WORDS TO DEEDS XIV

Changing the Paradigm for Criminal Justice and Mental Health

2020 Overview

FORENSIC MENTAL HEALTH Association of California

Words to Deeds XIV

Out of Bounds or Outside the Box? Silver Linings Learned from COVID-19

More than 100 leaders and stakeholders gathered virtually on November 12, 2020, to discuss the impact of COVID-19 on the behavioral health of individuals involved with the criminal justice system in California. Discussion centered on racial equity, cultural responsivity, homeless response, and system connectedness.

Centering Racial Equity in the Pandemic Response & Beyond – National, Statewide & County Perspectives

Chandra Crawford – Director, Individual Homeless Adults, National Alliance to End Homelessness
Cullen Fowler-Riggs – Lead, California Health Disparities Project, Community Development & Engagement Unit, Office of Health Equity, California Department of Public Health
Sosha Marasigan-Quintero – Lead, Community Mental Health Equity Project, Community Development & Engagement Unit, Office of Health Equity, California Department of Public Health
Dawan Utecht – Director of Behavioral Health, Fresno County


Chandra Crawford

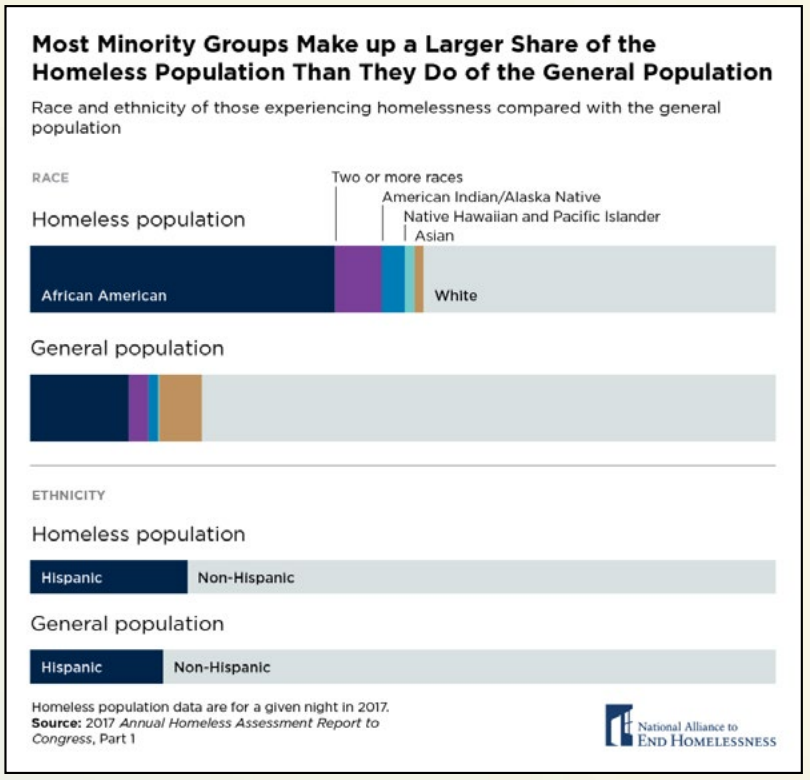
National Alliance to End Homelessness

Health, economic and social disparities make COVID-19 more deadly for Black and Brown people. Counties with higher Black populations accounted for more than half of all COVID-19 cases and almost 60% of deaths at the onset of the pandemic. Black people are twice as likely to die from COVID-19 than White people and, along with indigenous populations, are five times more likely to be hospitalized.

Although we know that COVID-19 is disproportionately affecting Black people, this disparity in health outcomes during a crisis is not new. Failure to address structural racism will result in the same racial disparity for which populations bear the brunt of future crises.

Structural racism, resulting in health inequality, is seen in numerous areas:

- Redlining and discriminatory housing practices mean people of color are less likely to live in neighborhoods where healthy food is readily available, which can lead to obesity and diabetes. Segregation and rental housing discrimination discourages investment in Black neighborhoods. Services are often lacking in these neighborhoods and substandard housing is more likely.
- Access to quality healthcare is lower in non-White populations.
- In every state, Black and Brown people are more likely to be homeless. The most striking disproportionality can be found among African Americans, who make up 40% of the homeless population but are 13% of the general population.
- Black people are more than twice as likely to live in poverty than Whites, but poverty alone does not account for the disproportionality of Black people in the homeless population.
- Black people are more than twice as likely to be arrested, three times more likely to be in jail and five times more likely to be in prison.



See PowerPoint for 2018 data at www.fmhac.org/w2d-2020-conference-192010.html#/

How Your Agency Can Promote Equitable Outcomes

The following steps and tools are specific to the homelessness sector but can be applied to other systems.

Step 1 – Assess disproportionality and disparity
The Housing and Urban Development (HUD) Continuum of Care Analysis Tool on Race and Ethnicity allows you to examine what percentage of people in your Continuum of Care are poor, homeless, sheltered and unsheltered based on race and ethnicity.

Step 2 – Assess data for disparate outcomes
The National Alliance to End Homelessness Race Equity Tool helps you measure whether the outcomes of your program or system vary depending on the race or ethnicity of a homeless person or family.

Step 3 - Use data to make changes

- Track race and ethnicity data in your Continuum of Care reports and analyze it for proportionality.
- Develop both immediate and long-term improvements based on the data.

To be effective in this work, it is important to:

- Designate a staff person or team to address racial equity in your organization,
- Commit resources,
- Train staff annually,
- Hold ongoing opportunities to discuss racial equity,
- Listen to people with lived expertise - provide opportunities for them to give feedback and expand opportunities for policy participation.

Resources:

- endhomelessness.org
- https://endhomelessness.org/wp-content/uploads/2020/02/REN-Action-Stepsfinal.pdf
- HUD Analysis Tool on Race and Ethnicity: https://www.hudexchange.info/resource/5787/coc-analysis-tool-race-and-ethnicity/
- Race Equity Tool: https://endhomelessness.org/resource/the-alliances-racial-equity-network-toolkit

Cullen Fowler-Riggs

California Reducing Disparities Project (CRDP)

The California Reducing Disparities Project (CRDP) in the Community Development and Engagement Unit of the California Department of Public Health Office of Health Equity supports and funds local services run by community providers. It focuses special attention on communities that have experienced historic injustice such as vulnerable communities, those that are justice-involved, and those that are culturally, linguistically or otherwise geographically isolated. This is achieved by building cross-sector partnerships with local governments; state agencies and departments; community-based organizations (CBOs); consumer advocacy groups; and lawmakers to increase access to quality culturally and linguistically competent mental health care.

CRDP goals include:

- Evaluating and supporting culturally and linguistically competent Community-Defined Evidence Practices (CDEPs), implemented by local community-based organizations,
- Fostering a culturally and linguistically appropriate public health and mental health system that is responsive to the needs of diverse and vulnerable populations.

Phase 1 (2009-2018): CRDP funded community-based organizations across California to conduct a needs assessment and make recommendations on how to address mental health disparities in their communities.

Phase 2 (2016-2022): Pilot Project Implementation and Evaluation
CRDP offered $60 million in grants and contracts to support implementation and evaluation of CDEPs, designed with local community input for mental health needs.

Recognizing that mental illness can play a role in criminal offenses and that criminal justice involvement has an impact on mental health, the CRDP strategic plan includes goals and recommendations focused on increasing access to, availability of, and quality of mental health services for individuals who are justice-involved or otherwise considered at-risk, including:

- Increasing the co-location of services and integration of care between justice and law enforcement agencies with social and health service agencies,
- Creating a culturally competent justice system by training officers, judges, and personnel of the courts, jails, and prisons, about implicit bias toward communities of color,
- Prioritizing prison reentry and post-diversion efforts so that mental illness is addressed and support is provided to ensure the best possible outcomes,
- Building strategic cross-sector partnerships to increase access and linkages to care.

Of the 35 pilot projects included in CRDPs Phase 2, at least 6 of them are actively working with individuals who are justice-involved or in danger of entering into the system. These projects range in design but each aims to increase the mental health and overall wellness of participants by providing mental health services and support to address the social determinants of health.


Sosha Marasigan-Quintero

Community Mental Health Equity Project (CMHEP)

Culture plays an important role in mental health and wellness. Understanding and prioritizing program participant values, beliefs, biases, and family dynamics must be done to effectively address health. We also need to understand and value each other's unique cultures in order to make meaningful, lasting change in health disparities. The Community Mental Health Equity Project (CMHEP) of the Office of Health Equity was created to invest in community-designed mental health programs that support cultural and linguistically competent mental health services for underserved populations and communities across California, support incorporation of community-defined evidence practices (CDEPs) within county behavioral health structures, and reduce mental health disparities through population-specific and community-driven training and technical assistance. This is done by improving communication and outreach effors, supporting workforce development, increasing access and case management, supporting technology access and enhancement, and providing direct mental health services.

CMHEP collaborative initiatives include:

- California Department of Public Health (CDPH) with the Office of Health Equity (OHE) will fund up to 35 community-based organizations to expand or enhance culturally informed mental health approaches,
- CDPH with the OHE will oversee county-to-community linkages,
- The Department of Health Care Services (DHCS) with the Medi-Cal Behavioral Health Division (MCBHD) will hire health equity expert contractors to provide virtual training and technical assistance to counties,
- DHCS with MCBHD will convene virtual collaboratives for counties and mental health providers.

Fresno County Behavioral Health Department

The Fresno County Behavioral Health Department (FCBHD) is continuously learning and has prioritized culturally-responsive behavioral health services. Penetration rates of mental health services in the county's diverse populations has been low and the department wanted to improve engagement with those populations and ensure they had access to services.

FCBHD had already formed a cultural diversity committe but, while passionate and committed, it was not reaching outside of the committee. National incidents of racism, the disproportionate impact of COVID-19 on certain populations, and an internal incident made it clear that the committee needed to do more.


Dawan Utecht

During the past year, this committee worked proactively to effect change throughout the department, including:

- Elevating the Ethnic Services Manager role to be part of the leadership team,
- Hiring a Diversity Services Coordinator,
- Developing a "culturally responsive plan delivered with humility,"
- Creating core cultural competency training requirements, including health equity and cultural diversity, implicit bias, interpreter work, and advanced trainings including issues of trauma, LGBTQ+ competency, veterans issues, and more,
- Conducting market research regarding how different ethnic groups perceived the department, mental health, and substance use disorder servcies to understand how to engage them better,
- Surveying staff members to understand staff composition,
- Completing the MHSA Community Planning Process, with the goal of increasing inclusion and access in geographic areas where there are underserved populations,
- Tracking services to understand whether certain populations began to access care at higher rates,
- Developing an Equity Library in collaboration with the local county library,
- Developing support groups for LGBTQ+ and African Americans to help process troubling incidents and events,
- Educating provider staff on how to immediately intervene during an incident of racial bias or injustice (the RAVEN approach: Redirect, Ask, Values clarification, Empathize, Next steps.)

While the committee has made progress, it is only a foundation for further work. The department still struggles to hire culturally-competent providers. COVID-19 interrupted planned work and staff members are still hurting after an internal incident of racism. The department is now analyzing their RFP process to determine barriers that might be making it difficult for culturally competent mental health organizations to respond. They have brought in a consultant to work with the management team on confronting racism in the department, and to help the leadership team recognize when an incident occurs and how to act quickly. They implemented an equity-focused workforce education and training plan to attract more diverse individuals to work at FCBHD. Finally, their Whole Person Care pilot is focused on underserved populations and focusing on the jail-to-community process in their sequential intercept mapping project.

Reimagining Crisis Response – Diversion & Cultural Responsivity

Stephanie Lewis – Division Director, Crisis Services, Alameda County, Behavioral Health Services
Hon. Bill Brown – Sheriff-Coroner, Santa Barbara County
Alice Gleghorn – Director, Department of Behavioral Wellness, Santa Barbara County


Stephanie Lewis

Alameda County

Alameda County is currently running three types of mobile crisis teams, all using mobile equipment for language translation:

Mobile Crisis Team – Two mental health clinicians working countywide providing crisis intervention, 5150/5585 assessment, diversion, and referrals to a wide range of mental health and substance use disorder services.

Mobile Evaluation Team – One clinician with one CIT-trained police officer working in Oakland also providing crisis intervention, 5150/5585 assessment, diversion, and referrals to services. This team was created to respond to calls faster and to determine if this composition of professionals was more effective in some areas.

Community Assessment and Transport Team – A pilot program of one mental health clinician with an EMT, both with CIT training, providing the same services as the other teams with transportation to the referred services.

After the crisis teams respond to the immediate call, Alameda County may also dispatch one of the follow-up teams:

Community Connections – Field outreach specifically for individuals experiencing homelessness to provide linkages to a wide range of services and care coordination.

Familiar Faces – Phone and field outreach specifically for individuals with frequent contact with crisis mental health services. Because many of these individuals have low rates of participation in voluntary services, the goal of this follow-up is to reduce use of acute services and encourage voluntary care.

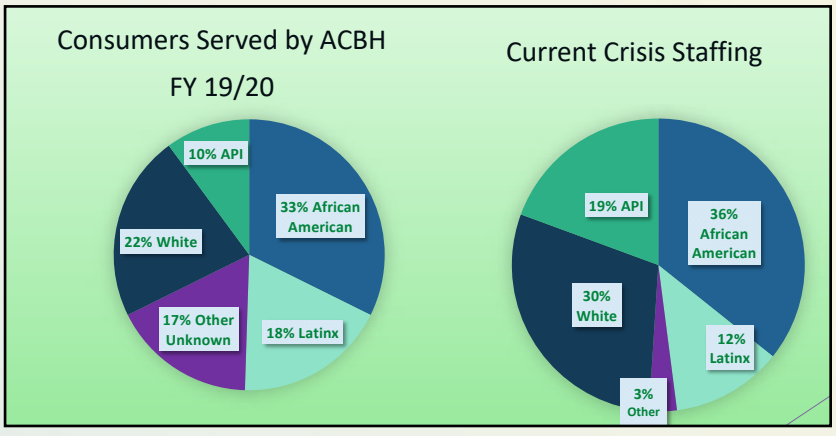
Post-Crisis Follow-Up/Crisis Connect – Phone outreach to individuals 24 to 48 hours after contact with mobile crisis teams or psychiatric emergency services to ensure they are no longer in crisis and are aware of available services. The goal is to prevent subsequent crisis and encourage follow-up care.

Alameda County has found that building diversion opportunities and focusing on high utilizers offers better sustainability for all county programs. Other voluntary, low-barrier diversion opportunities in the county include:

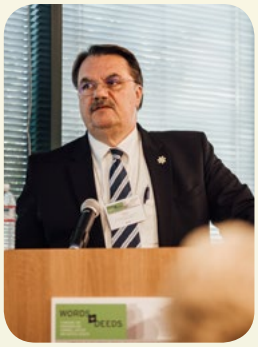
- Voluntary Crisis Stabilization,
- Crisis Residential Treatment,
- Wellness Centers,
- Sobering and Detox,
- Urgent Medication Clinics,
- Peer Respite,
- 24-Hour Crisis Call/Text Line/Crisis Support Services.

Currently, Alameda County Behavioral Health Services Leadership Priorities are:

- Quality improvement,
- Improving and increasing capacity within the outpatient care delivery system, particularly for African American males,
- Improving client/patient access,
- Improving forensic, crisis and acute system of care coordination,
- Improving administrative efficiencies and technology.



Staffing in Alameda County Crisis services matches consumer race and ethnic identities fairly well.


Sheriff Bill Brown

Santa Barbara County

Santa Barbara County piloted their first mobile crisis team collaboration between behavioral health and law enforcement in 2018. This initial program used a Sheriff's deputy who was assigned, but not designated, to the team. Coverage was approximately 40 hours a week and the team used a law enforcement vehicle, responding to emergency calls as well as proactively visiting people who had been seen by the team before, or just had been released from jail or the hospital. Impact data from this year-long pilot was used to apply for additional funding.

Concurrently, the county developed a co-response team with Santa Barbara Police Department (SBPD). SBPD used homelessness funding to allow officers to voluntarily work overtime shifts with crisis response staff, using either a police vehicle or foot patrol, to visit homeless individuals and encampments. Because the police department can only respond within city limits, this program also needed cross-jurisdictional response agreements between the Sheriff's Office and police departments.

Outcomes: Saving Time, Saving Resources, Saving Lives

Between March and the end of October 2020, the co-response teams responded to a total of 1,280 calls. Of those, there were only 16 arrests and the average staff hours of patrol on call was less than the department average. The teams have reduced the number of people with mental illness entering the criminal justice system; reduced the need for force; and opened doors for people to receive services and treatment who might not otherwise find that opportunity.

Challenges

- The types of clothing and vehicles teams use can make a difference in how the team is perceived and how easily team members can respond in dangerous situations.
- Role definitions need to be determined collaboratively on an ongoing basis, with clear separation between law enforcement and behavioral health functions.
- It is important to continue to clearly communicate what team members need to do to maintain confidentiality and uphold HIPAA standards.
- Not everyone is suited to a co-response team. It takes special skills, training, and a flexible and open disposition.
- The availability of law enforcement and mental health resources is lacking.
- Funding gaps continue to be a problem. Santa Barbara County believes that the success of the program will prove its worth.


Alice Gleghorn

Lessons Learned

- Santa Barbara County found that the staffing for mobile crisis teams needed to be designated, not volunteer or as available.
- To keep the team intact and able to respond to crises, additional law enforcement should be called to respond to criminal acts witnessed by the team.
- As the program expanded, more coordination was needed so that two teams were not working the same 40 hours.
- To ensure safety, if the law enforcement team member must be called immediately to a law enforcement incident, the behavioral health team member should not accompany them.
- There are different cultures, norms, and employment standards between law enforcement and behavioral health. Each must be respected with equal value. Team members must be knowledgeable about these differences and trained to identify and address them as they come up.
- All team staff members must participate in regular meetings, have open communication, cross-train in the moment, and continue conversations about HIPAA and confidentiality.
- Law enforcement staff are screened prior to employment, which may include psychological testing, drug use history or screening. Behavioral health peers or staff with lived experience do not go through a similar background check. What may preclude an individual from getting a job in law enforcement, such as criminal history, substance use history, or history of mental illness, could make an individual a good fit for a job in behavioral health.

Important Elements

- Leadership commitment to the program and finding common ground is important in overcoming challenges.
- Critical incident training helped the teams work together. In particular, it was important for team members to attend the training together.
- Regular meetings are important for ongoing teamwork.
- Place the right people in the right positions.
- Proactive engagement with this target population proved helpful in being able to effectively handle a future incident of severe decompensation.
- Understanding that harm reduction is a form of success.

Peer Programs – Celebrating SB 803 Legislation & Promising Practices

Moderator: Dave Meyer – Clinical Professor, Institute of Psychiatry, Law & Behavioral Sciences, USC Keck School of Medicine

Hon. Jim Beall – California State Senator, 15th Senate District; Chair – Senate Mental Health Caucus and Senate Select Committee on Mental Health

Senator Jim Beall

Senator Jim Beall joined *Words to Deeds* to answer our questions about his bill that provides for peer support specialist certification, SB 803, signed in 2020.

Peer support programs exist in 48 states and are proven to decrease hospitalization, alleviate depression, and diversify the mental health workforce. Additionally, COVID-19 is making mental health issues worse. A Center for Disease Control (CDC) study found that nearly 40% of adult respondents had at least one mental health problem due to COVID-19 within the previous 30 days and 11% had suicidal ideation. By contrast, in 2018, only 4% of respondents had suicidal ideation within a 12-month period. We need peer support programs now more than ever.

SB803 accomplishes three goals:

1. It classifies peer services as a distinct provider type, allowing counties to bill for peer services via the state and Medi-Cal systems.
2. It allows counties to access hundreds of thousands of dollars in matching Medi-Cal funding, in addition to other funds.
3. It creates statewide training standards which allow peers to practice throughout the state.

SB 803, Beall. Mental health services: peer support specialist certification.

Excerpted from https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB803

This bill would require the department, by July 1, 2022, subject to any necessary federal waivers or approvals, to establish statewide requirements for counties or their representatives to use in developing certification programs for the certification of peer support specialists, who are individuals who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both.

Q&A

Dave Meyer

Q: Will established, current peer support programs have to go through a process as a result of this legislation?

A: Grandfathering of already established programs will be allowed. The Department of Health Care Services (DHCS), which is implementing the legislation, will develop the standards and certification program by July 2022. Counties must opt in to participate.

Q: How might someone get involved in a peer program?

A: Thirty-one counties have various types of peer programs, including substance abuse, women's health issues, veterans, and more.

Q: What do you think the future is for behavioral health advocacy in the legislature?

A: Many assembly members attend the Senate Mental Health Caucus and there is the Mental Health Select Committee. There is likely to be a lot of mental health legislation coming up, especially focused on children and at-risk youth. Additionally, there will be substantial housing bills in 2021. We need supportive housing for those with mental health and substance abuse problems.
The Los Angeles County Board of Supervisors will have significant funds available for community support initiatives in the coming year, as well.

Q: What can the courts and/or attorneys do?

A: California counties need pre-trial diversion, but supportive housing is required to do that effectively. The housing initiatives coming up are very important.
Dependency courts are also very important because they can help parents with mental health or substance use issues to get their kids back from foster care.

Funding Creative Solutions for Housing Challenges

Alameda County, SSI Advocacy: Supporting Income & Housing for Disabled Adults:

Introduction: David Panush – President, California Health Policy Strategies

Presentation: John Engstrom – Quality Improvement, Alameda County Behavioral Health

San Diego County, Continuum of Care with the COVID-19 Twist:

Tamera Kohler – Chief Executive Officer, San Diego Regional Task Force on the Homeless

Lahela Mattox – Chief Operations Officer, San Diego Regional Task Force on the Homeless

California Department of Social Services:

Corrin Buchanan – Assistant Director of Housing and Homelessness

David Panush

Alameda County

Knowing that income is the most important indicator of stable housing and overall health, Alameda County started a program in 2012 to increase income for people receiving Supplemental Security Income (SSI), using legal advocates to prove disability by the legal definition.

Program Elements

- Disability Advocacy Attorneys - Funded by federal reimbursement through County Service Block Grant, Interim Assistance Reimbursement, MHSA, and Reentry Realignment Funds (AB109).
- Behavioral Health Treatment and Case Management - Funded primarily through specialty mental health billing with enhanced Federal Financial Participation (FFP), due to Medicaid Coverage Expansion (MCE).
- Revolving Loan Fund - Clients are given loans, repaying the loans through Interim Assistance Reimbursement (IAR).

Outcomes

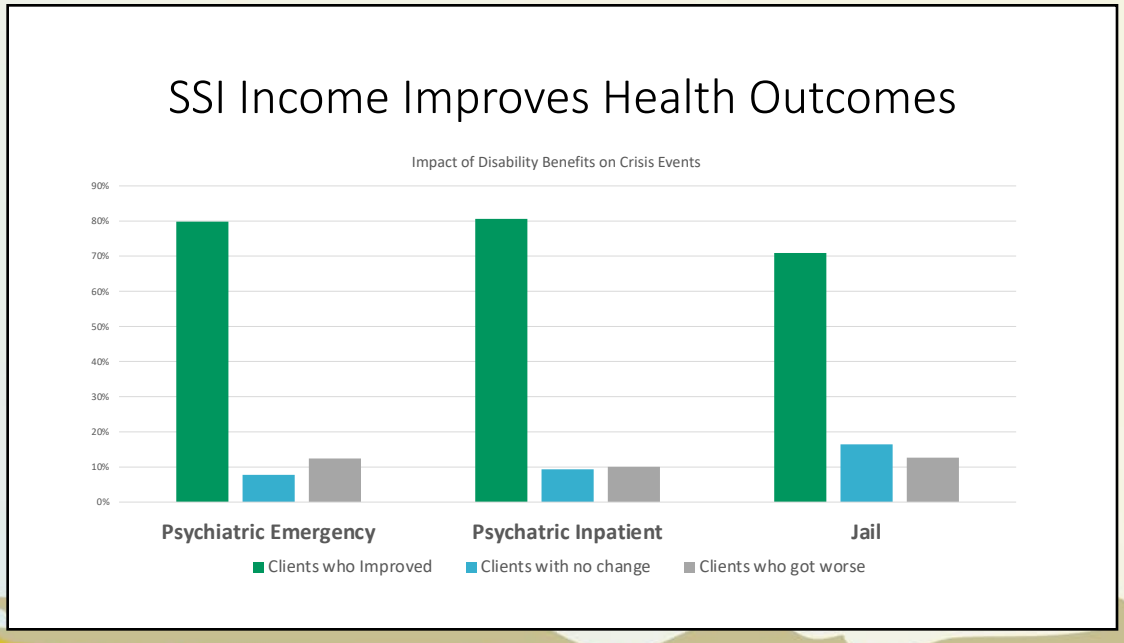
- Over $220 million in SSI has been gathered for clients.
- During the 12 months prior to SSI approval, 80% of participants experienced a reduction in psychiatric emergency events and psychiatric inpatient stays, and over 70% experienced a reduction in incarceration events.

John Engstrom

- 42% of participants who received the revolving loan moved to a better housing situation (vs 14% without the loan); 50% transitioned out of homelessness (vs 23% without the loan); and 83% reported improved stability in their housing situation (vs 51% without the loan).

Challenges

Locating assigned clients is one of the main challenges. Finding that one of the best ways to find clients was while they were incarcerated, the program arranged a data-sharing agreement with the Sheriff's Office to get daily census information.



Keys to Success

Contracting with Experts – Hiring legal service attorneys to represent clients to provide consistent representation through all levels of advocacy.

Establishing a Revolving Loan Fund – Offering clients cash assistance while awaiting SSI benefits leads to a more stable living situation, which results in better client outcomes; clients losing contact with advocates less often; winning cases 150% more often; and improved housing outcomes.

Building a Scalable Program Model – Including scalable advocacy units, scalable case management teams, sustainable funding, and expanding to meet need.

Tamera Kohler

Lahela Mattox

San Diego County

The partnering of federal, state, and local governments with stakeholders is critical for addressing homelessness.

In San Diego County, the Regional Task Force on the Homeless (RTFH) is the lead agency of the Continuum of Care (CoC), the planning body of community stakeholders that coordinates communities' policies, strategies and activities for preventing and ending homelessness.

The purpose of the CoC program is to:

1. Promote communitywide commitment and collaboration to end homelessness;

2. Provide funding to quickly rehouse homeless individuals and families;

3. Promote access to and effective use of mainstream programs by homeless individuals and families; and

4. Optimize self-sufficiency among those experiencing homelessness.

Housing of Urban Development (HUD) CoC grant funding supports homeless response programs in the county including permanent and transitional housing, supportive services, and homelessness prevention. The CoC also administers the Emergency Solutions Grant, Homeless Emergency Aid Program, Homeless Housing, Assistance and Prevention, and California Emergency Solutions and Housing.

Core operational responsibilities of CoCs include administering:

- the Homeless Management Information System (HMIS) – where the data is stored;
- the Coordinated Entry System (CES) – the community process of using data from HMIS to move someone to stability; and
- the Point In Time Count (PITC) – the HUD-mandated nationwide count of sheltered and unsheltered individuals.

Collectively, these help to inform policy decisions around funding, local planning, and supporting best practices necessary to end homelessness. In addition, RTFH:

- Developed, with local partners, including the Sheriff's Office and Police Departments, a regional response to address unsheltered homelessness and encampments,
- Hired experts to help develop community standards for street outreach and rapid rehousing.

Lessons Learned

- To develop housing stabilization, match the level of support to the level of need, which might include behavioral health, physical health, income security, and support to reduce or eliminate recidivism.
- San Diego moved from a siloed response system to one that is collaborative and data-driven, prioritizing the most vulnerable.
- Have specific action items, not just plans, for which each entity is responsible.

COVID-19 Response

As the Continuum of Care, RTFH applied a coordinated and collaborative systems approach to respond to COVID-19, which included all of the regional stakeholders: the City of San Diego and 17 other jurisdictions, the County of San Diego, the housing commission, the regional task force for the CoC, and providers.

Discussions, using data, led to three interventions:

Convention Center - Partnering with the County Department of Behavioral Health, public health nurses, people with lived experience, and emergency response agencies, the Convention

What it Means for Homelessness to be Rare, Brief, and Non-Recurring

Rare: reduce the number of people entering into homelessness, through prevention and diversion.

Brief: minimize the amount of time from when someone enters into homelessness to when they exit to safe housing. This involves understanding the roles of each entity involved, ensuring entities are not creating barriers to accessing services, and coordination of resources, such as funding or political will, for maximum impact.

Non-Recurring: connect to resources that support long-term sustainability.

Center space was used address the need for social distancing within shelters, with services provided onsite. It was necessary to pool resources and took significant political will. The COVID-19 infection rate of both staff and those who are sheltered there is only .26%. In November 2020, the Convention Center was sheltering approximately 900 individuals. More than 400 of them planned to go to permanent housing as an end destination by the end of 2020.

Project RoomKey - The County, RTFH, and providers partnered to offer hotel rooms for individuals and families, with 3 providers onsite. As of October 31, 2020, all individuals using Project RoomKey in San Diego County have been moved to housing or to other safe shelter.

Housing - All efforts were organized with long-term stable housing in mind. The county and partners worked to reduce barriers and ensure access to services during the pandemic in order to move people to housing as quickly and effectively as possible. The coordinated entry process was accelerated, the Veteran's Administration was utilized to expedite housing of veterans, and Project One for All was used to house people with serious mental illness, aided by creation of a flexible housing pool to secure housing units.

Critical to the success of these projects was significant political will, shared goals, a deliberate leadership strategy and structure, and holding entities accountable.

The partnership between homeless services, criminal justice, healthcare, behavioral health, elected officials, the Port Authority, providers, people with lived experience, and the largest regional housing authority, was key to addressing the homeless crisis during the pandemic. The partners discovered opportunities, housed more individuals, cut system design, safely offered trauma-informed services, and transformed the system.


Corrin Buchanan

California Department of Social Services (CDSS)

Project RoomKey

Project RoomKey is an effort by local communities, supported by the California Department of Social Services, to stand up non-congregate shelter settings for people experiencing homelessness during COVID-19. Resources for this project were expanded by FEMA funding, so as to focus an emergency response effort on those who were at highest risk for medical complications were they to become infected with the virus. The goals were to protect individuals from contracting COVID-19, prevent community transmission of the virus, and reduce hospital surges.

Early on, advocates emphasized the importance of integrating behavioral health services, so guidance was issued to counties through the Department of Health Care Services to address this need. Additionally, local justice partners, especially probation departments, were included in the process to ensure those populations had an opportunity to access these resources.

Project RoomKey secured more than 16,000 units across the state to shelter more than 22,000 people experiencing homelessness in a hotel, motel, or trailer. This represented a 50% increase in the total number of beds in the State of California

Some communities have now begun to wind down their Project RoomKey sites and shift the focus to rehousing strategies.

Project HomeKey

Project HomeKey is an effort to acquire hotels and other structures to provide permanent housing options for people across the state. The ongoing work will bring almost 6,000 new units of permanent supportive housing throughout California.

Returning Home Well

Returning Home Well is a program for individuals who are exiting the state prison system. Due to the number of COVID-19-related early prison releases, it became clear there was a strain on reentry service providers doing their best to provide the right level of resources. To respond, the California Department of Corrections and Rehabilitation (CDCR) collaborated with CDSS and a number of non-governmental partners, including the Amity Foundation, to launch a public-private partnership to expand the network of service providers to address the increased substance use and emergency housing needs of individuals exiting CDCR institutions.

Because housing is key to success, the program provides cash assistance of $1,500 to participants, through a collaboration with the Center for Economic Opportunities. Additionally, supportive transportation services are provided through a collaboration with the Anti-Recidivism Coalition.

Since July 2020, more than 2,000 individuals have been served through this expanded network of reentry service providers.

Lasting Changes After COVID-19

Connectedness

- All regional stakeholders need to be involved in programs to have successful outcomes.
- Political will is possible when stakeholders are working together. Sharing data allows efforts to be more coordinated.

Resources

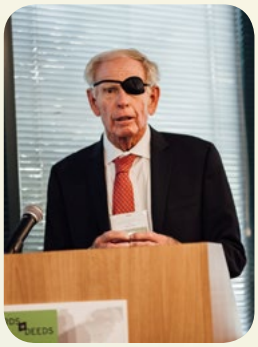
- Use available resources wisely, creatively, and collaboratively.
- It is critical for funders to allow flexibility in the use of resources.

Reentry, Reintegration, Diversion & Zero Bail

Santa Clara County, Superior Court: Hon. Stephen Manley – Judge, State of California, Santa Clara County Superior Court, Zero Bail Technology Innovation

Fresno County, Behavioral Health: Susan Holt – Deputy Director, Clinical Operations, Behavioral Health

San Francisco County, Probation: Alex Weil – Director, Probation



Judge Stephen Manley

Santa Clara County

Santa Clara County has been working on diversion for a number of years. This work was intensified in March 2020, when the court and the county began to work together on three shared goals to address safety during the COVID-19 pandemic emergency:

1. Reduce the population of the jail significantly.
2. Provide alternatives to custody while defendants are in release status.
3. Stabilize the jail population once it was reduced.

Using the following approaches, Santa Clara County reduced the jail population by nearly 40% and stabilized it at that level for a number of months.

Zero Bail - Santa Clara County has been releasing defendants on Zero Bail prior to court hearings. Some are released with conditions monitored by the Office of Pretrial Services. As a result of these releases, there are thousands of defendants in the community who are not being seen in court because their cases are continued month after month due to COVID-19. While this helps keep the jail population down, the challenge became to find alternatives to in-person hearings for a large number of offenders when courts were mostly closed, as were many community services.

Cell Phones - To maintain contact, Santa Clara County gave a free cell phone to 2,400 released defendants and asked them to to complete a survey on the phone to determine what their needs were around staying out of jail, and if those needs were being met in the community. Just over half of respondents self-identified specific needs beyond housing and food. For example, 43% disclosed that they needed mental health treatment and nearly all of those respondents said they did not try or they did not know how to have those needs met. This survey was used to make changes in how the county structured support for released defendants.

Elevate the Office of Pretrial Servics - Understanding from the survey that many released defendants were being missed in discharge planning, the county placed the responsibility for managing releases in the hands of the Office Pretrial Services rather than with the Sheriff's Department. Pre-trial services program staffing was increased and staff now help defendants navigate services upon release.

Services at Jail - Public Defender and District Attorney staff are onsite at the jail to avoid having defendants unnecessarily held when charges are not going to be filed. The Office of Supportive Housing, the County Behavioral Health Department, peer mentors, and the local faith-based community, are all onsite at the jail to assist people as they are released.

A reentry center next to the jail is being used for mental health triage and stabilization, and substance use detox.

Smartwatches - Current monitoring of released defendants often includes large GPS devices, like ankle bracelets, that have to be charged twice a day, which is not feasible for homeless individuals. Santa Clara County is moving toward using smartwatch devices instead to better support defendants, such as pushing reminders of important appointments.

Virtual Hearings - For offenders with mental illnesses, it is much more effective to have a face-to-face interaction with a judge when trying to keep them in treatment or other services. Using Zoom or other virtual meeting platforms has been very successful not only because it is less intimidating for defendants than court but it also eliminates the difficulty getting transportation to in-person hearings. Far more people appear voluntarily for virtual hearings, which reduces the number of bench warrants issued for failure to appear.

Challenges

Hearings need to be held for the thousands of pre-trial released offenders. It is unclear whether virtual platforms can be used for those cases, particularly for very serious offenses. Additionally, defendants with mental illnesses or substance use issues need to be brought back into the system after being left without enough support during the pandemic. Courts may need a new way of working with defendants, such as using virtual platforms for all appearances except those where it would be essential to appear in person.


Susan Holt

Fresno County

Fresno County began its sequential intercept mapping in 2016 and continues to make improvements to the system based on the data gathered during that collaborative process.

Three main priority areas arose from the mapping process:

1. Enhancing crisis response to quickly connect individuals in need with behavioral health services would enable increased diversion of people from the justice system. The county created crisis response teams with behavioral health and law enforcement partners and an intensive engagement team for individuals who are a high public safety risk or have frequent calls for service.

2. Significant expansion of community behavioral health services was needed. The county developed a partnership with the Superintendent of Schools to focus on prevention and early intervention, and has been working to expand supportive housing, employment and education services.

3. Reentry and reintegration improvement efforts are ongoing and include enhancing in-custody services, especially substance use treatment, working with the Sheriff and public health team to apply for grant funding to support system navigation services.

Challenges

- Longstanding vacancies in certain key management and supervisory positions needed to be filled to accomplish goals.
- Managing our data and obtaining the right data from existing systems had to be improved.
- Forensic behavioral health expertise was lacking as a core competency in county staffing, requiring implementation of training programs.
- Sustainable funding continues to be needed so that community members can count on services in the future.
- Service expansion took time, leading to frustration among partners.
- New priorities and curveballs, such as AB 1810 and COVID-19, meant keeping up a fast pace and not always having a smooth process.
- Unexpected releases from jail and prison meant clinical staff had to be moved from other work to screen those individuals and get them linked to services.
- The complicated and siloed system of care in California, with a wide variety of rules and processes in funding sources, makes this work more difficult; creates a need for system navigators; and sets the stage for people in need to fall through the cracks.
- Sequential intercept mapping is critical but can lead to feelings of vulnerability and defensiveness when shortcomings are found. It is important to resist that defensiveness and remain committed to system improvement.

Silver Linings and Lasting Changes

- After transitioning many services to telephone and video platforms, Fresno County found that some client outcomes were as good or better through telehealth. Transportation barriers and no-show rates were down for some populations and it bridged gaps in the system in unexpected ways. Data analysis is needed to determine which clients will need to resume in-person services in the future.
- Telecommuting reduced staff travel time and allowed for more efficient time management.
- Enhanced collaboration is needed among team members and between agencies.
- The county learned that large system shifts can be made far more quickly than ever imagined.


Alex Weil

San Francisco County

In 2017, the Citywide Forensics team opened the Community Assessment Service Center (CASC) in San Francisco to provide a single location hub for individuals involved in the criminal justice system. The center provides intensive clinical case management and reentry case management.

Clinical case management at CASC involves:

- Master's level clinicians,
- Diagnostic assessment and treatment planning,
- Forensic Assertive Community Treatment (FACT) model,
- Therapy and crisis interventions,
- Linkage to resources,
- Coordination and advocacy with courts,
- Outreach,
- Psychiatric medication management.

Reentry case management for transitional clients includes:

- Barrier removal,
- Assessment and treatment planning,
- Supervised by licensed clinicians,

- Linkage to resources,
- Outreach,
- Coordination and advocacy with courts,
- Focused on clients without severe mental health needs,
- Psychiatric medication management.

A variety of partners are located onsite to provide services including:

- Probation,
- Mental health programming,
- Education opportunities,
- Employment opportunities,
- Medication management,
- HSA support,
- Homelessness services,
- Services for seniors,
- Programming for women with children,
- Peer support,
- Coordination and advocacy with the courts, and more.

When the pandemic started, the team quickly determined how to ensure the same quality and capacity of services, which entailed securing PPE for staff and clients; developing safety measures and providing education around COVID-19; and determining how to transition to telehealth. The center utilized cell phones and tablets stationed at housing sites where clients can use Zoom to access services and virtual group programming. The team also began to deliver food to clients so they could stay safely quarantined, and developed new ways to work with clients in custody when in-person meetings were no longer allowed.

Challenges and Lasting Changes

- Housing availability continues to be the main challenge. It is imperative that clients who received temporary housing due to the pandemic, continue to stay housed.
- The tablets and phones connecting clients to services have proven effective and will continue to be used.
- The thriving community at CASC is an important element for often isolated clients, especially during COVID-19. It will be important to continue to find ways to create community connection, even if it is virtual.

Paradigm Awards

Recognizing leaders in criminal justice and mental health who champion efforts to end 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.

The Paradigm Awards were on hiatus in 2020 and will return in 2021.
Words to Deeds and the Forensic Mental Health Association of California thank all of you for being Champions committed to ending the criminalization of people with mental illness.

Supporting Partners

MHSOAC Mental Health Services Oversight & Accountability Commission

cbhda County Behavioral Health Directors Association California

CCJBH Council on Criminal Justice and Behavioral Health

CSAC

Sponsors

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Description

Words to Deeds is the result of a collaboration of leaders in criminal justice and mental health throughout California who joined together to identify and advance strategies to effectively divert individuals with mental illness from jail.

Since 2003, *Words to Deeds* has provided a unique forum that has evolved into a standard best practice for creating a true shift in the paradigm between criminal justice and mental health, by fostering successful and ongoing collaboration among courts, criminal justice agencies, mental health professions, and governmental and nongovernmental organizations.

Mission

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

Vision

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

Words to Deeds Leadership Group

- **Deanna Adams** – Senior Analyst, Judicial Council of California, Criminal Justice Services, Operations & Programs Division
- **Bill Brown** – Sheriff-Coroner, Santa Barbara County
- **Grace Childs** – Executive Associate, Urban Counties of California
- **Cathy Coyne** – Government Affairs Liaison, California State Sheriffs' Association
- **Christina Edens** – Deputy Director, Forensic Services Division, California Department of State Hospitals
- **Hallie Fader-Towe** – Senior Policy Advisor, Council of State Governments Justice Center
- **Morgan Grabau** – Events & Communications Director, Forensic Mental Health Association of California
- **Brenda Grealish** – Executive Officer, Council on Criminal Justice and Behavioral Health
- **Carmen Green** – Executive Director, California State Sheriffs' Association
- **Catherina Isidro** – Executive Director, Forensic Mental Health Association of California
- **Kathryn Jett** – Senior Policy Consultant, California Forward
- **Kathleen Lacey** – Program Director, UCSF/Citywide Case Management
- **Sheree Lowe** – Vice President, Behavioral Health, California Hospital Association
- **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
- **Ashley Mills** – Research Supervisor, Mental Health Services Oversight and Accountability Commission
- **Mike Radford** – Bureau Chief, Training Program Services Bureau, Commission on Peace Officer Standards & Training
- **Stephanie Regular** – Assistant Public Defender, Contra Costa County
- **Tyler Rinde** – Legislative Analyst, County Behavioral Health Directors Association
- **Patricia Ryan** – Consultant; Executive Director (Ret.), County Behavioral Health Directors Association of California
- **Linda Tomasello** – Senior Governmental Program Analyst, California Highway Patrol
- **Kit Wall** – *Words to Deeds* Project Director, Kit Wall Productions
- **Tracey Whitney** – Assistant Head Deputy, Mental Health 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

More Information

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