

WORDS TO DEEDS XV

Changing the Paradigm for Criminal Justice and Mental Health

2021 Overview



Words to Deeds XV Terms of Engagement: Mobilizing Successful Collaborative Community Outcomes

More than 90 leaders and stakeholders gathered virtually on November 5, 2021, focusing on successful outreach and engagement; whole person care and continuum of care programs that provide housing; California's exciting opportunity to build a robust crisis response system that includes Crisis Now and 988 integration; and wellness for first responders.

SESSION 1

Welcome to the Front Porch — Successful Approaches for Outreach and Engagement

Moderator: Brenda Grealish — Executive Officer, Council on Criminal Justice and Behavioral Health
Tanya Hill Thompson — Field Representative, Corrections Planning and Grant Programs, Board of State and Community Corrections
Jonathan Porteus, PhD — Chief Executive Officer, WellSpace Health
Dana Valdez, MD — Clinical and Forensic Psychiatrist, Office of Diversion and Reentry, Los Angeles County Department of Health Services



Board of State and Community Corrections

As part of the Adult Reentry Grants established in 2018, the Board of State and Community Corrections (BSCC) oversees 115 Community-Based Organizations (CBOs) offering rental assistance, warm handoff in reentry, and rehabilitation of existing property. Tanya Hill Thompson shared approaches that have proven effective and challenges that these CBOs have encountered in their work.

Successful Approaches:

- Staff with Lived Experience — Effective to alleviate client fear and uncertainty.
- Relationship and Rapport Building with Clients — Necessary to gain and keep clients' trust.
- Frequent and Consistent Engagement — Engagement activities are especially effective when done in the community, not in the office.
- Incentives — A stipend for work experience or completing core program components may be more effective than simply bus passes and food packages. This has the added advantage of also reinforcing habits for successful reentry.

- Training — Training in technology, the internet, and smartphone navigation is especially important.
- Social Media Outreach — Engage your target population in interesting topics, not just to discuss your program.
- Relationship-Building with Parole, Probation, and CDCR — Goes a long way to supporting outreach and engagement efforts.

Challenges:

- COVID-19 — due to social distancing and public health and safety concerns, the pandemic has had a tremendous impact on the ability to reach out to and engage those in need of services despite continued and growing need. It has also negatively impacted the ability to collaborate with Parole, Probation, and the California Department of Corrections and Rehabilitation.
- Fear and Uncertainty — Some individuals leaving prison express great uncertainty about returning to the community, returning to their families, and uncertainty about their ability to remain in the community and not reoffend. Individuals may be in need of services but are afraid or ashamed to ask for the help that is needed.
- Digital Divide — Learning new technologies and having access to the internet is more important than ever for individuals leaving prison, with COVID-19 increasing the use of virtual service delivery.



- Aging and Housing — Housing is a challenge in general for justice-involved individuals but even more difficult for seniors who may need additional assistance.
- Variation on Definition of Homelessness — It can be difficult to provide stable permanent housing because of conflicting regulations and funding using varied definitions of homelessness.
- Increasing Rent — Rent increases are greater than anticipated and put a strain on budgets.



WellSpace Health — Substance Use Respite and Engagement Program

The Substance Use Respite and Engagement (SURE) program provides short-term (4-12 hour) recovery, detoxification, and recuperation from the effects of acute alcohol or drug intoxication to anyone who needs it. It is an innovative program welcoming people intoxicated on all substances, many of whom also have co-occurring mental health conditions. SURE is staffed 24/7 with healthcare professionals to provide medical monitoring, substance use disorder counseling, and connections to supportive services.

Clients are transported to and from SURE directly by authorized referral partners and WellSpace Health mobile response. There is no ‘walk-in’ option.

The number of sobering sessions may be many but SURE tries to make the intervention consist of as few sessions as possible.

Collaboration with law enforcement is very important. This program relieves law enforcement officers from having to make a determination about whether someone has primarily a substance use issue or a mental health issue. The program ensures a quick and simple drop-off process.

SURE works to engage clients in support for any needs they have at that point.

Los Angeles County Office of Diversion and Reentry

The Los Angeles County Office of Diversion and Reentry (ODR) diverts individuals with serious mental health and substance use disorders, significant physical illnesses, and who are often experiencing homelessness. The ODR jail-based diversion program includes ODR Housing, Misdemeanor Incompetent to Stand Trial Community-Based Restoration (MIST-CBR), Felony Incompetent to Stand Trial Community-Based Restoration (FIST-CBR), and Maternal Mental Health.

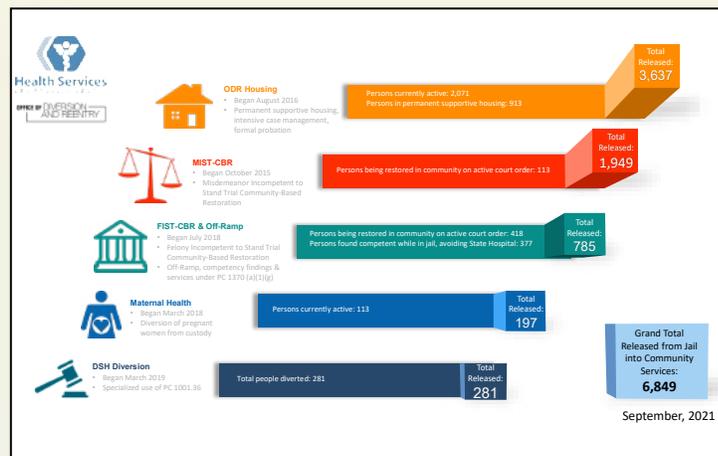
FIST-CBR is person-centered with the primary goals of mental health treatment and de-incarceration. Underlying the work is the understanding that clients’ life circumstances and their involvement with the criminal justice system generally reflect social determinants of health more than personal failing. It is important to remember that recovery is not a linear process and clients are given multiple opportunities to succeed in ODR programs. They have been able to safely house defendants with serious mental illness charged with violent felonies.

Successful Approaches in FIST-CBR:

➤ FIST-CBR focuses on relationship-building to achieve a client’s own buy-in to the program and to medication adherence. It may be necessary, however, to use the power of the court to encourage compliance.

➤ Tailor solutions to client needs and increase support when they struggle.

➤ Consulting and collaboration with community providers ensures continuity of care and offers more opportunity to uncover potential concerns.



Q&A

Should the transition program begin immediately upon someone entering prison?

In-reach to prisons for an early connection is very important and illuminates the importance of relationship-building with CDCR to navigate safety and other protocols. One component of labor negotiations with CalAIM is allowing in-reach 90 days prior to release. The initial shock of incarceration can be an opportunity to engage someone, so it is worthwhile to start the connection as early as possible.

SESSION 2

Don't Light Your Treatment Dollars on Fire — Securing Supported Housing to Maximize Treatment Engagement

Moderator: Lahela Mattox — Chief Operations Officer, San Diego Regional Task Force on the Homeless

Tyler Fong — Senior Director of Program Initiatives, Brilliant Corners

Tiffanie Leon-Synnott — Acting Chief Assistant and Supervisor, Sacramento County Public Defender's Office

Judi Nightingale, DrPH, RN — Director, Population Health, Riverside University Health System

We know that the most effective way to reduce future contact with law enforcement and re-incarceration is to connect people to housing as they leave prison or jail, coupled with behavioral health care and other wraparound services. However, surveys continue to identify housing as a top challenge for supportive service providers. Though we have more funding than ever to address homelessness, these dollars are often used for services rather than housing. While it can be difficult to maximize funding for housing and challenging to understand funding streams, it is critical that we begin to use these dollars for housing.

Flexible Housing Subsidy Pool — Brilliant Corners

As new housing is developed and existing buildings are acquired and renovated, Brilliant Corners utilizes the current rental market to maintain a Flexible Housing Subsidy Pool to address immediate needs. Housing staff work with landlords to bring units into a portfolio of paid rental units before tenants are identified and then help tenants retain the housing once they are matched. A separate team of case managers are then available to provide wraparound support services for clients. The program offers damage mitigation and a flexible fund for the landlord and tenant to use for things such as pass-through bills and credit checks. Brilliant Corners works with any individual who is experiencing homelessness, including those deemed Incompetent to Stand Trial and approved for permanent housing. The program has been able to successfully house more than 10,000 people throughout California since 2009.

Flexible Housing Subsidy Pool Model:

Housing Acquisition — Team tasked with securing units to add to the pool of available housing. Often housing acquisition specialists have a background in sales.

Operations — This team administers the lease and rent process and facilitates moving assistance, security deposits, utility deposits, and furniture purchasing and delivery.

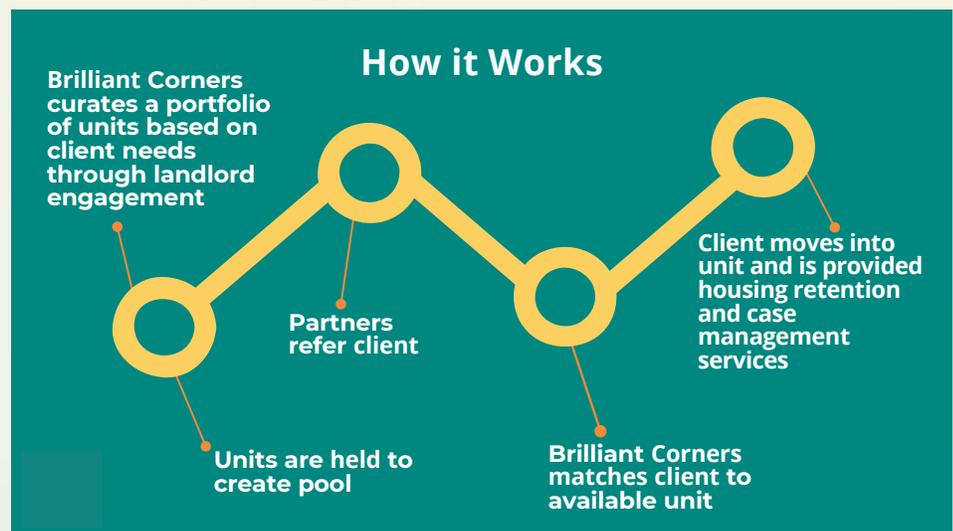
Housing Retention Services — This team provides tenancy support to clients, serving as a liaison between the landlord and tenant to help mitigate any issues or concerns that could put the housing at risk.

Intensive Case Management — Wraparound case management tailored to client needs is provided separately from the housing supports. Brilliant Corners provides some case management services but it is typically done by community providers.

Landlord Motivation and Concerns:

Rent — Market rate rent is paid by the subsidies or vouchers.

No Vacancies — Agreements to Rent a Vacant Unit (ARVU), or Vacant Unit Holds, are contracts between Brilliant Corners and landlords where market rate rent is paid for a vacant unit for 1-2 months and the unit is taken off the market while a matching tenant is identified. This arrangement is an important introduction to the program, reducing the likelihood of a client



experiencing rejection and helping to determine if the landlord is a good match for the program. It also allows landlords to be paid rent during the housing authority inspection period, if the client has a federal housing voucher. In situations where Vacant Unit Holds are not an option, Brilliant Corners can offer direct monetary incentives to landlords during the housing authority inspection process.

Damage Mitigation — Needed to maintain positive, ongoing relationships with landlords.

Support — Ongoing tenancy support is very important to make landlords comfortable if they have any concerns. Issues can be identified before the housing is at risk.

Tips:

- It is important to dedicate staff to each of the four components of the model so they can specialize and focus their efforts on their areas of responsibility.
- Landlord engagement and retention services are some of the most important pieces of this model, including checking in with them on a regular basis after client move-in, holding events for prospective and current landlords, and developing a professionally designed one-page brochure.

Holistic Defense — Sacramento County Public Defender's Office

*Focus on **Housing** and you will get the outcomes of holistic defense that change, repair, and improve lives.*

The holistic defense approach focuses on the overall needs of the defendant, not just the crime, with the goal of interrupting the revolving door of recidivism. Needs may include mental health, substance use, general assistance, and housing. The Sacramento County Public Defender's Office received grant funding for five new programs, all using holistic defense and focused on housing.

Misdemeanor Mental Health Diversion

The county developed a pre-plea diversion program determined by the court rather than the District Attorney's Office, utilizing existing resources in the county care system. They learned from community partners how to connect their clients with housing, including the Homeless Emergency Aid Program (HEAP) and Homeless Housing, Assistance and Prevention (HHAP) State grant. Within a year, more than 100 people were provided with housing and there was a significant reduction in recidivism.

Felony Mental Health Diversion

Based on the success of its misdemeanor diversion program, the State granted the Public Defender's Office funding to divert clients charged with felonies who were or were likely to become incompetent to stand trial (IST). They utilized telecare, were provided a full-service partnership with criminal justice agencies, and dedicated funding to housing. Clients were transported directly to services by the provider immediately upon release from jail. Within 6 months, this program diverted 34 people charged with felonies and 6 people found IST.

Flexible Housing Pool Jail Diversion

In this program, HEAP funding allows misdemeanor clients to be diverted into housing using the Flexible Housing Pool model. They are given a property manager, case manager, and support from a Public Defender social worker and the court. The team discovered that the majority of people needing this program were not in the State Homeless Management Information System (HMIS). To date, 46 clients have been housed.

Record Modification

Criminal records impact the ability to obtain employment, education, housing, and professional licenses. Recognizing this, the Public Defender's Office partnered with HEAP to hire two law students to modify criminal records, prioritizing unhoused individuals. In 2 years, they served 708 individuals.



Juvenile Trauma Response Court

The Public Defender's Office changed its focus with youth offenders from the crime to the underlying trauma causing the behavior, providing services and housing to support family stability. Funded by a grant, this program brought together an education attorney, dependency/delinquency attorney, community intervention workers, social workers, and clinical

assessments. When determining needs, it is important to ask additional questions to understand not only housing status but more about the overall housing environment. During one quarter in 2021, there were 43 youth in the program who were linked to services and stable housing, resulting in immediate improvements in youth grades.

Pre-Trial Support Project

To address the limited time a public defender is able to talk with clients, grant funding was used to allow law students and social workers to assess client needs around housing, mental

health, substance use, and trauma prior to arraignment. Over the last 3 months, of 642 individuals assessed: 89% needed social worker support, 52% needed mental health support, 44% needed substance use and prevention support, 48% needed housing, 3% had medical issues, and 10% expressed employment and educational needs. The Public Defender’s Office coordinated case plans and linked clients to behavioral health treatment and housing. There was less than 3% recidivism and 41% on average were released from custody after gathering information from the needs assessment.



Whole Person Care — Population Health, Riverside University Health System

Using funding from the 1115 Medi-Cal Waiver, Riverside University Health System partnered with community agencies to develop a Whole Person Care program designed to transition high needs individuals out of incarceration. By identifying client needs and linking them to services with a warm handoff, the primary goals of the program are to reduce re-incarceration and reduce emergency department use as a primary clinic. Centers for Medicare and Medicaid Services (CMS) funding restrictions do not allow for activities within incarceration so nursing and housing outreach staff were placed in probation, parole, and behavioral health sites. Staff assessed for behavioral and physical health needs, homelessness, and insurance coverage. To date, 14,000 screenings have been done, with a participation decline rate of only 6%. The State has been asked to consider permitting Medi-Cal eligibility paperwork to be processed for individuals entering incarceration; be suspended for up to three years; and then allowing presumptive eligibility on release from incarceration for 60 days.*

Successful Approaches:

➤ Asking someone where they are currently sleeping is a more effective assessment of housing than asking if they are homeless. Ask follow up questions to make sure you understand their current conditions, all of their needs, and potential avenues of support.

What is Being Measured?

Metrics summary:

- Total number of probationers offered vs. screened
- Total number of probationers referred vs. enrolled in services for:
 - behavioral health
 - physical health
 - social/support services
 - substance abuse
 - housing needs
- Medi-Cal enrollment
- Jail recidivism
- Avoidable admission to psychiatric and primary care hospitals
- Avoidable emergency department usage for physical and behavioral primary care needs
- Number of homeless who acquired housing
- Depression remission



➤ It is important to give 30 days of medication on release from incarceration, to encourage compliance.

➤ Active Medi-Cal is crucial in getting people into behavioral health treatment and research shows that even one behavioral health appointment reduces re-incarceration by 50-65%.

*Revised 3/23/22



Find more information at fmhac.org

- Watch *Words to Deeds XV*
- Review presenter PowerPoints



SESSION 3

Crisis Now and 988 — California's Exciting Opportunity to Build a Robust Crisis Response System

Moderator: Ashley Mills — Research Supervisor, Mental Health Services Oversight and Accountability Commission

Bill Brown — Sheriff-Coroner, Santa Barbara County

Ian Evans — Director, Adult and Aging Branch, Yolo County Health and Human Services Agency

Cherylynn Lee, PhD — Behavioral Sciences Manager, Santa Barbara County Sheriff's Office

Sandri Kramer — Project and Grants Manager, Didi Hirsch Mental Health Services

Lyn Morris — Chief Operating Officer, Didi Hirsch Mental Health Services

What should our crisis care continuum look like in California, what services are needed, who responds, and how can it be funded? This presentation explores three models working on these questions.

988 — Crisis Call Line

988 is intended to be a counterpart to 911 for mental health and suicide crisis calls and it has been the national Suicide Prevention Lifeline number since 2005. It is another layer of crisis care in the continuum. While some calls need in-person response, others do not. For those calls that can be resolved remotely by a crisis counselor, 988 can avoid the following potential issues:

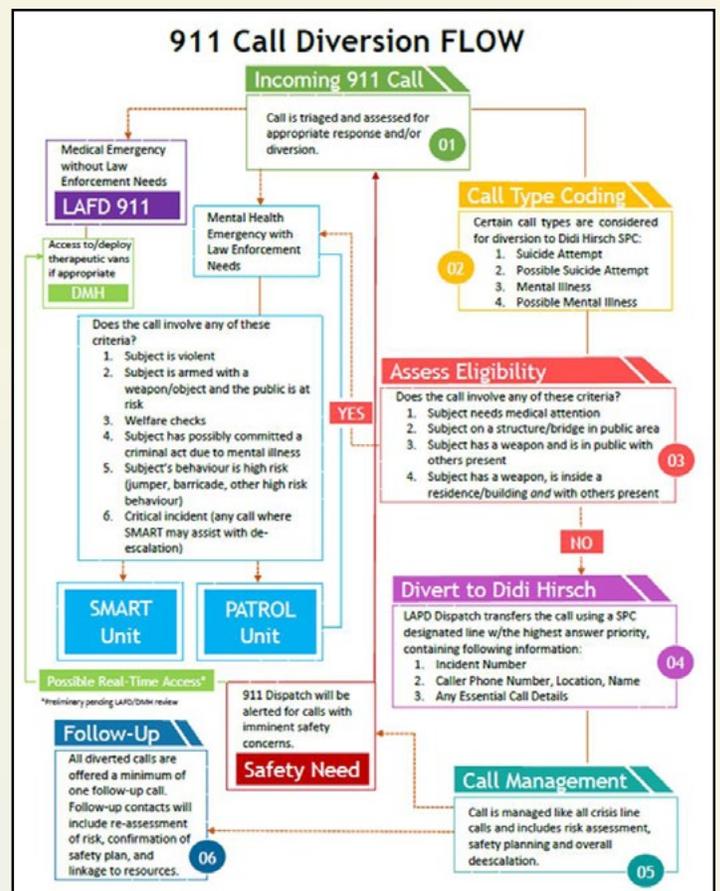
- Unintentional escalation of a situation because of an in-person response,
- Lengthy in-person response time,
- Inefficient use of law enforcement resources,
- Inefficient use of hospital resources.

988 is meant to be one option in the crisis care continuum for mental health crises that do not require an in-person response. If any of the following criteria are met, the call would not be eligible for transfer to a crisis counselor:

- Person needs medical attention,
- Person on a structure/bridge in public area,
- Person has a weapon and is in public with others present,
- Person has a weapon, is inside a residence/building and with others present.

911 also can route appropriate calls to 988, to ensure that the caller is connected with a counselor at a crisis call center. The counselor de-escalates, assesses risk, works out a safety plan, links the caller to resources, and activates a mobile response team if needed. One notable benefit of this system is that people of color tend to call 911 during a mental health crisis. This system can get them connected to the help they need better than 911 alone.

In 2021, Didi Hirsch piloted the program in Los Angeles. Of the calls routed to 988 during that five-month period, only 5% of them required an in-person response. California is now preparing to implement 988 statewide by July 2022 and the state's existing 13 accredited crisis call centers are increasing staffing to meet the expected demand.



Critical Elements for Success:

- Swift and smooth transfers between 911 and 988.
- Adequate staffing 24/7 at the call centers and mobile response teams.
- Sustainable funding mechanisms.
- Transparency and Communication: resources will continue to be built up after July 2022; need to make sure that the public understands what to expect when they call 988.

and MHSA and Medi-Cal through the Health and Human Services Agency. Future improvements will include staffing people with lived experience and a crisis response team that responds without law enforcement.

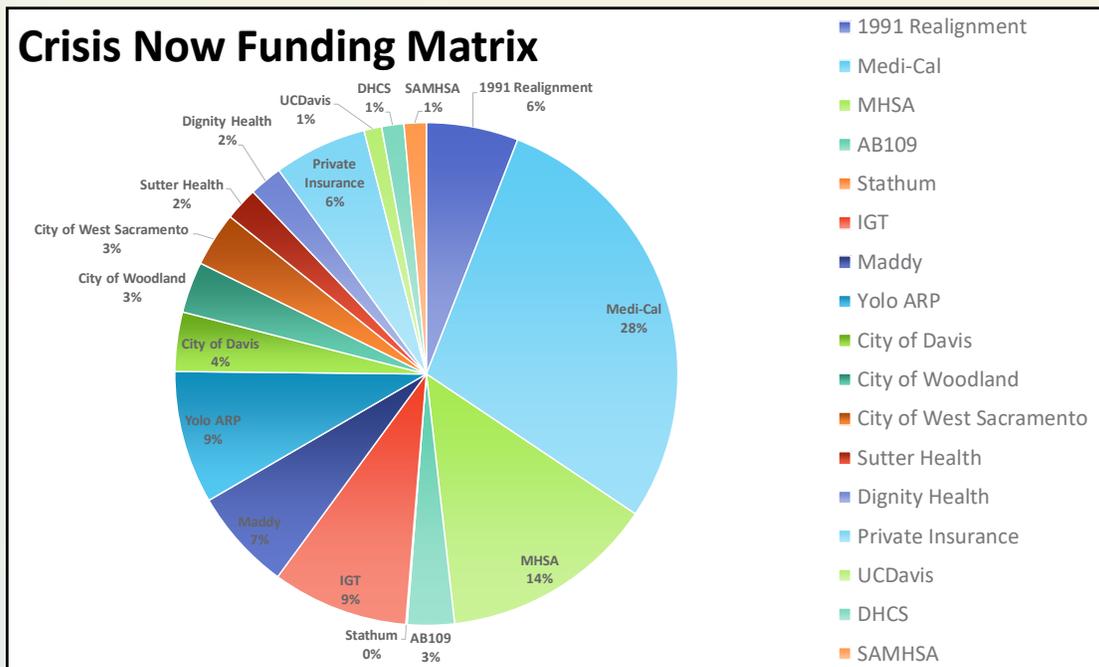
- Crisis Stabilization Center — Yolo is currently working on funding to build a 24/7 crisis stabilization center focused on mental health and substance-induced crises. It will offer a stabilization and sobering center for those people who can stabilize in less than 24 hours as well as a center with short-term beds for those who need a 2-4 day stay. Cities and health systems in the county will be asked to share the ongoing cost.

Crisis Now — Yolo County

Yolo County is implementing the Crisis Now model, a three-component, evidence-based model targeting the needs of individuals who are a danger to themselves or others, gravely disabled or actively psychotic, or so impaired by substances that emergency response is needed.

- High-Tech Crisis Call Center — Yolo has a behavioral health access and crisis line, has applied for state funding to improve the technology, and would also like to create a regional model. The crisis call center is currently funded by 1991 realignment and Mental Health Services Act (MHSA) funding.
- Mobile Response Team — Yolo has co-responder mobile crisis teams of Health and Human Service Agency clinical staff embedded with local law enforcement. Funding is shared between the cities in the community corrections partnership,

To develop its Crisis Now plan, Yolo County gathered data about the needs in its community, hired a consultant to provide advice about implementation, and attended learning sessions and technical assistance meetings through the Mental Health Services Oversight and Accountability Commission (MHSAOC) learning collaborative. The county is tracking a number of outcomes to measure success and ensure sustainability. Partners will be asked to reinvest a portion of the savings to their systems associated with these outcomes back into the Crisis Now system. Sustainable funding is critical to success and, in Yolo County, this means diversifying funding streams. Learning from past experience, they have identified 17 different funding streams to ensure longevity of the program.



Co-Response Teams — Santa Barbara County

Santa Barbara uses a co-response model for crisis calls, believing that law enforcement has a critical role to play in crisis response. A law enforcement officer trained in crisis intervention is paired with a behavioral health clinician to respond to calls that come through the 911 system.

The county’s co-response teams handled 54% of all the crisis calls in 2020. Out of those 1,600 calls, only 11 people were arrested. More often support was given to the people in crisis, including: safety plans, transportation to a current therapist, referrals to services, transportation to sobering centers, or psychiatric hospitalization, if needed. The teams also proactively reach out to people to avoid crisis situations. If a co-response team responds, mental health calls are resolved almost three times more quickly. The county is working now to expand the program.

Advantages:

- Positive working relationship between law enforcement and behavioral health clinicians.
- Learning opportunities between law enforcement and behavioral health.
- While law enforcement is driving to the scene, the clinician can gather information about the person in crisis so they are well-informed on arrival.
- Frees up law enforcement resources needed for public safety.

Thoughts to Consider

- Are there core components to our crisis service system that should be embedded in every community in California?
- How do we tailor our crisis service delivery system to meet local needs?
- How do we build it and how do we pay for it – both the build-out investment and sustainable funding streams for the long-term?
- How can state leadership provide more guidance around funding that exists and then advocate for additional or different funding?
- How can funding be directed to the models that are working to reduce emergency room visits and incarceration?
- Can we advocate for changes in state or federal regulations that would assist successful efforts, such as waivers to Medi-Cal exclusions?
- How do we encourage collaboration and trust so that each partner in the crisis care continuum can use its resources efficiently in its area of expertise?
- How do we collect data to not only identify areas with negative outcomes but also areas with successful approaches? Further, how can that data, with community stories, be used to build-out a comprehensive crisis service system using the successful approaches?



SESSION 4

First Responder Wellness — Helping Those Who Help Others

Moderator: Bill Brown — Sheriff-Coroner, Santa Barbara County

Cherylynn Lee, PhD — Behavioral Sciences Manager, Santa Barbara County Sheriff's Office

Mike McGrew — Co-Founder, Executive Director, 911 At Ease International

Maura “Mo” Pengel — Member, Board of Trustees, First Responder Support Network, Lieutenant of Police, San Francisco Police Department

Self-care is never a selfish act. It is simply good stewardship of the only gift I have - the gift I was put on earth to offer to others.

~ Parker Palmer, an American author, educator and activist



Law enforcement, firefighters, emergency medical professionals, and dispatchers are the first responders to tragic and distressing events that can impact their mental health and that of their families. One critical incident, or a career full of them, can cause a post-traumatic stress response that includes depression, anxiety,

anger, and hypervigilance and can lead to maladaptive coping behaviors such as isolation and substance abuse. It also has the potential to lead to suicide. With the growing understanding that responders' mental health affects their capacity to react appropriately in stressful situations, departments are increasingly providing peer and clinical support for their staffs, and a number of support programs have been developed in the community.



Santa Barbara County Sheriff's Office Wellness Team

Recognizing that officers in the department were suffering under tremendous stress, the Santa Barbara County Sheriff's Office started a Wellness Team for employees, consisting of patrol

and custody command staff, a sergeant, a dispatcher, a clinician and a human resources representative working together to enhance staff wellness. The team developed physical, financial and mental health wellness options.

Physical Wellness — A number of methods to encourage healthy eating and increased exercise were developed. The department partnered with an organization to deliver nutritious meals and snacks to employees throughout the county and offered a mobile app to officers to engage them in tactically-based exercises.

Financial Wellness — The department engaged an advisor to assist staff members with financial issues.

Mental Health Wellness — The Sheriff's Office secured a Law Enforcement Mental Health and Wellness Act grant to develop a robust peer support team that can help staff members with critical incidents as well as personal issues.



911 At Ease International — Keeping First Responders Strong

Mike McGrew worked as a police officer with the Santa Barbara Police Department for 35 years, experiencing countless traumatic incidents. During those decades,

he isolated himself and used alcohol to disconnect from his suffering. He also endured the personal tragedies of losing both of his sons, one to cancer and suicide and the other to an overdose. He worried that his poor coping skills may have set a bad example for his sons.

Despite employee assistance programs, the stigma around mental health in law enforcement is very strong, both because of a reluctance to admit the need for help and because of the fear of losing one's job. In addition, responders often find that mental health clinicians are not equipped to deal with the level of trauma responders experience.

Responding to a need and learning from his own experiences, McGrew opened a helpline for first responders and their families called 911 At Ease International, with funding from Michael Armand Hammer and the Santa Barbara Police Foundation. 911 At Ease International is a free, confidential service that connects callers with a therapist trained to work with first responders. It now offers a national assistance program and has branches throughout California, Tennessee, Kentucky, Idaho, Wyoming, Nevada, and New Mexico.

Not only does this program help responders and their families, it also aids departments in staff retention. Clients can receive counseling at no charge for as long as they need it. It has been a lifesaver for many.

Since starting as a police officer several decades ago, McGrew is heartened to see a shift in the culture where the stigma has lessened and officers are more willing to admit now when they need help and reach out.



First Responder Support Network — First Responders Helping Other First Responders

The First Responder Support Network (FRSN) mission is to help first responders and their families who have been affected by traumatic incidents on the job through

peer support and clinical interventions, with the ultimate goal of preventing suicide and getting clients engaged in their lives again.

Founded more than 20 years ago by Dr. Joel Fay, Dr. Mark Kamena, Dr. Ellen Kirschman, and others, FRSN has two primary programs, West Coast Post-trauma Retreat and Significant Others and Spouses Retreat.

West Coast Post-trauma Retreat (WCPR)

WCPR is an intensive 6-day residential program for law

enforcement officers, firefighters, emergency medical personnel, and dispatchers who suffer from post-traumatic stress. A collaboration of peers, clinicians, and a chaplain, WCPR provides education about post-traumatic stress, tools to manage triggers and enhance resilience, individual therapy interventions, and group critical incident debriefing. The all-volunteer staff at retreats provides a supportive and safe environment with a staff-to-client ratio of 2:1 or better. After retreats, clients are connected to FRSN's peer network for long-term recovery and are encouraged to give back as peers themselves. WCPR retreats are held in California, Oregon, Washington, Arizona, Nebraska, Kansas, and Indiana.

Significant Others and Spouses Retreat (SOS)

SOS uses the same model as WCPR for significant others and spouses of first responders, and provides insight into the stress their partners experience at work and how that job stress can result in negative behavior at home.

Additionally, FRSN conducts research to contribute to the body of knowledge about first responder traumatic stress and provides outreach and training. Many participants say that FRSN programs saved their lives.

KNOW A FIRST RESPONDER WHO NEEDS HELP?

Help them connect to resources:

- 911 At Ease International – 911aei.org
- First Responder Support Network – frsn.org
- *I Love a Cop: What Police Families Need to Know* by Ellen Kirschman
- *I Love a Fire Fighter: What the Family Needs to Know* by Ellen Kirschman



Words to Deeds 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 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



SPONSORS



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
- **Michelle Cabrera** – Executive Director, County Behavioral Health Directors Association
- **Grace Childs** – Executive Associate, Urban Counties of California
- **Cathy Coyne** – Government Affairs Liaison (Ret.), 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** – Executive Director, California Association of Alcohol and Drug Program Executives
- **Patricia Ryan** – Consultant; Executive Director (Ret.), County Behavioral Health Directors Association of California
- **Kit Wall** – Words to Deeds Project Director, Kit Wall Productions
- **Tracey Whitney** – Assistant Head Deputy, Writs & 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

More Information

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

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