facing housing challenges and the transient population. According to Dr. Sodhi, geo-routing may help facilitate answers to this challenge in the future.*

* On October 17, 2024, the FCC adopted rules requiring geo-routing for all wireless calls to 988.

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

The 988 contacts made through text and chat are routed to the nearest crisis center based on a zip code provided by caller.

She emphasized that no call goes unanswered but there are challenges CalOES is facing, including:

- Lack of geospatial precision (988 relies on the caller's phone number and area code—can be problematic for transient populations)
- Crisis center capacity—overwhelming call volumes
- Limited integration with 911 systems
- Coordination among all responders is still a work in progress

Next steps:

- Enhance 988 infrastructure—to ensure better integration with next generation 911, while protecting the caller's privacy and identity
- Improving accuracy for mobile calls—geo-routing will result in faster responses*
- Increasing collaboration between 911 and 988 call centers, behavioral health crisis systems throughout the state and Federal partners to address Californians' needs in a crisis

Budge introduced the next speaker, Dr. Anh Thu Bui, by emphasizing that AB 988 requires that CalHHS put 14 items in place, including developing a five-year implementation plan specifically focused on the policy.

Dr. Bui said that as a community psychiatrist for 20 years, she always struggled when she had to give her clients a long page listing phone numbers they could call when in crisis. These numbers had to be updated frequently and even she couldn't keep up with the changes. "Thankfully," she added, "988 has changed all that. It's easy to remember and you can connect to someone who can help you."

Dr. Bui continued, "What is the future crisis system for California and how can we connect all these pieces together so that wherever you are in the state you can be connected to the same standard as 911? How will it be the same for behavioral health crises?" She emphasized that they will be surfacing a plan with recommendations soon and would like input from everyone involved.

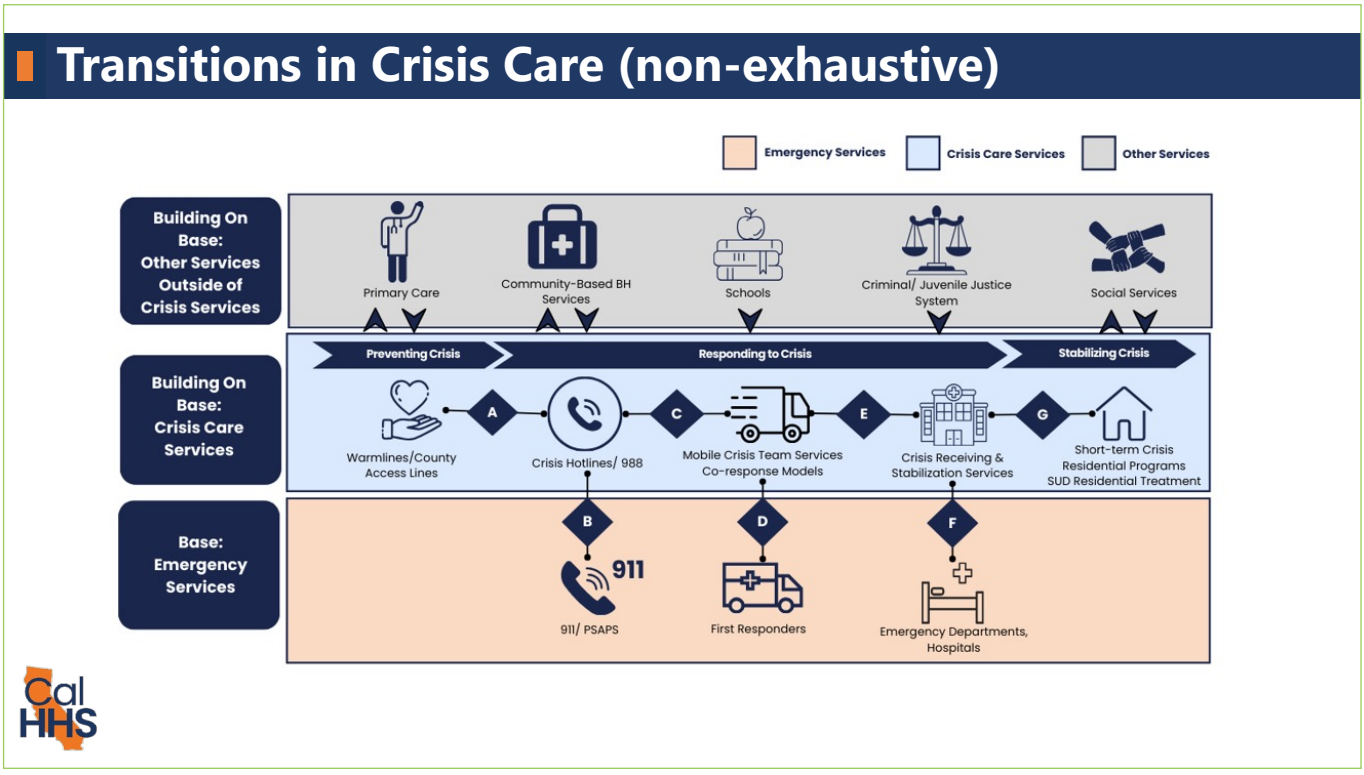
In the spring of 2023, CalHHS released the Crisis Care Continuum Plan (CCCP), highlighting three areas that the state envisions are essential to address behavioral health issues:

- Preventing Crisis
- Responding to Crisis
- Stabilizing Crisis

According to Dr. Bui, AB 988 is focusing on the responding to crisis component at this time—including:

- Hotlines
- 911/988 coordination
- Mobile crisis teams
- Social service response
- Co-response models

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*



Dr. Bui summarized the AB 988 legislation, the required five-year implementation plan for attendees, and reviewed the process her department used to gather very targeted feedback and input to inform the planning process. Seven work groups were developed to guide the plan development for the 14 AB 988 requirements. She highlighted the need for input on metrics supporting the process as CalHHS moves forward.

> ***"We are data-rich and information-poor, so how do we weave the data into telling the right story and what are other stories we need to tell so we can build a better system together? That is the key element."***
>
> *— Dr. Anh Thu Bui*

In keeping with the Words to Deeds topic this year, she shared the Results-Based Accountability (RBA) framework the group will use to communicate progress toward the BH-CCCP vision to the public. RBA hinges on three basic questions:

- How much we do
- How well we do it
- Is anyone better off?

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

Population Outcomes: Is Anyone Better Off?

Direction	Outcome Measure
↓	Suicide attempts
↓	Suicide deaths (within set timeframe post call)
↓	Overdose deaths
↓	BH-related Incarceration (disaggregated by pop- e.g., foster youth, unhoused…)
↑	Individuals with improved functional status
↑	Health adjusted life expectancy

CalHHS

35

With the goal of having a public-facing data dashboard, Dr. Bui and her team have put together examples and are eager for input. The next steps are making the plan draft available to the public in October, finalizing it in November and taking it to the State Legislature in December.

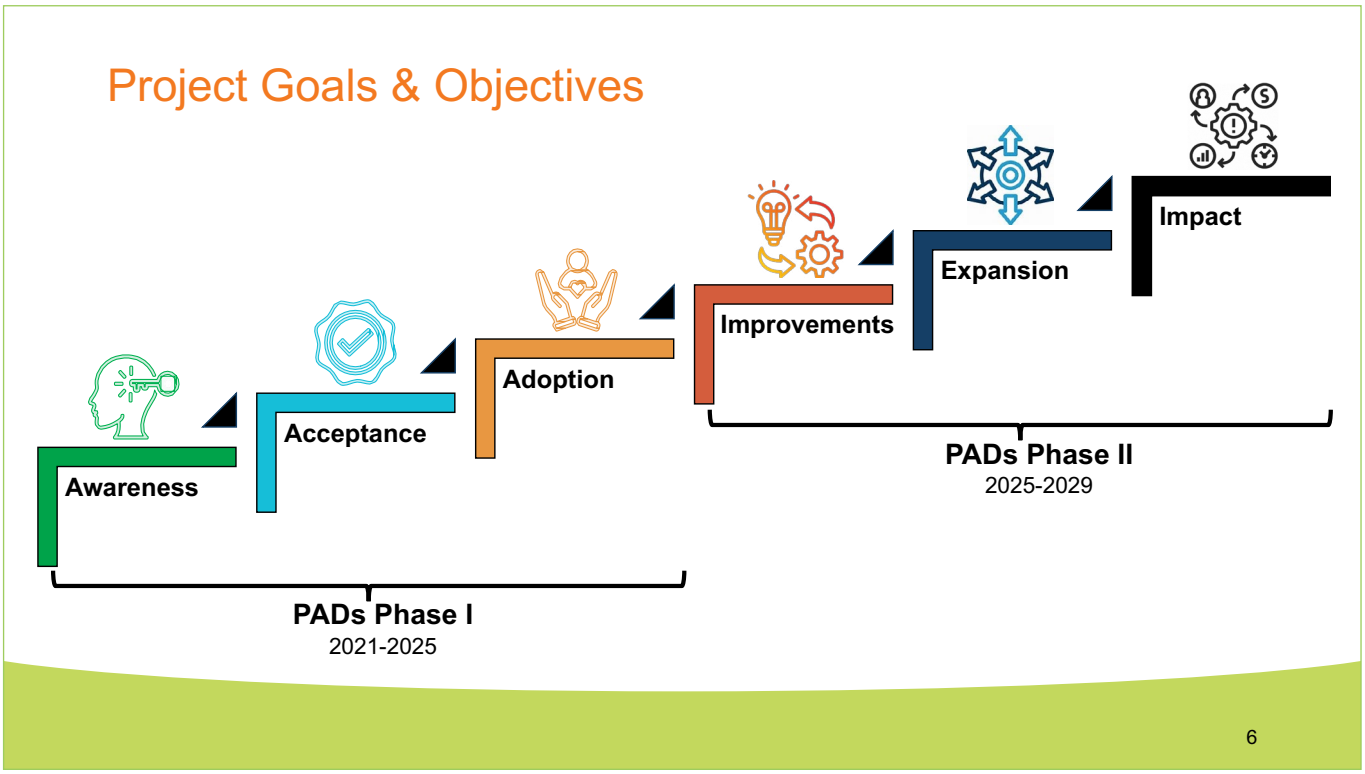
Multi-County Psychiatric Advance Directives Innovation Project

Psychiatric Advance Directives (PADs) are similar to original advanced directives in that they are legal documents that identify an individual's specific instructions or preferences in the case of a behavioral health condition or treatment. They should be available in the event a person loses capacity to give informed consent to treatment (or to emergency contacts) during a behavioral health crisis. PADs have been in existence for 30 years.

Kiran Sahota said the PAD Multi-County Innovation Project is currently developing and piloting digital PADs with adults in seven California counties. Fresno County was the first county to initiate the project. "It's a collaboration with law enforcement, with our hospitals, our crisis teams, our behavioral health departments. And everybody is moving in the same direction," she said.

Planned for two phases, PAD Phase One is called "The Build," running through June 30, 2025, building technology. Phase Two, "The Roll-Out," will run from July 1, 2025-June 30, 2029, with seven counties, along with any other counties who choose to join. MHSAOC provided seed funding for this project.

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*



"This is an iterative process with our peer community," Sahota said. "What they have very clearly said to us is, 'When someone encounters me in a crisis, that's not me. That's not what I normally look like. That's not how I would normally present myself'." Users have the ability to add a photo of themselves to the PAD, too.

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

Sahota emphasized that her group worked with behavioral crisis teams and peer workforce members to identify useful information that could be included in the PADs and suggested questions to help them deliver the best behavioral health assistance in real time, including:

- Do you have any health issues?
- Are you taking any medications that you must have?
- Do you have any pets?
- Do you care for others?
- Is there someone we can call?
- Are you a veteran?

"This is a voluntary document with consent and it follows the individual," she said. "It's a preventative measure. It is a crisis measure. It is a recovery measure. And it can transition with you throughout your life."

"We need data metrics from those who will be using it," Sahota added.

Encouraging all participants in behavioral health care teams to come together for the benefit of the individuals experiencing behavioral health issues, including hospitals, to develop Memorandums of Understanding (MOUs) and agree about how they are going to access it and who is going to access it.

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

PADs Multi-County Project

PADs is a multi-county Innovation Project that seeks to **develop and pilot digital PADs** with target populations across the State.

Participating counties will **pilot PADs with adults**, and the decision to create a **PAD is voluntary**.

The innovative component is the **development and use of an electronic platform to create, store, access, and share PADs**.

The project includes two phases. Phase One, "the Build," will run through June 30, 2025, and Phase Two, "the Roll-out," will run from July 1, 2025, to June 30, 2029.

3

Sahota added that all California counties are welcome to join the multi-county project by contacting her at: ksahota@conceptsforward.com.

Session 3: Someone to Respond

Moderator: Tara Gamboa-Eastman – Director of Government Affairs, The Steinberg Institute
Liz Basnett – Director, California Emergency Medical Services Authority
Todd Henry – Deputy Chief of Police, Davis, CA; Member, Placer County Mental Health Alcohol and Drug Advisory Board
Melissa Martin-Mollard – Chief of Research and Evaluation, Mental Health Services Oversight and Accountability Commission

DEEDS

When turning ideas into action:

- **Measure what's not being measured – identify the gaps**
- **Collect data from those using the systems and services**
- **Remember the numbers represent people: consider is anyone better off?**

Tara Gamboa-Eastman introduced the session noting that, "Ninety-five percent of callers to 988 are helped over the phone. But the other five percent need in-person response. We also have those callers who are coming into 911. We're going to dive into who's calling and what we can learn from the data so that we can continue to ensure that everyone has someone to call, someone to come and somewhere to go."

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

Liz Basnett added, "A huge chunk of what we do is regulate the California Emergency Medical Services system. So, this is all the ambulances, paramedics, EMTs, daycare providers, whatever it may be—their scope of practice and their delivery of service. But two things that really embody today's conversation of 'someone to come' are Community Paramedicine and Triage Alternate Destination."

These two new programs have recently moved through their pilot phases.

"Community Paramedicine is a local program; the local EMS agency runs it with a local medical director. It includes local public, behavioral health services," Basnett said.

There are three options within Community Paramedicine if the provider is trained as a paramedic for community paramedicine. They can:

- Directly observe therapy for tuberculosis treatment
- Provide case management services for frequent EMS users—refer them to community services--whatever might help them
- Provide post hospital discharge follow-up services. When discharged, a paramedic can then do the follow-up with the person

Triage Alternate Destination has two components which include authorization to take someone to either a:

- Mental health facility, or
- Sobering center or the emergency department

This is the start of where EMS is headed as opposed to "you call, we haul, and you're going to the emergency department regardless," she added.

Todd Henry said that in 2015, he was a part of the roll-out of a Mobile Crisis Unit in north Sacramento designed to respond to any call that had a mental health component. This is a very urban county with about eight communities and 400,000 residents. "This was a co-responder model in its purest form," he said. A clinician was assigned full-time, with the same officer, in the same car, every day. They were only committed to any call that had a mental health component or somebody was in crisis. This team also worked with a lot of unsheltered communities.

The co-responder model in Davis is slightly different. "They don't respond in the same car the clinician is assigned to, work in only one city in Yolo County, and the clinician works for HHSA," Henry said. "They respond in the co-responder model but there is also the potential for them to make a discretionary call as to whether or not they think law enforcement needs to be involved."

He added, "I like this model much better. 1) it gives the clinician more discretion and latitude, especially with someone they are familiar with, and 2) it frees up law enforcement resources." The clinician and law enforcement work together if there is the threat of violence.

This takes place if the call is during "normal" business hours. Once the clinician's shift ends, the process transitions to a call-out basis. The clinician then participates either through telehealth or, if there is a requirement of hospitalization, the clinician and emergency transport services meet at the location and care for the person in need.

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

"While the MHSOAC doesn't administer any programs directly, we try to catalyze change through a variety of levers," Melissa Martin-Mollard said. "These levers can be legislation, fiscal incentives, like grants, community engagement, technical assistance, and hosting and attending events like Words to Deeds so we can learn about what's working and what needs to be done."

Specifically, in reference to SB 82, the MHSOAC's research team worked with UC Davis on a process evaluation of that work and are working with UCLA on wrapping up the summative evaluation. The UCSF team was also a partner.

Gamboa-Eastman commented on the complexity of the issue and that having explanations of programs that were just outlined by the presenters helps answer, "What programs do we need to have in various communities? What services can they offer? In what context? In evaluating your crisis response programs, what data really stood out to you?"

Henry responded that the Referral Point—who was referring clients to mobile crisis?—is important to him.

"At first it was law enforcement, which has dropped off. That's a good thing. When the goal is to get the best services to people who need it, this indicates that people are using alternate ways to 911 to get the support that they need," he said. "This is one of the ultimate goals of the entire program."

> ***"In evaluating your crisis response programs, what data really stood out to you?"***
>
> *— Tara Gamboa-Eastman*

"Clients referred by family and self have increased over time, which is good, too," Henry said. Again, people were conditioned over many decades to call 911 if there was a family crisis which primarily leads to law enforcement. As family members get direct access through local crisis access lines and 988, that is an indication to me that the program is working as intended."

Martin-Mollard said that as she looked at the Triage Alternate Destination evaluation, there were lessons learned in the process. "Initial implementation hindered a lot of counties including workforce challenges and hiring. As a researcher and evaluator, it's always very important to not just focus on impacts and outcomes but to also be measuring capabilities and barriers and challenges," she said. "This has a direct impact on how we're able to tell the final story—understanding the objective of a program."

She added that trying to contextualize outcomes and impact data with local jurisdictions is a major challenge.

Basnett said that her organization has some finite points from the pilot programs that she would define as metrics and define the success and evaluation of these programs.

Alternate Destination Program

Of the 8,000 enrolled in this program, 98% were treated and discharged from that mental health facility. Only 2% had to be transferred from that mental health facility to an Emergency Department within six hours.

Of the 3,900 who were treated in Sobering Centers from 2017 to 2022, 98% were treated and didn't have to go to an Emergency Department.

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

"We think we're getting the right care to the patient at the right time in the right way," Basnett said.

On the Community Paramedicine side, "With frequent EMS users, when EMS was engaged in providing community paramedicine, we saw between a 19% and 35% drop in 911 calls and transports to Emergency Departments," Basnett said. "These statistics are just the tip of the iceberg."

"What data is missing from the picture?" Gamboa-Eastman asked the group.
Martin-Mollard pointed out that, because they have the context, local organizations are able to tell much more granular, richer stories than the state. "It would be beneficial in telling the BH/CJ story at the statewide level, if the state could access DOJ data," she said.

"The data you need to tell your stories depends on the hat you're wearing," Martin-Mollard said, pointing out that a parent with a child in behavioral health crisis needs different information than the state or the local organizations managing the programs. "We need to find out how communities and families and patients are doing," she added.

Henry said he, too, is interested in "What's happening downstream?"

"We're pretty good at tracking initial contact, but (what about) tracking what happens beyond that? Are they staying connected to services? Did they link to services? Frequent fliers are good examples. Anecdotally, our clinicians talk about individuals who absorb a large amount of their time, so when we look at overall numbers, it's great when we see somebody get connected and stay connected with services," he said.

> ***"At the end of the day, mobile crisis is a bridge to where one gets services to remain stable long-term, not just in an emergency situation. How are we helping these people reach long-term stability from point of contact? How do we measure that?"***
>
> *— Todd Henry*

The bigger question is, "Ultimately, at the end of the day, mobile crisis is a bridge to where I get services to remain stable long-term, not just in an emergency situation," he added. "How are we helping these people reach long-term stability from point of contact? How do we measure that?"

Basnett concurred. She said our EMS people want to know, "Did what we did in the field make a difference? How can we make referrals better next time?"

Gamboa-Eastman asked the group, **"How would you be better able to track those life outcomes if you had the resources?"**

Henry said that law enforcement tracks data, so he would like to see if law enforcement could help track recurrences. "Only then can we begin to fill the gaps in services," he said.

Basnett said that her organization has seen the most success during the pilot projects, a local committee of health providers was put into place. The relationships created among those community providers allowed better communication and more effective BH/CJ care.

DAY 1: SETTING THE STAGE — METRICS THAT MATTER *(continued)*

Gamboa-Eastman's final question of the group was, **"If you could choose the single most important piece of information from your impact response data, what would it be?"**

"We have 4.9M patient contacts annually, of those 13% have a primary impression of behavioral health/SUD. So that becomes about 400,000 per year. We touch, on average, 1,095 patients every day. That's 1,095 opportunities to get it right," Basnett said.

Henry responded that it is long-term outcomes. "I would love to see a bifurcation of the data including:

- Client outcomes
- How efficient the program is. Where, who, when, from where, what time…are the calls coming from? What are the response times? Are there gaps we can fill to be more effective?"

DEEDS

When turning ideas into action:

- **Make better referrals to improve outcomes**
- **Measure capabilities, barriers, and challenges**
- **Consider the efficiency of the program**
- **Capture long-term client outcomes**

DAY 2: SETTING THE STAGE — GETTING TO DEEDS

Hiding in Plain Sight: Adult Mental Illness

Erik Ewers – Director/Co-Producer, Ewers Brothers Productions

Filmmaker and producer Erik Ewers returned to kick off day two of the convening with a preview of his forthcoming film on adult mental illness. He also spoke about his own personal journey of making these two films and their impact on his life.

"The making of our first film was intensely personal to me because it taught me, through these young people, that I had some very serious mental health challenges that I never either had the courage to address or didn't even understand that they were there," said Ewers.

"Over the past five years now, because of the courage of these young people from ages 11 to 27, with a few adults sprinkled in, they gave me the courage, through their voices, to recognize the problems that I was going through, where they may have come from and to seek help for them," Ewers said. "They also taught me that I can talk about it, that I don't have to be afraid to stand before people like yourselves and say, 'I have mental health challenges and I suffer'."

"One person we interviewed for this next film said it best," Ewers said. "Mental illness is…it's just life. Why do we have to make it something else? Some people just need more help climbing out of the hole that they fell into. Some people can't get out. Some people come out on their own."

"When you are experiencing this and seeing what it's all about, it becomes profoundly meaningful," Erik said. "So, I've been doing events all over the country almost every month since the first film aired two years ago. I don't care if it's a high school with five kids, I'll go because it's a mission to me now."

"It's profoundly meaningful to be here and to meet you because California is a model for behavioral health care," Ewers added.

Session 4: Somewhere to Go—Medical and Behavioral Health Treatment

Moderator: Kiran Sahota – Project Director, Multi-County Psychiatric Advance Directives Innovation Project; CEO, Concepts Forward Consulting
Sheree Lowe – Vice President, Policy, California Hospital Association SLIDES
Rose Colangelo – Emergency Department System Lead, Sutter Health SLIDES
Ryan Quist – Behavioral Health Director, Sacramento County; President, California Behavioral Health Directors Association
Jim Sorg – Director of Care Integration, Tarzana Treatment Centers SLIDES

Sheree Lowe provided an overview of California hospitals and emergency departments (EDs) within healthcare systems. She noted that while hospitals are not required to have an emergency department, 360 of the 440 in the state do. Those emergency departments provide varying levels of service ranging from Basic, Comprehensive, Pediatric, and Geriatric, to four levels of Trauma Care:

- Level I: Highest level of trauma care with comprehensive resources
- Level II: High level of care, may lack some specialized services
- Level III: Emergency care and stabilization; may transfer patients
- Level IV: Initial evaluation and stabilization, usually in rural areas

Emergency Departments (EDs) are visited 13 million times per year. Factors that contribute to continual increases include:

- Population growth and aging
- Access to primary care
- Behavioral health needs
- Socioeconomic factors
- Insurance coverage changes

The Emergency Medical Treatment and Labor Act (EMTALA) is the federal law that requires hospitals to provide emergency medical treatment to individuals regardless of their ability to pay. This includes those presenting with behavioral health issues.

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*

California's AB 1322—The Homeless Prevention and Support Act mandates that EDs provide:

- Medical screening exams
- Provision of a meal and weather-appropriate clothing
- Medications and transportation (30 miles/minutes)
- Infections disease screening and vaccines
- Insurance coverage enrollment and follow-up physical and behavioral health care coordination

"This really changed the flow of patients in EDs," Lowe said. "EDs weren't designed to provide food, shelter, and clothing."

ED Behavioral Health Emerging Best Practices:

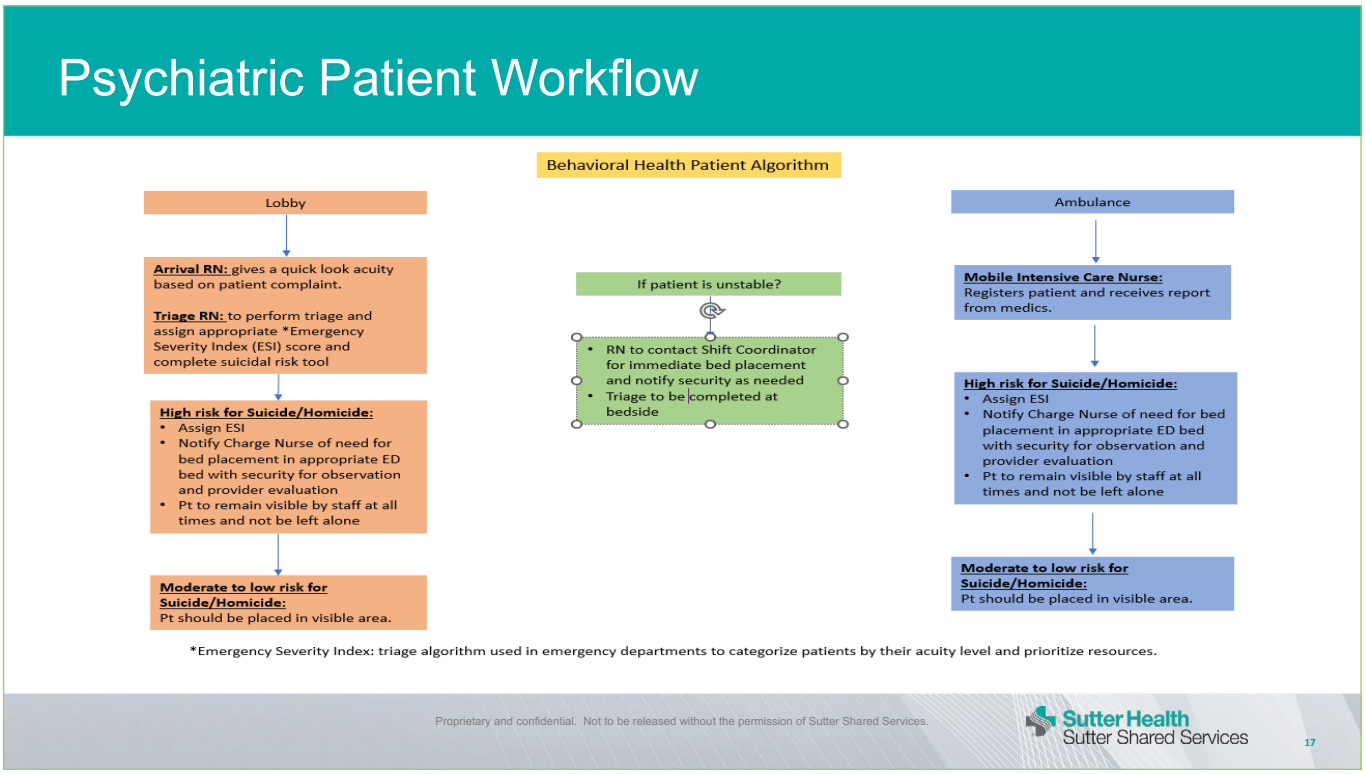
- Hospital-based psychiatric EDs crisis stabilization and EmPATH (Emergency Psychiatric Assessment, Treatment, and Healing) units
- Behavioral Health Navigators employed by hospitals
- Many County Behavioral Health staff are embedded in EDs
- Dedicated Behavioral health section in EDs
- Dedicated security or sitter staff
- Adding psychiatrists/psychologists to ED call panels
- Using more tele/psych services

Rose Colangelo offered her perspectives in the context of Sutter Health, which operates 23 hospitals (21 with EDs) and 53,000 employees. The system operates five mental health and addiction centers across the system with a major focus on access to healthcare for those who live in northern California. In 2023, Sutter Roseville Medical Center's ED had 107,791 visits. 5,694 of those required psychiatric care. The hospital's ED is on target to have 120,000 visits this year.

"We really wanted to empower our staff to be a part of the psychiatric patient workflow," Colangelo said, and to improve behavioral health services, reduce boarding and transfer times, Sutter Roseville:

- Hired 12 internal Psychiatric Response Team (PRT) members in collaboration with the county to improve timeliness assessment of psychiatric patients
- Formed a partnership with emergency department physicians, RNs, PRT and pharmacists, initiating early treatment
- Formed a partnership with the county for transfers to Lotus Behavioral Health Crisis Center for patients requiring additional resources
- Implemented a Substance Use Navigator (SUN) as a permanent position to support patients with an SUD; the SUNs make a huge difference because they follow up with the patient's care after they leave the hospital

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*



> ***"We created a dashboard so we could identify in our system how we were doing… and look at the gaps in our system. Data drives change."***
>
> *— Rose Colangelo*

"One of my main themes is a systems approach," Ryan Quist said. "Our conversations are really focused on the systems level. And it's how the system interacts all together in order to be effective in meeting the needs of our communities, it's not just about a system being a sum of its parts." He added that it "seemingly took a pandemic for us to figure out why behavioral health is essential to allowing us to optimally function and live our lives to the fullest."

During the pandemic, the state asked Behavioral Health Directors what they needed. "It's the same three top priorities–a three-legged stool," Quist said. "We need facilities, workforce, and funding for services.

Facilities: After COVID, the Governor and state announced the Behavioral Health Continuum Infrastructure Program (BHCIP). "This permitted counties to take a look at their systems and identify where optimization was needed. Now, because of Prop 1, there are additional facility funds available," Quist said.

"In Sacramento County, we undertook our own individualized study and learned we had a shortage of subacute beds and SUD residential beds. "We were able to secure funding in these two areas, as well as for a youth facility," Quist said.

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*

But, according to Ryan, not all counties have had the same level of success. Some still haven't been awarded funds for their priority areas. Again, Ryan emphasized that system needs are different throughout the state.

> ***"At the county level, we want to ensure our community partners and stakeholders have the information they need to better understand what we do and how we do it. We want to tell our story."***
>
> *— Ryan Quist*

Workforce: "There have been investments in workforce initiatives from the state, so we are extremely thankful for that AND (yet), the workforce crisis continues," he added.

Funding for Services: Quist emphasized that growth in funding has nowhere kept up with the cost of doing business and at this time. "There is no new funding coming," he said. "We're creating more front doors and as we work at the systems level, we're taking pressure off those front doors," he added.

None of the organization's BHCIP facilities are yet ready to open. Quist said, "We have psychiatric health facilities, crisis stabilization units, crisis residential, substance use residential, and these organizations are dependent on our emergency departments and hospitals to clear patients before we can admit them." He added that the organizations have worked to reduce the number of people awaiting acute Medi-Cal psychiatric beds from an ED visit over the weekend by working with its partners to open more sub-acute beds. "Because of this, the Monday morning numbers of those waiting for a Medi-Cal bed has dropped from the hundreds to the teens," he said.

"In Northern California, one of the things we significantly need is more psychiatric hospitals, other than in Sacramento," Quist said. "We need to address the geographic location of our hospitals in order to meet the system needs."

Data: "At the county level, we very much want to ensure that our community partners and stakeholders have the information they need to better understand what we do and how we do it. We want to tell our story," Quist said.

"Our Full Service Partnerships have been shown to significantly reduce justice involvement among clients."

Data can be a powerful tool in helping identify disparities and making meaningful progress in closing gaps.

"Today, the state collects significant amounts of consumer and system-level data related to county behavioral health, which helps holds us accountable," Quist said. He added that the biggest challenge is that data doesn't allow for comparisons across counties or for aggregated data to paint a statewide picture. "We need to take that into consideration as we design future data collection systems," he added. "We need to report what matters to my communities."

Quist said, "We need to make sure our data is:

- Reliable
- Valid
- Evidence-based
- Close to real time
- Supportive of clinical decision-making."

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*

"SMART Care, a cloud-based, single-platform, Electronic Health Record, is already showing promising results for sharing data among some counties," he added. "Sometime more data is just, sometimes more. So, when we talk about more data collection, we have to realize more requires more clinician time. We have to be strategic and make sure new is meaningful."

Quist concluded, "[In terms of needs] at the county systems level, our private community members' behavioral health needs must be met before their challenges progress to the point they need crisis services or Medi-Cal. We need to talk about affordable housing. We can't continue to transition people (from living situation to living situation). And we still have a workforce crisis. I have a 30% vacancy rate."

Guided by population-health metrics and patient-centered care standards, Jim Sorg described the integrated services at Tarzana Treatment Centers (TTC), where all patients are screened and assessed for medical and behavioral health conditions, receiving whole person care guided by an integrated treatment plan. TTC ensures that both medical and behavioral health care needs of patients are being met using a team-based approach, centralizing service delivery with a patient Care Coordinator. This approach improves the quality of care and helps achieve significant cost savings for the healthcare system, reducing patient reliance on emergency medical and psychiatric services.

Last year, TTC served over 27,000 patients, adults and youth, with more than 1,300 employees and physicians.

Community-based treatment and services include:

- Inpatient behavioral health services
- Residential alcohol and drug treatment
- Outpatient alcohol, drug, and behavioral health treatment
- Health Home and Home Health Services
- Primary Medical Care and Specialty HIV/AIDS Medical Care
- Housing and Peer Support Services

In 2015, TTC incorporated Triple Aim as the mission statement framework for improving performance.

Triple Aim:

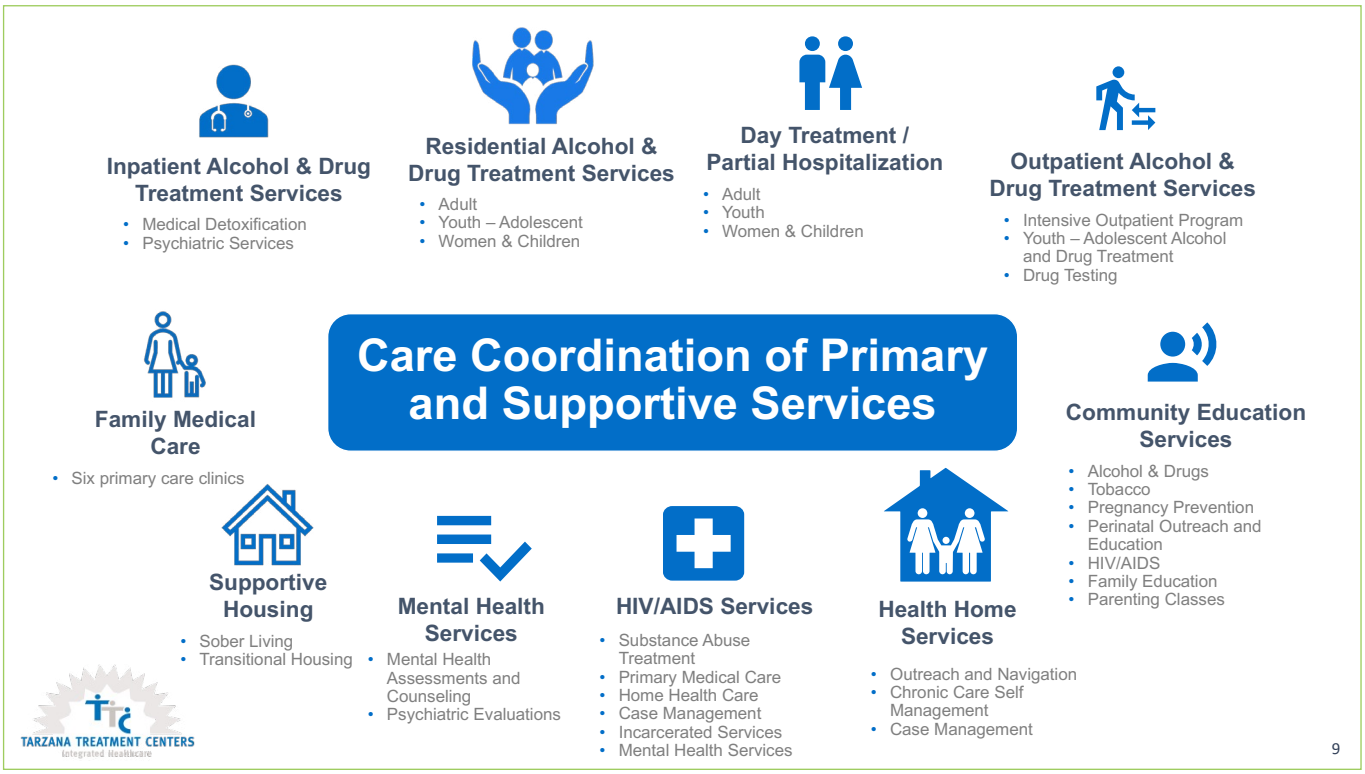
- Improves the patient experience of care
- Improves the health of populations
- Reduces the per capita cost of care

The Institute of Healthcare Improvement developed Triple Aim which was adopted by CMS during the Obama Administration.

"Measurement is related to the system of care that we provide," Sorg explained.

"Care coordination stitches together care, which is critical in SUD treatment and mental health for the population we are talking about," Sorg said. "It's a critical service, implied in every measure. TTC provides whole-person care."

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*



While TTC accepts private pay and private insurance, along with Medicare and Medi-Cal, those payors are dwindling because of housing issues." It is difficult to place those with private pay and private insurance into residential units with people who may have just gotten out of prison or jail," Sorg said.

Performance-based alternative payment structures

"We anticipate that providers will be increasingly required to produce in an environment that relies on outcome measures," Sorg said, "TTC operates in that environment today and has for many years, as a primary care provider and performance-based environment."

Sorg emphasized how TTC utilizes the AIM approach to providing services. The organization tracks several hundred metrics and categorizes them as:

- Improved Access to Care
- Improved Quality of Care
- Improved Business Operation
- Improved Patient Experience
- Improved Patient Health
- Reduced Cost of Care

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*

He says TTC operates at 95%-98% occupancy and always has more demand than they can satisfy.

Sorg suggested the following metrics for Mental Health Care and SUD providers:

DIMENSION	MEASURE
Access to Care	Same Day/Next Day Admission
Quality of Care	MAT Care Cascade
Business Operations	RCM-Time to Treatment Authorization
Patient Experience	Provider Net Promoter Score
Patient Health	Reduction in Substance Use
Cost of Care	Reduction in ED Admissions

DEEDS

When turning ideas into action:

- **Lean into data to drive change**
- **Collaboration is key**
- **System needs are different throughout the state; how do we transcend these differences so it's possible to make comparisons across counties and paint a statewide picture?**

Session 5: Somewhere to Go—Housing

Moderator: Lahela Mattox – Chief Operations Officer, San Diego Regional Task Force on the Homeless
Jevon Wilkes – Executive Director, California Coalition for Youth
Curtis Howard – President, San Diego Chapter, All of Us or None; Founder, LIVEX
Dr. Luke Bergmann – Director of Behavioral Health Services,
County of San Diego Health and Human Services Agency SLIDES
Tyler Fong – Deputy Chief Operating Officer, Brilliant Corners SLIDES
Tiana Moore – Deputy Chief Program Officer, Brilliant Corners

Lahela Mattox opened the session by sharing that every time she sees a judge with whom she works, he asks her, "Where do people go. Where do I send people? Great that we have more funding. But where do people go?"

She said, "As we know, there is an intersection between homelessness and all other sectors that we represent. There are more than 180,000 homeless in the state of California and over 650,000 throughout the U.S."

"One of the things we talk about is the inflow and outflow around homelessness. In the last two years, in San Diego we've only had one month where we had more people exit into housing versus those coming into (homelessness)," she added. "For every 10 people we house, 13 new people come into our system. Homelessness is increasing for seniors and youth, but it has significantly decreased for the veteran population because veterans are the most 'heavily resourced' sector."

DAY 2: SETTING THE STAGE — GETTING TO DEEDS (continued)

"The challenge is prevention," she added. "Our panel is going to talk about their work, and how it supports our conversation of metrics, either validating what we already know, or what we might need to know."

Jevon Wilkes, Executive Director of the California Coalition for Youth, presented first.

"I have been with the organization over 20 years and have lived experience with homelessness, behavioral health, justice and involvement in the foster care system."

"The mission of the California Coalition for Youth (CCY) is to improve and empower the lives of California's youth with a focus on youth, experience and homelessness, disconnection, and instability," Wilkes said.

"We do that through public policy and advocacy throughout the state with members, youth service providers, youth and community leaders. We bring folks together during our youth empowerment summit. This year we're planning to make sure that they get to play, they get to heal, they get to learn, and they get to grow," Wilkes said.

The CCY also runs the California Youth Crisis Line where, "It's call, chat or text, 365 (days per year) with over 100 volunteers (staffing it) who are young people themselves."

Challenges: "We have too many cliffs when it comes to young people. At the age of 18, myself, I heard 'you're on your own.' That's a cliff. It's hard to do if you don't have everything you need," Wilkes said. "We also have too many people leaving our justice system with no exit plan to actual housing. That's a cliff."

"You also have the age of 21 for foster youth (aging out). We do (now) have extended foster care for up to 21, but guess what, in this fight, it was damning to hear (about) 22-year-olds populating the streets. Another cliff."

"Then you have our programs supporting our youth homelessness and there's a cliff there at the age of 24/25," Wilkes said. "So, there's a lot that needs to be done. And many of our young people are stepping up because way too many adults have failed them along the way."

Wilkes added that there is a blend of leverageable funding opportunities through the Federal, State and Local governments in which youth can get paid to advance their lives. "We've brought youth to the table with us because, again, it's 'Nothing About Us, Without Us' and too many policy and funding implications impact their very futures." There is funding for our youth to move forward and get their credentials and college degrees in many areas, he added.

"When I think about what success looks like, it looks like me. I also tell young people it looks like you. I need you to do better than me," Wilkes said. "And success looks like a young person being able to smile in a safe space."

The next presenter, Curtis Howard from All of Us or None, a national advocacy group that advocates for formerly incarcerated people and their families, has been with the group for 10 years.

"I was formerly incarcerated and have published two books," Howard said. "*Cellmates and Sellouts and Who's Left?* I was a member of the San Diego Crips in the 1970s. I watched gangs go from fighting to guns, so I've been around quite a while."

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*

"I learned in prison that I was having anxiety and mental health issues and then I was released from the Pelican Bay (State Prison) program, just back to the streets," he said. "I was homeless, without even enough time to recover from the issues that I was having from being in that cell. I was in the middle of a crowded bus when I got out and I was having problems because I was so used to being alone. And, I knew that when I got back home, I was (going to be) homeless, so I didn't even have time to deal with these other problems."

"People wanted me to be a mentor and drug counselor after I got out, but I picked [the field of] homelessness. Why? Because homelessness had the biggest impact on me than anything else I've been in," Curtis added. "Even as a gang member, I didn't have as much contact with law enforcement as I did as a homeless person."

"There's a revolving door of homelessness. Even as a gang member I was never arrested, never convicted of any crimes. If you took everything off of my criminal record that happened when I was homeless, I could apply for a job in law enforcement now. Being in survival mode and homeless, that's why I choose to advocate for the homeless."

"All of Us or None pursues legislation and policy because we can get things mandated. Right now, we are working on Prop 6. We are most known for our 'Ban the Box' effort, getting job applications changed when you are asked you to explain your conviction in two lines," he added.

"We're also pursuing (an increase) in 'gate money'," he said. "This is the amount of money the state gives you when you are released from prison, no matter the length of the sentence." Curtis said that by the time he traveled by bus (ticket $130), bought prison-supplied jeans at $10, and ate on his way back home to San Diego, he had $5 remaining."

"I was also never eligible for funding programs because I had reached a level in the justice- impacted system that made me 'unsalvageable' to them," Curtis said. "Once I (and others) went to prison it was like they said 'let's work on the people who are just in the county jails—and that's who they concentrate on helping. Most of us who had been to prison felt there was no light at the end of the tunnel."

"But my biggest problem after being released was homelessness. So, forget about the programs and the funding and the employment," Curtis said. "What good is the job if I don't have a place to live? Where am I going to get up and get ready for work? Homelessness kept me on streets. It kept me in survival mode."

"Housing is the biggest thing that those of us who are justice-impacted have to deal with, so I'm asking, whatever it is that you do, make sure that a person is housed because you can't help anybody if they're not stabilized," Curtis concluded.

> ***"To get from words to deeds, we've got to shift the metrics so the narrative will change."***
>
> *— Dr. Luke Bergmann*

Dr. Luke Bergmann spoke next and underscored this point: "The nugget, what Curtis just said that I think is most critical, is that homelessness causes risk. It doesn't reflect risk. That's a point of confusion in this state. And it has massive impacts on behavioral health."

Dr. Bergmann added that there is a narrative tension in California and across the country, around behavioral health

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*

as the cause of homelessness and therefore as a cure for homelessness. "This notion is very stubborn, that we need to take a behavioral health approach to homelessness and if we can address behavioral health, we will have effectively addressed homelessness."

"Given the integrity of that data it's quite alarming that this narrative persists as much as it does," Dr. Bergmann said. "If we want to fix the metrics, we have to fix the narrative. It has a lot to do with who owns the metrics--who is held to account by which metrics."

"Municipal leadership is guided by metrics. The Municipality of San Diego is held to account for housing. The county of San Diego is held to account for behavioral health outcomes. It stands to reason there is jurisdictional friction," Dr. Bergmann emphasized. "Cities are incentivized to hold behavioral health as the reason for homelessness. As long as the incentives are in place, that drive that idea, the narrative is going to persist. To get from words to deeds here, we've got to shift the metrics so the narrative will change." He added that the deeds must be shifted so the words can change so we can then build systems that make sense.

SB 43 was the reform to conservator law, amending WIC 5150. According to Dr. Bergmann, "it flew through the legislative process driven by two things:

- Longstanding advocacy to change the criteria for 5150 and make it broader.
- Homelessness politics, that this would be a very effective tool to pick people up and move them. This could especially be very harmful to people with behavioral health conditions, in particular to people with SUD."

"We need all the data to be woven together—a whole system approach," Dr. Bergmann said. "We've got enough words. Why haven't we made the investments in actually doing what we have told ourselves for decades?"

"To change the data infrastructure, we need to change how money flows through these systems that are incentivized to keep the data infrastructure separate. Let's change how things get paid for in order to weave the data systems together," he said.

"Justice involvement and housing need to be pulled into managed payments, like managed healthcare, where there is an incentive for providers to spend money upstream," Dr. Bergmann concluded. "Right now, that does not apply in most quarters of the world. We are incentivized to spend money downstream. We need to pull everything into cohesive, managed care. Housing is healthcare, right? Then let's pay for it through health care structures that actually work."

A Place to Call Home: Streamlining Housing Placements and Harnessing Data to Enhance Program Design

"Our founding mission is we believe housing is a human right," Tyler Fong said. Adding that housing is the solution to homelessness." Brilliant Corners is celebrating its "flexible model" that has been put into practice for more than 20 years. Brilliant Corners provides innovative supportive housing for people who need it."

Fong told of a person he first worked with at Brilliant Corners who frequently said, "He wished there was a world in which, when he was working with clients, that he'd be able to write a prescription for housing."

"Solving homelessness would solve so many of the problems they are experiencing including behavioral health, physical health, and SUD," Fong said.

DAY 2: SETTING THE STAGE — GETTING TO DEEDS (continued)

"The solution to homelessness is housing," Fong said. "Throughout the country there are vacant units waiting to be leased."

Brilliant Corners has four primary teams within its staffing structure:

- Housing Acquisition
- Operations
- Intensive Case Management Services
- Tenancy Supports

"In Los Angeles we actually have landlords who enjoy working with us, because we are responsive and care about the property and tenants, so they have gone out and purchased additional properties to work with us more extensively," Fong said. "The focus there has really been just making landlords feel included and then being attentive when they have any questions or needs."

"We are working to expand the model through the state (of California), but we have also been able to support agencies in Chicago and New York to implement a similar model and to hopefully house individuals in their communities as well. We'd love to see this model spread throughout the county because we've seen it decrease the numbers of people experiencing homelessness," Fong concluded.

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*

Tiana Moore explained that her role is new, in recognition that data is very powerful and helps shape program design. And, we should have formal pathways at which we use program data to inform future program design.

She said Brilliant Corners uses real-time data in the field as well as retrospective data which they review on an annual basis. "We also use data to really promote housing and service delivery outcomes. I am a fan of just disaggregate, disaggregate, disaggregate because when you look at the data at just an aggregate level, you miss where service delivery might be different for a particular client population."

"We (Brilliant Corners) have committed to being a data-driven culture," Moore said. "The one thing I think is incredibly crucial is the need to share out the data. So not just keeping that data in a dashboard, but actually working with program teams to help them understand the trends they're seeing and thinking through a tangible plan to address some of the barriers that we might uncover in the data."

DEEDS

When turning ideas into action:

- **Use new metrics to shape new narratives**
- **Weave data together as a whole system approach**
- **Identify who "owns" the metrics**
- **Use both real-time and retrospective data to shape program design**

Session 6: Somewhere to Go—Legal Process That Leads to Treatment

Moderator: Kevin O'Connell – Research Consultant, O'Connell Research
Tiffanie Synnott – Deputy Director, Sacramento County Conflict Defense Criminal Defenders
Yolanda James-Sevilla – Pretrial Division Director, Santa Cruz County Probation SLIDES
Dr. Ambarin Faizi – Assistant Medical Director, Department of State Hospitals SLIDES
Dr. Veronica Kelley – Director, County of Orange Health Care Agency SLIDES

Kevin O'Connell opened the conversation with a focus on the legal portion of keeping those with behavioral health issues out of the criminal justice system. "I think that's the part that's the most diverse in terms of its interest—the actors, the pathways, and it gets quite complex. So how do we at least talk about the kind of things that are connecting people to services?"

"Sometimes we think success looks like the total lack of justice involvement at all and that may not be totally true," he said. "What do new ideas and innovation actually look like on the ground to serve people better, to connect people better, to really understand people better?" O'Connell added, "We need to define what justice involved really means."

He outlined several areas to help "unpack" that: Are we trying to deflect somebody from the system overall or connect them after that's happened? What are the long-term impacts of being justice-involved—stigma, housing, employment, etc.?

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*

"Someone disappearing from the criminal justice system does not mean they're well," O'Connell said. "Sometimes they're in a system we don't actually account for because of the complexity and funding. Sometimes the things we think we're doing at the state level don't actually exist at the county level in the same way."

> ***"What do new ideas and innovation actually look like on the ground to serve people better, to connect people better, to really understand people better?"***
>
> *— Kevin O'Connell*

O'Connell said this panel will address the question, "Who are the connectors in this system and what are they connecting to?"

"There are 800,000 jail bookings and about the same number of releases in a year in California," O'Connell concluded. "But there are only about 70,000 people in a jail bed in a given day. So, there's this flow of daily people that we want to talk about. The ones who stay are really the ones who end up getting services. Success isn't the absence of justice system involvement or recidivism. It's something more nuanced."

Tiffanie Synnott's remarks reflected how the defense attorney's role is shifting to being not just about representation, but also a treatment facilitator while being an advocate. "I started in the defense system when the three-strike law was in effect, Synnott said. "My first felony case was a young man who had two strikes when he was16 years old. He was then charged with receiving stolen goods because there was a stolen laptop in the backseat of a car he was driving. He faced a sentence of 25 to life."

"After a long time, I realized by the time we went to trial, people had lost their lives," she added. "They lost their homes, kids, jobs. They got out, couldn't get housing, couldn't get their kids back and couldn't get a job."

On behalf of the Public Defender, Steve Garrett, Synnott applied for and received several grants to try to find a different way to connect people to care, subsequently learning about a Harvard-study that evaluated the Bronx Defenders Holistic Defense Model. "In using this model, instead of focusing on the crime, as a defense attorney, you focus on the person," Synnott said. "When used, it reduces custody time, the expected length of sentence and saves people days in custody. This requires not just focusing on the crime, but what is behind all of it. To get people's stories."

But, even with many new treatment programs put into place, Synnott learned that one of the biggest gaps was that "not everyone gets a public defender". Synnott explained, individuals may represent themselves, retain an attorney, or the public defender may not be able to represent them due to a legal conflict. Synnott said, "In Sacramento County, we have a Conflict Criminal Defenders office" that represent individuals that the Public Defender cannot represent due to a legal conflict. The Conflict Criminal Defenders also serve as the front door access to attorneys privately retained or individuals who represent themselves. Synnott explained, "CCD's role is also to make sure that individuals who do not qualify for a public defender due to a legal conflict, or have retained a private attorney, or who want to defend themselves have access to any of the services that somebody else would have if they had a public defender."

DAY 2: SETTING THE STAGE — GETTING TO DEEDS (continued)

In exemplifying the success of the Conflict Criminal Defenders office on behalf of its clients, Synnott said that in six months, from June 1, 2023-January 2024, her office, connected, assessed, and helped link 545 clients to support and services.

"The answer is not more courts," Synnott said. The common factor among all those courts is trauma—unaddressed trauma. Why don't we have our courts forget about the (mental health) label and start addressing the underlying trauma?"

"In a perfect world, I would love to see us have care teams and that care team include all of our justice partners"; including, defense, district attorney, behavioral health, substance use treatment, law enforcement, correctional health, probation, community based organizations, and court," Synnott concluded. She cited dementia patients as an example of one group that often has nowhere to go except the streets when released.

Yolanda James-Sevilla explained that, "Pretrial justice requires balancing to critical demands including respecting the individual's presumption of innocence and the second is protecting community safety." When a person is booked into custody, they can be booked into pre-trial release, which allows them to be released into the community with or without conditions while charges are pending.

Her department provides an assessment for those who remain in custody. "We have a matrix that instructs us to recommend what level they should be released on. Those who are placed on supervised or intensive OR (house arrest) are those that my staff supervise," she said.

Before the Pretrial Division was created, James-Sevilla said she observed that those who were charged with a crime and had access to an attorney and support, came back and had met all the criteria the court had established, and their sentences reflected that. Those without access to these things did not see the same benefits.

SB129 allowed enhanced funding for her department to get services for individuals who are a part of her program, e.g. bus passes and incentives. "Do they have a housing need? Do they have food," she said.

"Not everyone, when they are released, can get access to their cell phones so we provide disposable cell phones so that they can get reminders of when they need to show up for court," James-Sevilla added.

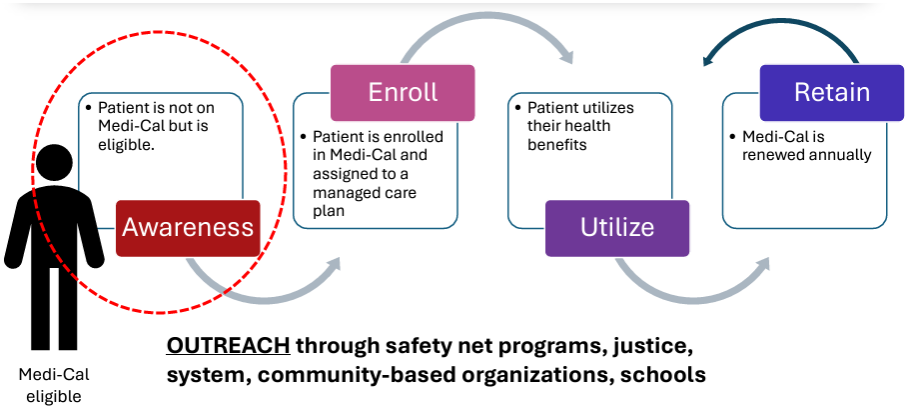
"The Proposition 47 grant provides funding and services for one population, but, like Curtis said earlier, if you don't fit into that category, we have other funds that will help do the same things," she said. "These funds help pay for room and board, treatment, housing, food stamps, deposits and other things needed to live."

Santa Cruz Pretrial also works to connect people with health insurance.

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*

Santa Cruz County Probation Pretrial Program

- Santa Cruz Pretrial is an active part of working to connect people to Health Insurance as part of CalAIM JI



"We also refer our clients to our Probation Success Center where our clients can get clothing, hygiene supplies, food, sometimes just come in for a cup of coffee," she said. "It's a more inviting, welcoming environment."

"We want to work ourselves out of a job," she added. "We want our clients to be doing better and be healthier."

Breaking the Cycle: CSH IST Mental Health Continuum

Dr. Ambarin Faizi discussed what it means to be incompetent to stand trial (IST) as well as some of the diversion programs that are now permanent programs.

"We know that about three times as many people detained in jails have a serious mental illness compared to the general population," Dr. Faizi said. "And once a person with a serious mental illness has been arrested or has interacted with the criminal justice system, they're more likely than the general population to stay in the system, face repeated arrests and return to prison quicker than their non-mentally ill counterparts."

In working to identify how to intervene to assist and divert these individuals, the state used data to identify the mental health issues with which these individuals were dealing. According to Dr. Faizi, most were displaying serious mental health conditions such as schizophrenia or bipolar disorder and the majority are homeless.

"We need to break the cycle of people that are coming into the system, who are living in the community as untreated, unsheltered," Dr. Faizi said.

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*

Dr. Faizi reviewed and highlighted the IST Trial Treatment Continuum, with a focus on the DHS Diversion Programming Pilot Project. It allows defendants with felony charges found to be IST, as well as those who were *likely* to be IST, to participate in intensive, long-term community-based mental health treatment in lieu of placement in a state hospital for competency restoration.

"After they successfully graduate from their county program, their current charges are dropped and counties are required to discharge them into ongoing care in the community," Dr. Faizi said. "This is important because we found that IST restoration in a state hospital is not an adequate long-term treatment plan for people who languish with chronic, severe mental illness and interact with the criminal justice system."

"Receiving matched services increases these individuals' odds of success and lowers their odds of inpatient stays," Dr. Faizi said. "Diversion works for the right people in the right programs at the right time."

Dr. Faizi provided some Insights for people who go through IST Restoration, specifically answering the question: how do we need to think about this population moving forward? She said there are 10 areas to focus on, and highlighted the following five:

- Housing
- Importance of treatment—especially antipsychotic medications
- Treat SUD
- Trauma-informed interventions
- History of past criminality, antisocial personality patterns, cognitions and associations

Dr. Veronica Kelley began her remarks by asking, "Should law enforcement be a part of this treatment space or is it asking too much? Absolutely not (asking too much) because they will identify folks that we will never, ever see. And that's important to put into context because of the narrative that Luke said earlier, "We're somehow not doing our job in treatment. So, the question is, how do we prevent people from getting sick?"

> ***"We all have to work together to reduce recidivism, and we all know that treatment works. And we all have to be able to offer it and provide it."***
>
> *— Dr. Veronica Kelley*

"We all have a role in how we prevent mental illness and how we deal with SUD," she said. "We, the counties, all need to be included in the development of the initiatives to deal with those with severe mental illness or SUDs—clinicians, administrators, those who have an illness—everyone."

"We all have to be involved, or it won't work. Legislators who create and pass these bills have politicized it and that's important. As Jevon said, 'Nothing about us, without us'," Dr. Kelley said.

"That's what we're seeing when we talk about a broken system. None of us were at the table when these systems were created," Dr. Kelley added. "And there is a great space for data in these areas where our input hasn't been taken," she added.

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*

Dr. Kelley discussed the Community Assistance, Recovery and Empowerment (CARE) Court which, according to LA County's Department of Mental Health website, "helps people with untreated schizophrenia and other associated psychotic disorders receive treatment and services for their health and well-being."

Orange County has one of the first CARE Courts in California. "We currently serve 44,000 unduplicated people a year. 10,000 have an SUD, so aren't part of the equation.14,000 are kids, so also are not part of the equation," she said. "Of the 20,000 remaining, 12% have a psychotic disorder and meet the other requirements." She said she mentions this to demonstrate they area already over-serving a population if they are looking at prevalence rates for schizophrenia.

"We have 90 petitions (for CARE Court) and two people receiving care. The cost of this program is $5 million," Dr. Kelley said. "So, that model isn't as effective as our Assisted Outpatient Treatment (AOT)."

"We have 7,000 referrals for AOT. You call, my staff picks up, we do the work, the individual gets into AOT or into other treatment," she said.

She added, "With CARE, you go to court, fill out an application/petition, and the judge makes the decision about whether you have schizophrenia and whether you meet the criteria of care."

Orange County has 18 Collaborative Courts. "We've found a formula that works with our partners. We meet all the time," she said. "But we want to meet with our public defenders so we understand what they're trying to do."

Dr. Kelley added, "Our golden rules are that we leverage things. We leverage our money, we leverage our resources, we leverage our knowledge."

O'Connell concluded the session acknowledging that data is just the starting point, and asked the panel, "If you could all pick one metric to help you do your job, what would it be?"

Responses included:

- How to measure engagement
- Harm reduction
- Engagement in treatment
- Level of medication adherence
- Asking the person I'm serving if they're better

DEEDS

When turning ideas into action:

- **Data is consequential; it determines:**
  - **How to intervene, assist, and divert**
  - **Diagnoses, treatment, housing, and special services**
  - **Different funding for different populations**
- **Data is just the starting point**

Session 7: The Deeds—Where Do we Go from Here?

Attendees were energized by being in the room with many like-minded, engaged, diverse professionals from across the state. Even though the end of the convening had arrived, those remaining continued brainstorming about what they

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*

could promote and do better. There was agreement that California is innovative in its approach to the intersection of behavioral health and public safety issues, and all enjoyed networking at the Words to Deeds 2024 convening.

A lively, impromptu discussion erupted about supporting each other and showing appreciation for staff, as well as engaging youth to expand workforce development, including partnering with nearby colleges and universities. Of particular focus was increasing certifications for case managers and navigators and keeping compensation as competitive as possible to strengthen retention and impact.

The next Words to Deeds 2025 convening is planned for September 25-26 in Los Angeles at The California Endowment's Center for Healthy Communities. Attendees proposed following up on the topics discussed this year, including metrics pursued, both successfully and acknowledging gaps in data that may have become more apparent.

Four major topic areas will provide continuity as the curriculum targets for the next convening –

- Someone to Call
- Someone to Respond
- Somewhere to Go – Legal Process that Leads to Treatment
- Somewhere to Go – The Importance of Housing

Members of the Words to Deeds Leadership Group will organize curriculum committees to begin identifying potential speakers and exploring future goals – the Deeds – that participating professionals, advocates, and clients intend to make reality.

Attendees' concluding remarks encouraged all, "Take care of each other!"

Summary of Actionable Items

During the facilitation of the Words to Deeds Convening, many participants provided suggestions and feedback about future work that could be done to expand upon and improve outcome metrics development, cross-team collaboration, crisis services planning, housing solutions, and workforce training. The CCJBH team documented the feedback, and created a summary of actionable items, as an addendum to this report.

Please see Appendix A for details.

DAY 2: SETTING THE STAGE — GETTING TO DEEDS *(continued)*

CalHHS Open Data

Resources provided by Kamilah Holloway – Research Scientist III, Council on Criminal Justice and Behavioral Health, California Department of Corrections and Rehabilitation

The California Health and Human Services Agency (CalHHS) has launched its Open Data Portal initiative in order to increase public access to one of the State's most valuable assets – non-confidential health and human services data. Its goals are to spark innovation, promote research and economic opportunities, engage public participation in government, increase transparency, and inform decision-making. "Open Data" describes data that is freely available, machine-readable, and formatted according to national technical standards to facilitate visibility and reuse of published data.

The portal offers access to standardized data that can be easily retrieved, combined, downloaded, sorted, searched, analyzed, redistributed and re-used by individuals, business, researchers, journalists, developers, and government to process, trend, and innovate.

For more information about the portal visit the following links:

About - California Health and Human Services Open Data Portal

Resource Library · DATA PLAYBOOK

Furthermore, an example of a precedent setting data sharing agreement that sets forth a common set of terms and conditions in support of secure, interoperable data exchange between and among CHHS Departments can be found here.

"Data sharing is the key to informing and transforming the relationship between behavioral health needs and community resources."

PARADIGM AWARDS

Congratulations to our 2024 Paradigm Awards Honorees!

The Words to Deeds Leadership Group recognizes leaders in criminal justice and mental health who champion efforts to end criminalization of individuals with mental illness. The 2024 Paradigm Awards Honorees are:

Community Champion

- **Rayshell Chambers** – Executive Director, Painted Brain; Commissioner, Mental Health Services Oversight and Accountability Commission
- **Presented by: Kiran Sahota** – Project Director, Multi-County Psychiatric Advance Directives Innovation Project; CEO, Concepts Forward Consulting

County Champion

- **Luke Bergmann** – Director of Behavioral Health Services, County of San Diego, Health and Human Services Agency
- **Presented by: Lahela Mattox** – Chief Operations Officer, San Diego Regional Task Force on the Homeless

Law Enforcement Champion

- **Cherylynn Lee** – Police Psychologist/ Behavioral Science Unit Manager, Santa Barbara County Sheriff's Office
- **Presented by: Brenda Grealish** – Executive Officer, Council on Criminal Justice and Behavioral Health

State Champion

- **Toby Ewing** – Executive Director, Mental Health Services Oversight and Accountability Commission
- **Presented by: Bill Brown** – Sheriff-Coroner, Santa Barbara County; Past President, California State Sheriffs' Association; Commissioner, California Mental Health Services Oversight and Accountability Commission

Sheriff Brown served as the Emcee for the Paradigm Awards Presentation.

ABOUT WORDS TO DEEDS

Words to Deeds: Changing the Paradigm for Criminal Justice and Mental Health

is a statewide collaborative and California's premier forum for decriminalizing mental illness and preventing people with behavioral health needs from becoming involved with the criminal justice system.

Mission

The leaders in criminal justice and behavioral 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 behavioral health will embody an effective jail diversion system that fosters a successful and ongoing exchange of information among courts, criminal justice agencies, mental health professions, governmental agencies, and nongovernmental organizations, to achieve a substantial positive change in the way individuals with mental illness are treated within our communities.

2024 Leadership Group

- **Deanna Adams** – Senior Analyst, Judicial Council of California, Criminal Justice Services, Operations and Programs Division
- **Vicky Arenas** – Communications Director, Cause Communications
- **Jenny Bayardo** – Executive Officer, California Behavioral Health Council
- **Autumn Boylan** – Deputy Director, Office of Strategic Partnerships, California Department of Health Care Services
- **Ashley Breth** – Assistant Deputy Director, Community Forensic Partnerships Division, Department of State Hospitals
- **Bill Brown** – Sheriff-Coroner, Santa Barbara County
- **Michelle Cabrera** – Executive Director, County Behavioral Health Directors Association
- **Cathy Coyne** – Government Affairs Liaison (Retired), California State Sheriffs' Association
- **Hallie Fader-Towe** – Senior Policy Advisor, Council of State Governments Justice Center
- **Grace Ferguson** – Executive Associate, Urban Counties of California
- **Brenda Grealish** – Executive Officer, Council on Criminal Justice and Behavioral Health
- **Carmen Green** – Executive Director, California State Sheriffs' Association
- **Latonya Harris** – Research Scientist III, Mental Health Services Oversight and Accountability Commission
- **R. Christine Hershey** – Founder, Cause Communications
- **Kathryn Jett** – Senior Policy Consultant, Shatterproof
- **Karen Larsen** – Chief Executive Officer, The Steinberg Institute
- **Stephen V. Manley** – Superior Court Judge, Santa Clara County
- **Lahela Mattox** – Chief Operations Officer, San Diego Regional Task Force on the Homeless
- **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
- **Ryan Morimune** – Legislative Advocate, Administration of Justice, California State Association of Counties
- **Kevin O'Connell** – Research Consultant, O'Connell Research
- **Jolie Onodera** – Senior Legislative Advocate, Health and Behavioral Health, California State Association of Counties

ABOUT WORDS TO DEEDS (continued)

- **Tom Orrock** – Deputy Director, Mental Health Services Oversight and Accountability Commission
- **Mike Radford** – Bureau Chief, Training Program Services Bureau, Commission on Peace Officer Standards and Training
- **Stephanie Regular** – Assistant Public Defender, Office of the Public Defender, Alameda County
- **Tyler Rinde** – Director of Government Affairs, California Psychological Association
- **Kiran Sahota** – President, Concepts Forward Consulting
- **Melanie Scott** – Assistant Deputy Director, Community Forensic Partnerships Division, Department of State Hospitals
- **Albert M. Senella** – President, California Association of Alcohol and Drug Program Executives; President and Chief Executive Officer, Tarzana Treatment Centers, Inc.
- **Adrienne Shilton** – Director of Public Policy and Strategy, The California Alliance of Child and Family Services
- **Linda Tomasello** – Consultant, Crisis Intervention Training
- **Liz Castillon Vice** – Staff Services Manager II, Council on Criminal Justice and Behavioral Health
- **Kit Wall** – Words to Deeds Project Director, Kit Wall Productions
- **Tracey Whitney** – Assistant Head Deputy, Writs and Appeals Division, Los Angeles County District Attorney's Office
- **Molly Willenbring** – Executive Director, First Responder Support Network
- **Helene Zentner** – Field Representative, California Board of State and Community Corrections
- **Carrie Zoller** – Supervising Attorney, Judicial Council of California, Administrative Office of the Courts

For more information about Words to Deeds, including how to support these efforts or get more involved, please visit wordstodeeds.org or contact info@wordstodeeds.org.

APPENDIX A

Words to Deeds – September Convening: Summary of Actionable Items

The stated goal of the September Words to Deeds (W2D) convening was to share information and resources about establishing key metrics to track and measure success in preventing people with behavioral health (i.e., mental health and/or substance use disorders) issues from becoming involved in the criminal justice system. Thus, the Council on Criminal Justice and Behavioral Health (CCJBH) team summarized W2D participants' suggestions and feedback about future work that could be done to expand upon and improve outcome metrics development, cross-team collaboration, crisis services planning, housing solutions, and workforce training. The themes and actionable Items are as follows:

Developing Outcome Metrics

- **Convene a Metrics Workgroup:** Establish a multidisciplinary workgroup to identify key performance indicators (KPIs) such as crisis intervention effectiveness, recidivism rates, time to stabilization, and post-crisis continuity of care.
- **Utilize Existing Data:** Leverage statewide data sources such as jail intake records, behavioral health service utilization, and emergency response logs to identify baseline metrics.
- **Pilot and Validate Metrics:** Test the proposed metrics in a few counties to ensure feasibility and accuracy before statewide implementation.
- **Incorporate Equity and Quality Measures:** Include metrics that track disparities by race, ethnicity, and socioeconomic status to identify and address systemic inequities. Incorporate metrics that demonstrate statewide and county-level workforce training received (e.g., # of staff, hours received, type of course) to ensure that responders (e.g., 988 Crisis Line, Mobile Teams) have requisite behavioral health, cultural competence, and community training to meet diverse needs.

Enhancing Interagency Collaboration

- **Formalize Partnerships:** Create Memorandums of Understanding (MOUs) between behavioral health agencies, law enforcement, probation departments, and courts to clarify roles and responsibilities.
- **Cross-Agency Data Sharing:** Develop a secure, integrated data platform to facilitate real-time information sharing across systems while maintaining confidentiality.
- **Crisis Response Protocols:** Implement standardized protocols for first responders to ensure consistent handling of behavioral health crises, including referrals to diversion programs.
- **Establish Regional Councils:** Form regional justice-behavioral health councils to coordinate resources, resolve systemic gaps, and monitor outcomes.

Expanding Crisis Services

- **Fund Mobile Crisis Teams:** Scale up funding for 24/7 multidisciplinary teams comprising behavioral health clinicians, social workers, and peer support specialists.
- **Build Crisis Stabilization Units:** Expand the availability of short-term, non-law enforcement crisis centers where individuals can receive immediate care.
- **Enhance 988 Integration:** Strengthen the connection between the 988 Suicide & Crisis Lifeline and local services to facilitate rapid deployment of resources.
- **Community Engagement:** Educate the public about available crisis resources to ensure individuals know when and how to seek help.

APPENDIX A (continued)

Prioritizing Housing Solutions

- **Increase Permanent Supportive Housing:** Allocate Prop 1 funds to construct and maintain housing units with integrated behavioral health services.
- **Expand Transitional Housing Programs:** Provide bridge housing for individuals reentering the community post-incarceration or crisis, ensuring they have a stable environment while accessing ongoing care.
- **Support Landlord Partnerships:** Offer incentives to landlords who rent to justice-involved individuals with behavioral health needs.
- **Case Management Integration:** Pair housing placements with intensive case management to support residents in achieving long-term stability.

Investing in Workforce Training

- **Develop Specialized Training Curricula:** Partner with universities and community colleges to create training programs focused on co-occurring disorders, trauma-informed care, and cultural competence.
- **Loan Forgiveness Programs:** Offer loan repayment incentives for individuals entering behavioral health careers, particularly in underserved areas.
- **Expand Peer Workforce:** Recruit and train individuals with lived experience to provide peer support, a proven effective model in behavioral health interventions.
- **Continuous Professional Development:** Mandate ongoing training for first responders, clinicians, and justice professionals on best practices for behavioral health intervention and stigma reduction.

Words to Deeds

2024 Convening: Metrics That Matter | wordstodeeds.org