

INTEGRATED SERVICES

• 2025 VISION •





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MESSAGE FROM SUPERVISOR ANDREW DO, FIRST DISTRICT

Four and a half years ago, I worked with Supervisor Lisa Bartlett, through our Mental Health Ad Hoc, to re-examine our mental health delivery system at the County. From that work, I found there was a big overlap between mental health, homelessness, and substance use disorder. I also quickly found that the system, both within the County departments and without, was struggling to meet the demands for services; but the components of our system then were working in silos, thereby reducing our overall effectiveness. This was why I set out to work with my colleagues on the Orange County Board of Supervisors to build what eventually became the System of Care model for the County of Orange.

I believe that with more effective coordination, the County and its partners can maximize the use of our existing resources, seek additional funding and legislative changes as a united front, and advance public service and safety. Reform of our correctional system is a necessary component of this new System of Care.

Earlier this year, when I became the Chair of the Orange County Criminal Justice Coordinating Council (OCCJCC), I saw the potential for a great deal of positive change in our criminal justice system by integrating it into our System of Care model. The OCCJCC serves as a convening body for the elected and appointed leaders in our County's criminal justice system. Following up on prior work from the Stepping Up Initiative, I worked with Sheriff Don Barnes, Supervisor Doug Chaffee and members of the OCCJCC to establish a baseline understanding of current programs and identify potential gaps in our services. We then worked with our County CEO, Frank Kim, and his staff to build up our Integrated Services Strategy to close these gaps. The outline of our Integrated Services Strategy is presented publicly herein for the first time.

At the County, we seek to build Integrated Services into a more substantial, actionable program for our Community Corrections System of Care. Our approach will promote greater accountability and transparency, the collection and use of meaningful performance metrics, and deeper collaboration between key stakeholders in and outside of the County family.

Almost half of our inmate population each year is made up of individuals who have mental health and substance use disorders. A number of these inmates return to the jail soon after they are released. Reducing this number of people with mental illness and substance use disorders – many of whom are homeless – who cycle in and out of Orange County's jails, treating those who are causing harm to society and themselves, and diverting juveniles and young adults from the criminal justice system are critical to our success. That work cannot be done by any single County department or outside agency. Each of these challenges require coordination so that the many contributing parts come together as one.

Integrated Services, working in conjunction with our County System of Care, is redefining the way we deliver services at the County across Health Care, Behavioral Health, Benefits and Support Services, Housing, and Community Corrections. We are putting the public first, redesigning everything we do with accessibility, effectiveness and accountability as our goals.





MESSAGE FROM SUPERVISOR DOUG CHAFFEE FOURTH DISTRICT

Here in Orange County we are fortunate to have a community and a region rich with resources, cultures, beautiful landscapes and beaches, safe neighborhoods, thriving businesses and a strong workforce. I am honored to serve the citizens in my district and all of Orange County's residents.

While we celebrate our successes and work to reach new heights, we cannot ignore those suffering in our community. Nearly half of those booked into our jails are struggling with a form of mental illness and/or substance abuse. It is a vicious cycle, where they leave and return repeatedly, continuously increasing in numbers and by proxy making our jails the largest mental health facilities in the County.

Addressing the needs of the most vulnerable is our collective test, and only together can we begin to solve those systematic issues.

I am honored to serve as Vice-Chair of the Orange County Criminal Justice Coordinating Council (OCCJCC) where we're laying the ground work for a more active, robust, coherent, humane, and intentionally orchestrated Community Corrections System. Our aim is to promote public safety and reduce recidivism through a focus on the care coordination of individuals.

And we cannot do this without your support: Our residents, community leaders and stakeholders.

Doug Chaffee





MESSAGE FROM SHERIFF DONALD BARNES

Orange County remains home to our nation's safest communities. To maintain this high level of safety it is incumbent upon law enforcement and our criminal justice partners to be innovative in how we carry out our respective missions and address our collective challenges. The strategies comprised within the County of Orange's Integrated Services Plan serve as a roadmap to meet the challenges and maintain safety.

The prevalence of mental illness and substance abuse is one of the most significant issues facing our community today. It is compounded by state policy decisions that have removed accountability from our justice system and shifted the burden from state institutions into our local neighborhoods. In the Orange County Jail system we have seen a 40 percent increase in open mental health cases since 2015. In a recent 12 month period we found that 44 percent of inmates were in need of mental health and/or substance abuse treatment. Sadly this population of inmates often cycle in and out of custody multiple times throughout a single year. The Integrated Services Plan is the solution to this destructive cycle that has impacted the safety of neighborhoods and put a drain on our existing resources.

A substantial component of this plan is the reorganization of the Orange County Jail System. By default, the Orange County Jail has become the largest mental health hospital in our county. As I have made clear many times, if our jail system is going to function as a mental health hospital, then it is going to be a good one. Increased specialized housing units for the mentally ill, higher medical and correctional staffing ratios, substance abuse step down units, and enhanced re-entry programs will all be implemented over the course of the next few years. This work, combined with partnerships among county agencies and non-

profits, will accomplish our shared interest in rehabilitating people in our custody with mental health challenges and substance use disorders. Creating an environment for these people, on an individual basis, to be mental health stable and/or sustainably sober post-release is the one best way to break this cycle once and prevent this population from returning to jail.

This Integrated Services Strategy is designed for those who need help and are willing to accept it. The desired outcome of the strategy will result in an increased quality of life for Orange County residents, more efficient use of taxpayer resources, and meaningful help for those in need of treatment and rehabilitation.

Donald L. Barnes





ORANGE COUNTY JAIL DEMOGRAPHICS

43,000 unique individuals booked between May 1, 2018 - April 30, 2019 in Orange County Jails

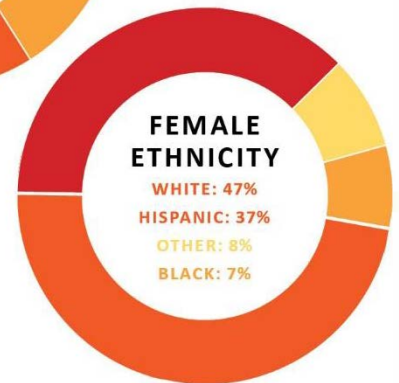
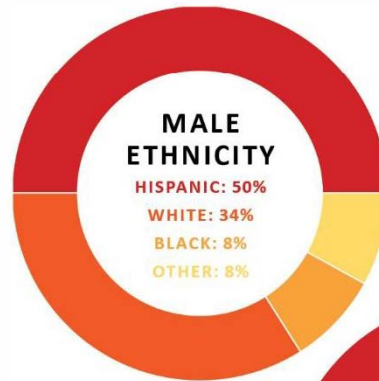


MALES:
85%



FEMALES:
15%

LARGEST AGE GROUP
18-26 YEARS



AVERAGE STAY
~40% - 7 days or less
70% - 29 Days or less

SYSTEM CHALLENGES IN OCSD JAILS

HIGH UTILIZERS

- 5% of the jail population are high utilizers
- High Utilizers return to custody 4+ times/year
- Mentally Ill: 46% | SUD: 85% | Co-occurring: 42%

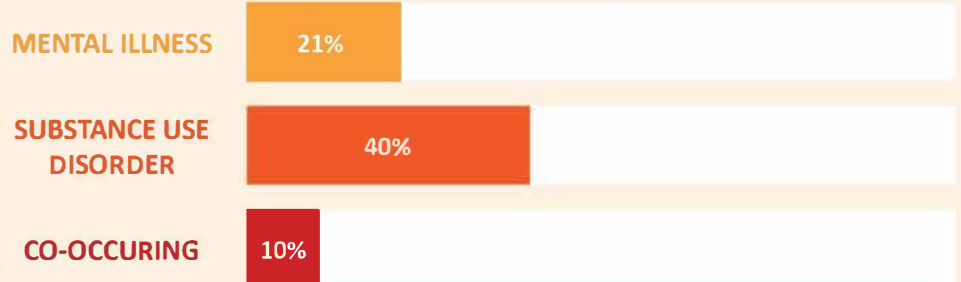
HOMELESSNESS



1 in 5 jail inmates who are homeless

MENTAL HEALTH, SUBSTANCE USE DISORDER & CO-OCCURRING

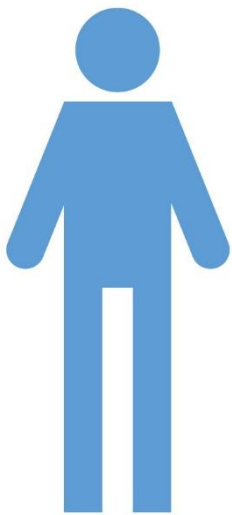
Of those 43,000 individuals that self-reported or were diagnosed while in-custody:



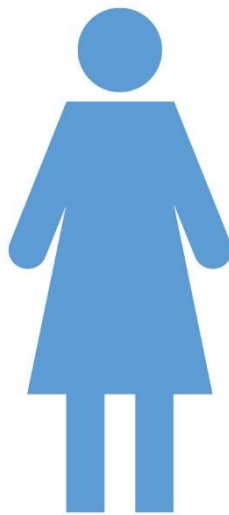


JUVENILE IN-CUSTODY DEMOGRAPHICS

1,193 unique individuals booked between May 1, 2018 - April 30, 2019 in Orange County Juvenile Hall

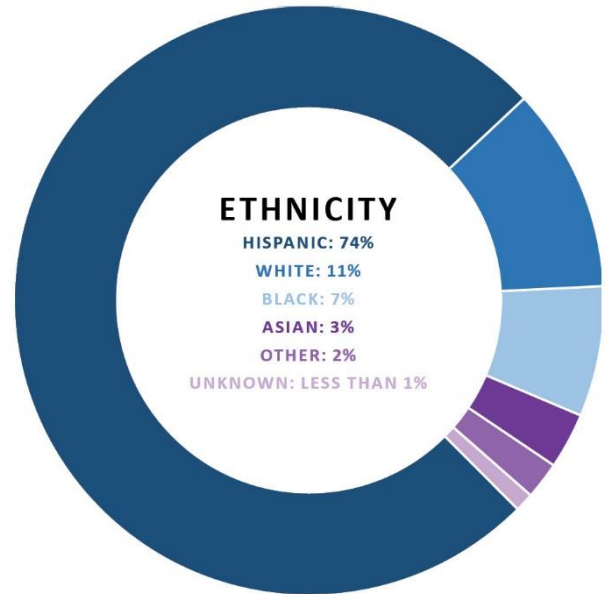


MALES:
81%



FEMALES:
19%

LARGEST AGE GROUP
18-20 YEARS



AVERAGE STAY

17 Years & Below: 41 Days
18-20 Years: 89 Days

SYSTEM CHALLENGES IN JUVENILE HALL

Individuals that were 17 years of age or younger and self-reported or were diagnosed while in-custody:

Increased diagnoses in Transitional Age Youth (age 18-20 years) population:

MENTAL ILLNESS

82% M / 87% F

SUBSTANCE USE DISORDER

43% M / 50% F

CO-OCCURRING

42% M / 50% F

MENTAL ILLNESS

68% M / 96% F

SUBSTANCE USE DISORDER

57% M / 72% F

CO-OCCURRING

57% M / 72% F



THE COUNTY OF ORANGE WILL HAVE...

INCREASED BEHAVIORAL HEALTH BEDS IN CUSTODY



CURRENT BED COUNTS

100 Mental Health Beds
5 Lanterman-Petris Beds (LPS)
0 SUD Treatment Beds

TARGET BED COUNTS

500 Mental Health Beds
30 Lanterman-Petris Beds (LPS)
150 SUD Treatment Beds



CURRENT BED COUNTS

40 Mental Health Beds
0 Lanterman-Petris Beds (LPS)
0 SUD Treatment Beds

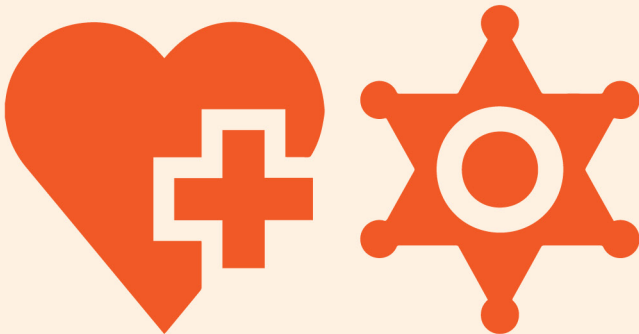
TARGET BED COUNTS

100 Mental Health Beds
15 Lanterman-Petris Beds (LPS)
50 SUD Treatment Beds

COMPLETED IN PHASES THROUGH 2025

INCREASED MENTAL HEALTH TRAINING FOR STAFF

Correction Health Services (CHS) & Orange County Sheriff's Department (OCS) – Crisis Intervention Training (CIT), Trauma Informed Care



NEW PROGRAMMING IN JAILS



Vocational/educational programs - certificate based

More criminogenic programs – All-In Program offered for both male and female



Uninterrupted case management from in-custody to post-custody

Increased workforce development services

PUBLIC AWARENESS CAMPAIGN



Reduce mental health and SUD stigmas

Increase awareness of signs of mental health crisis

Increase knowledge of available resources

A COMPREHENSIVE REENTRY SYSTEM



Transportation options from in-custody to post-custody services



Housing



Employment



Supportive services: behavioral, SUD, benefits

I. EXECUTIVE SUMMARY

Orange County's jails and juvenile detention facilities are now, by default, its largest mental health institutions; but these facilities, by their nature, were not designed to fulfil that function. To address this dilemma, the County has developed a 2025 Vision for the Community Corrections System that will be achieved through its implementation plan, the Integrated Services Strategy. Between May 1, 2018 through April 31, 2019, 43,000 individuals entered the Orange County jails. Of those 43,000 individuals who self-reported or were diagnosed while in-custody:

- ~21 percent had a mental illness
- ~40 percent suffered from substance use disorder
- ~10 percent have a co-occurring disorder

During that same timeframe, 1,193 individuals were booked into the County's Juvenile Hall. Of those who were 17 years of age or younger and self-reported or were diagnosed while in-custody:

- ~82 percent of male youth and ~87 percent of female youth were diagnosed with serious mental illness or serious emotional disturbance.
- ~43 percent of male youth and ~50 percent of female youth were diagnosed with substance use disorder.
- ~42 percent of male youth and ~50 percent of female youth were diagnosed with co-occurring disorders.

Most of these percentages increased in the Transitional Age Youth (age 18-20 years) population:

- ~68 percent of male youth and ~96 percent of female youth were diagnosed with serious mental illness or serious emotional disturbance.
- ~57 percent of male youth and ~72 percent of female youth were diagnosed with substance use disorder.
- ~57 percent of male youth and ~72 percent of female youth were diagnosed with co-occurring disorders.

Guided by the Five Pillars of Service designed to align with the major components of the Community Corrections System, the Integrated Services Strategy includes Action Items, Targets, and Outcomes that identify the specific steps the County will follow in reshaping the Community Corrections System to properly address the needs of an evolving in-custody population.

The Integrated Services Strategy and the 2025 Vision will prioritize outcomes and be guided by data-driven decisions and best practices. The County will work with community partners to implement programs, services, and solutions that are measurable and meaningful. Through these efforts, the County hopes to strengthen the overarching System of Care and serve its most vulnerable residents, while improving the public safety of Orange County's 3.1 million residents.

II. BACKGROUND

Orange County (OC) is the 6th most-populated county in the United States, with approximately 3.1 million residents who call OC home. The Orange County Sheriff's Department (OCSD) operates the nation's 5th most-populated jail system, housing an average of 5,700 inmates on a daily basis. Between May 1, 2018 and April 30, 2019, approximately 43,000 unique individuals were booked on a total of 60,431 bookings. Of those 43,000 individuals, approximately 44 percent required some form of treatment for either mental illness, substance use disorder (SUD), or co-occurring disorder. OCSD and the County of Orange (County) agree that the number of inmates in need of treatment is actually higher, since the 44 percent represents only those that were reported or diagnosed while in jail.

Given that close to half of the jail population experiences some form of mental illness or SUD, Orange County jails have now become the largest mental health institution in the county.

Stepping Up Initiative

In 2015, approximately 14 percent of the County jail population were diagnosed with mental illness, 36 percent had a need for SUD treatment, and 10 percent had a co-occurring disorder.¹ The County began addressing the problem in 2015 when the Board of Supervisors (BOS) adopted a resolution making the County a part of the national Stepping Up Initiative (Stepping Up).

In 2016, the County launched Stepping Up with Sheriff Sandra Hutchens and Supervisor Todd Spitzer as co-chairs. Over a period of 19 months, 115 County representatives and stakeholders met to assess and inventory the County's available resources for diverting from the corrections system to treatment, those who experience mental illness or suffer from SUD.

The County mapped its resources according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Intercept Model and found that although it had tools and resources for diversion, there were still gaps. To address those gaps, the County representatives and stakeholders outlined resource needs and tentative implementation plans. On December 12, 2017, the BOS acknowledged the findings and recommendations in the County's Stepping Up Report. While the Stepping Up Report established a base for the County's initial response, the County has had to expand that base as the percentage of the jail population with mental illness, SUD and co-occurring disorders, continue to increase incrementally.

In March 2019 Sheriff Barnes announced a reorganization of the Orange County Jail System to increase custody mental health services. The components of the reorganization was the result of needs identified since the Stepping Up Report was filed.

¹ Data collected for period of May 1, 2015 – April 30, 2016

The logo for 'THE STEPPING UP INITIATIVE'. 'THE' is in small blue letters above 'STEPPING'. 'UP' is in large blue letters with a horizontal line through the middle. 'INITIATIVE' is in small blue letters below 'STEPPING'.

In 2015, the National Association of Counties, the Center for State Governments Justice Center, and the American Psychiatric Association launched the Stepping Up Initiative (Stepping Up). In May 2015, the Orange County Sheriff's Department submitted, and the Board of Supervisors adopted a resolution solidifying the County's commitment to the goal of Stepping Up - to reduce the number of people with mental illnesses in jail.

Stepping Up has always been a priority for the OCCJCC and served as the cornerstone for the County's efforts in addressing the behavioral health issues in County jails and juvenile facilities. When the County released its Stepping Up Report in December 2017, it clearly articulated the two primary purposes of the Report as:

- (1) Assess Orange County's current jail, criminal justice, and mental health systems to determine whether it can meet Stepping Up's national goal to reduce the number of people with mental illnesses in U.S. jails.
- (2) Use those findings from the assessment to develop a proposed framework consisting of recommendations and estimated resource needs for building a more comprehensive and cohesive collaboration between Orange County's law enforcement agencies, the criminal justice system, health and service providers, and nongovernmental organizations to meet the Stepping Up goal.

The Stepping Up Report was never intended to be the "action plan" but a catalyst for instigating strategic change in the County's corrections system.

Integrated Services Strategy

An outcome of the Stepping Up Initiative was to include the Integrated Services Strategy in the County's Strategic Financial Plan, which would fold the Stepping Up recommendations into subsequent County Budgets.

The Integrated Services Strategy (Integrated Services) is a collaborative success strategy focused on implementing enhanced care coordination for some of the County's highest utilizers of the County's Community Corrections System. The Integrated Services Strategy also adheres to the recommendations under the Stepping Up Report. Integrated Services is conveniently broken down into Five Pillars of Service that mirror the County's corrections system:



Each Pillar is comprised of a series of Action Items necessary to achieve the County's Integrated Services 2025 Vision.

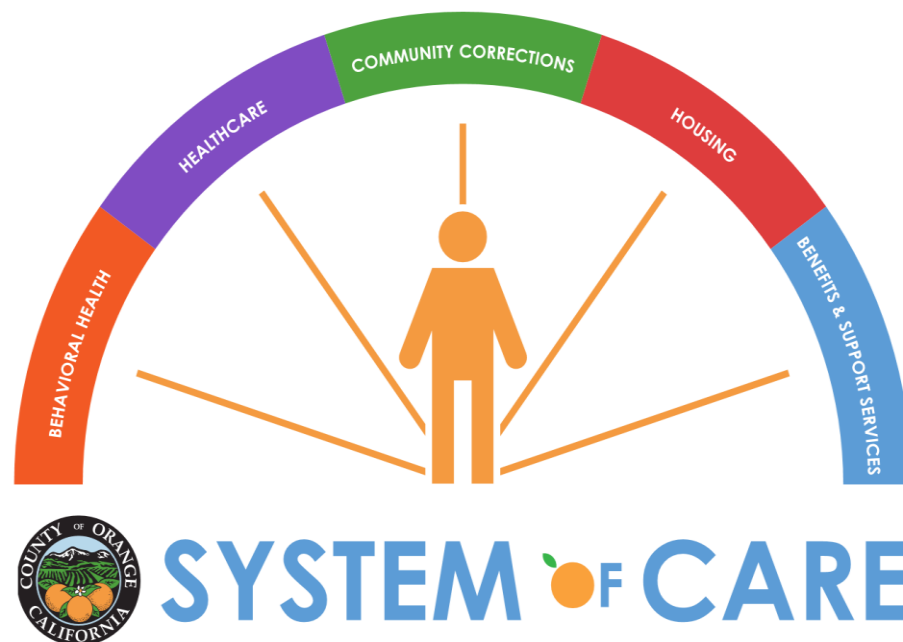
In 2019, the Orange County Criminal Justice Coordinating Council (OCCJCC) with First District Supervisor Andrew Do as Chairman and Fourth District Supervisor Doug Chaffee as Vice Chair, and with the leadership of Sheriff Don Barnes, assumed the task of reexamining the Integrated Services Strategy to ensure it addresses the most urgent needs in the community corrections system, pursues an aggressive but achievable timeline, and will maximize its benefit to public safety.

III. COMMUNITY CORRECTIONS SYSTEM AND THE SYSTEM OF CARE

Under Integrated Services, the County criminal justice system is referred to as the “Community Corrections System.” The Community Corrections System is one of five County Systems of Care. The other systems of care are: Health Care, Behavioral Health, Benefits and Support Services, and Housing. Together, these systems provide care to the County’s most vulnerable residents. The “high utilizers” of one system tend to be “high utilizers” in one or more of the other systems, and thus this effort devotes particular attention to addressing the underlying issues facing these individuals. Enhancing and adjusting these systems of care on a consistent basis will be important in addressing care coordination for vulnerable populations such as those who are experiencing homelessness or at risk of homelessness.

Between May 1, 2018 and April 30, 2019, there were 8,444 incarcerated individuals who either self-identified as homeless or gave the address of a shelter as their last place of residence. The County considers any individual currently incarcerated or undergoing criminal court proceedings to be “at risk of homelessness.” Furthermore, those who identified as homeless displayed a higher percentage of mental illness afflictions and/or SUD: 12 percent with Severely Persistently and Mentally Illness, 30 percent with Mild-to-Moderate, 51 percent with SUD, and 24 percent with Co-occurring Disorder.

Community Corrections is a component of Orange County’s System of Care, designed to coordinate all necessary services, REGARDLESS OF POINT OF ENTRY.



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IV. INTEGRATED SERVICES: 2025 VISION

2025 Vision

By following this Integrated Services Strategy, Orange County's Community Corrections System will strive to have by 2025:

Pillar 1: Prevention

- A general public that:
 - ✓ Understands the signs or symptoms of mental illness and/or substance use issues.
 - ✓ Interacts with individuals experiencing mental illness and/or substance use and connects them with County and/or community resources for help.
 - ✓ Has a single phone number and web portal to access for mental health crises or individuals who are mentally ill and/or experiencing homelessness.
- Sufficient behavioral health support teams and training to ensure that OCSD, local law enforcement, and other first responders are prepared to respond to crises and can access resources to help individuals experiencing a mental health and/or substance use crisis.
- A network of behavioral health campuses that local law enforcement and residents can access to seek help in treating those in a mental health and/or substance use crisis.
- A screening application to be utilized by OCSD, local law enforcement and other first responders to perform a preliminary observation-based screening to see if individuals they encounter may have a mental illness or substance abuse issue and meet criteria to be diverted into treatment services rather than arrested.

Pillar 2: Courts

- Documented best practices and measurable data to effectively coordinate care between the Courts, Public Defender, District Attorney, OC Probation, OCSD, Health Care Agency (HCA), Social Services Agency (SSA), and other treatment providers for individuals in the court system who need treatment. Additionally, all entities will be able to use evidenced-based data to measure the effectiveness of the treatment programs and their effects on recidivism.
- An expansion of the Adult and Juvenile Specialty Court system based on needs quantified by measurable data to ensure that the expansion addresses the highest service needs and maximizes impact. The expansion could increase capacity, sufficient detention areas, participation of County departments and community service providers, and/or on-site support services.
- A collaboration between the Courts, Public Defender, District Attorney, OC Probation, OCSD and HCA to increase diversion options for adults and juveniles entering the court system and do not pose a risk to the community.

Pillar 3: In-Custody

- A comprehensive in-custody Behavioral Health program to:
 - (1) Identify individuals upon intake at the Intake Release Center (IRC) who require specialized behavioral health services and stabilize them in designated jail housing modules.

- (2) Provide advanced and specialized behavioral health programming and treatments to include prevailing best practices and therapeutic programs.
- (3) Provide personalized discharge planning and linkage to community services by coordinating in-reach while the individual is still in custody to ensure continuity of services and treatments.
- (4) Provide 24/7 in-custody substance use treatment that will link to post-custody services and case management.
- Specialized housing in County jails dedicated to targeted populations such as Veterans, and other groups identified by OCSD. Focused group programming and tailored services will be designed to meet each populations' unique needs.
- Comprehensive programming that addresses criminogenic and behavioral issues through a network of support services aimed at reducing the risk to recidivate and increasing the chance of post-release employment and ability to secure housing. Priorities will be given to programs that will increase participation rates for in-custody populations, achieve sustained success post-custody, and lower the rate of return to custody. Data will be collected and analyzed on a consistent basis to determine performance.

Pillar 4: Reentry

- A comprehensive reentry system accessible by all individuals released from County jails or state prisons. The system will include:
 - ✓ Adoption of a “No wrong door” approach to available services and resources by County staff and community partners/providers. Regardless of where an individual goes in the reentry system, he/she will be able to ascertain how to access services, including eligibility requirements, in a timely manner.
 - ✓ Coordination among County and community partners to ensure services meet the needs of the individuals being released.
 - ✓ Seamless and warm hand-off transition from in-custody to post-custody with no disruption in treatments, services and/or programming.
 - ✓ Enhanced outreach for individuals released after less than 45 days of incarceration to engage in services and programming not received while in custody.

Pillar 5: Juvenile and TAY

- For those juveniles and TAY who enter the Community Corrections System, there will be consistent mental health and/or SUD services to support the individual from pre-custody through post-custody.
- A robust housing and placement system that includes transitional and permanent supportive housing and placement services in homes for youths experiencing SUD and/or mental health issues or are part of the Commercial Sexual Exploit of Children (CSEC) population.
- A data integration platform and business processes that allows for effective care coordination of high utilizers of the County's Juvenile Justice System.

Methodology

The focus of this section is on the methodology the County used in achieving the 2025 Vision for Integrated Services and the Action Items, Targets and Outcomes the County will be using to measure progress toward achieving that Vision.

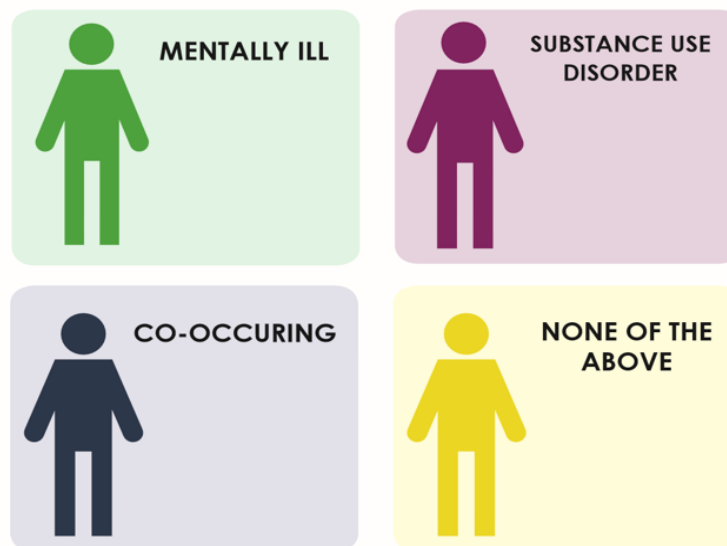
Step One: Mapping Out the System According to Individuals in the Community Corrections System

County staff set out to determine how often County services “touched” an individual in the Community Corrections System. Under Stepping Up, the County had already mapped its resources to the SAMHSA Intercept Model, but now it needed to focus on the types of individuals moving through the system.

Stepping Up was specific to those with a mental illness, SUD, or co-occurring disorder. As Integrated Services went into implementation, it became apparent that these changes would also affect incarcerated individuals who did not have these disorders. They could, however, be considered “high risk to recidivate” or “high utilizers”; thereby, requiring criminogenic programming. Furthermore, the County recognized that all individuals who are incarcerated are at risk of homelessness once they are released from jail. Therefore, in the interest of preserving public safety, the County chose to include this population under Integrated Services.

The four categories were:

- (1) Individuals with Mental Illness – Includes individuals diagnosed with SPMI or mild-to-moderate mental illness.
- (2) Individuals with SUD – No differentiation was made regarding the types of substance use.
- (3) Co-Occurring Disorder – Individuals who are diagnosed with both a mental illness and SUD.
- (4) Individuals with No Mental Illness, SUD, or Co-Occurring Disorder – These individuals may not have been diagnosed with a mental illness or SUD condition but could be considered as “high risk to recidivate” requiring criminogenic programming. Additionally, this category serves as a “catch all” for all other individuals in the system. This category of individuals is especially important in determining in-custody programming and reentry services.



Step Two: Identify Action Items, Targets, Outcomes and Visions

Each institution in the Community Corrections System has specific roles and responsibilities it must perform that are essential to preserving public safety. The institutions often rely on effective coordination with one another; but their relationships and resources have in some instances not been examined in years or decades. Therefore, in order to initiate a system change of this magnitude to advance the primary mission of the corrections system – public safety – the County needed an Action Plan.

Essential to the Action Plan are the Outcomes. The Supervisors and Sheriff directed staff to identify Outcomes for each Action Item so progress and success could be measured. Each Pillar had designated “Lead Department(s)” and a number of “Potential Department(s) and Stakeholder(s)” needed to fully implement all the Action Items under each Strategic Priority and Pillar. Identifying Outcomes gave everyone a common goal to strive toward, but it would ultimately be the responsibility of the Lead Departments to achieve those Outcomes. In order to do so, the County implemented a couple of steps.

First, common definitions were identified for the following:

<i>Strategic Priorities:</i>	Why is the Action Item needed?
<i>Action Item:</i>	What are you doing? What needs to be done? One Strategic Priority could entail a number of Action Items.
<i>Target:</i>	For whom or what? There could be numerous targets under an Action Item.
<i>Outcome:</i>	How is the action <i>affecting</i> the Target? (i.e. is it working?) * Outcomes were required to be quantified.
<i>Vision:</i>	The <i>ultimate result</i> of the Action Items. One Vision per Strategic Priority.

Second, in order to determine what Action Items, Targets and Outcomes were needed, working groups specific to each Pillar were assembled and asked to first identify the Vision they thought the Strategic Priority intended to achieve. Once that tentative Vision was identified, the working groups were tasked with confirming that Vision by:

(1) Gathering data essential to describing the current state of the system under that Pillar. Certain data points were also used to establish a baseline that was later used to determine Outcomes.

(2) Mapping out the system according to the four categories of individuals. This exercise helped identify touchpoints in the system and gaps in services and programming.

Once the data was established and the system mapped, the working groups were then asked to re-evaluate their Vision to determine whether it was “aspirational yet achievable.” If there was consensus, the working group then began identifying Action Items, Targets and Outcomes that needed to be implemented in order to achieve the Vision.

Example. Pillar 3: In-Custody

Strategic Priority:	Enhance Mental Health and Substance Use Treatment Services In-Custody.
Action Item:	Create additional mental health housing: Lanterman Petris-Short (LPS) and step-down beds.
Target:	LPS: Male and female inmates diagnosed with mental illness that qualify for LPS housing Sector 13. Step-Down: Inmates stabilized from behavioral treatment programs and inmates with SUD.
Outcome:	LPS: Increase the housing beds for inmates diagnosed with a mental illness in cohort housing units with structured programming from 130 to 330 with a goal of 50% completion by end of Fiscal Year 2019-2020. Step-Down: To be determined.
Vision:	A comprehensive in-custody Behavioral Health program to: <ul style="list-style-type: none"> ✓ Identify individuals upon intake at the Intake Release Center (IRC) who require specialized behavioral health services and stabilize them in designated jail housing modules. ✓ Provide advanced and specialized behavioral health programming and treatments to include prevailing best practices and therapeutic programs. ✓ Provide personalized discharge planning and linkage to community services by coordinating in-reach while the individual is still in custody to ensure continuity of services and treatments. ✓ Provide a 24/7 in-custody substance use treatment program that link to post-custody services and case management.

Step Three: Identifying a Mutually Agreed Upon 2025 Vision

The County hosted an internal Integrated Services Offsite on July 19, 2019 at Freedom Hall in Fountain Valley, California. Over 60 attendees representing all the Community Corrections departments attended along with various stakeholders and service providers. Among those in attendance: Supervisor Andrew Do, Sheriff Don Barnes, Supervisor Doug Chaffee Deputy Chief of Staff Al Jabbar, County Executive Officer Frank Kim, District Attorney Todd Spitzer, Public Defender Sharon Petrosino, Chief Probation Officer Steve Sentman, Presiding Judge of the Juvenile Court Joanne Motoike, OC Courts-Collaborative Courts Judge Mary Kreber-Varipapa, OC Courts-Felony Trial Panel Judge Maria Hernandez, Health Care Agency Director Richard Sanchez, OC Community Resources Director Dylan Wright, and Social Services Director Debra Baetz.

At the offsite, the Action Items, Targets, Outcomes and Visions crafted by the working groups were presented to the attendees to provide feedback and achieve consensus on an overarching 2025 Vision. The offsite spanned six hours and was divided into two sessions. The Morning Session consisted of three Breakout Groups according to the Pillars: Prevention, Courts, and Juveniles and TAY. Attendees from the various departments were divided amongst each group based on their expertise, which resulted in a representative from each department in at least one group. Each Breakout Group had two hours to deliberate the Action Items, Targets, Outcomes and Visions after hearing brief 15 minute presentations on the Pillars. For each Pillar, important data sets and systems maps were distributed so that feedback could be as well-informed as possible. For many attendees, this was the first time they saw the data or the system in its entirety.

The Afternoon Session included all 60 attendees and focused on the remaining Pillars: In-Custody and Reentry. The logic behind grouping these two Pillars together was to show the gap in resources in programming between In-Custody and Reentry. While the County has a number of reentry treatment programs, attendees identified gaps in housing resources, non-treatment/criminogenic programs, and workforce reentry services. In general, there was a consensus regarding a lack of coordination in the development, delivery, and oversight of reentry programs.

The Lead Departments for each Pillar facilitated the discussions by presenting their Action Items, Targets, Outcomes and Visions. Some Pillars, Strategic Priorities or Action Items elicited more conversations than others and agreement on the Action Items, Targets, Outcomes and Visions required additional working group meetings following the offsite.

This report includes all the mutually agreed upon Action Items, Targets and Outcomes, along with the County's overarching Integrated Services 2025 Vision for the Community Corrections System.

V. INTEGRATED SERVICES PILLARS

A. Pillar One: Prevention

Under Integrated Services, Prevention includes all actions, programs and services that can be used to prevent someone with a mental illness, SUD, or co-occurring disorder from being booked into custody once a crisis has occurred. If, however, the individual commits a crime during the course of that crisis, then he/she will be taken to the Intake Release Center (IRC) for booking.

While the County has resources throughout, such as Crisis Assessment Teams (CAT), Psychiatric Emergency and Response Teams (PERT), and 30 adult and youth County clinics (6 adults; 24 youth), the County recognizes it can do more to meet behavioral health needs. For example, the County intends to embark on a countywide public awareness campaign to increase awareness of mental illness and SUD, and where and how to access resources. Additionally, the County will lead a concerted effort to recruit more local law enforcement and first responders to take Crisis Intervention Training (CIT), which is provided at no cost to attendees through the Health Care Agency.

All the Strategic Priorities, along with Action Items, Targets, and Outcomes are designed to build stronger tools and resources to help local law enforcement and first responders address mental health and/or SUD crisis situations. Below is a summary of Strategic Priorities, Action Items, Targets, and Outcomes under the Prevention Pillar. A more detailed explanation of the Strategic Priorities, Action Items, Targets, and Outcomes can be found under Appendix A.

Strategic Priorities:

1.1 – Increase Public Awareness of Various Mental Health and Substance Use Topics and Resources

Problem: Not enough Orange County residents know how to access assistance for mental health or SUD crises. Additionally, although there are CAT and PERT teams and some local law enforcement have undergone CIT, it is not enough. Local law enforcement still finds itself taking individuals undergoing a mental health or SUD crises to local emergency rooms or the IRC. Some of the factors that contribute to this problem include:

- Lack of a central access point to resources and services that is easy to message to the public.
- Lack of crisis stabilization units or other crisis units for local law enforcement to take those experiencing a mental health or SUD crisis.
- It is not enough to only have Health Care Agency clinicians available for crisis situations. All of those who encounter individuals undergoing a mental health or SUD crisis should have some form of training in managing the situation until clinicians can treat the individual.

Action Items, Targets, and Outcomes: Under this Strategic Priority, the County will initiate a countywide public awareness campaign focused on increasing awareness of mental illness and SUD as well as to destigmatize the disorders. To do so, the County will inventory as many currently available resources in the county as possible. These resources include both County and external provider resources.

While the County inventories the resources, it will also begin designing a public awareness campaign focused on targeted audiences such as minority communities and families. Additionally, the County will work with stakeholders to identify a single access point to all resources. Once complete, the public should know how to identify a mental health and/or SUD crisis and how to access crisis assistance. The County hopes to increase awareness by 20 percent each year with 100 percent awareness by 2025.

1.2 – Increasing Staffing Resources to Address Increased Demands for Mental Health Services

Problem: Local law enforcement’s main purpose when dispatched to a call is to stabilize the situation and ensure public safety. When called to a situation involving a mental health and/or SUD crisis where a crime has not been committed, local law enforcement will try to stabilize the situation as best they can, which could include calling for CAT or PERT assistance. The Health Care Agency oversees both the PERT and CAT programs. PERT is provided upon the request of local law enforcement agencies. Currently, 15 local law enforcement agencies call on the assistance of PERT teams. Unlike PERT, CAT clinicians are embedded with local law enforcement agencies and dispatched as needed. Currently, the average wait time for CAT response is 34 minutes for children and 20 minutes for adults. Although, these wait times are not excessive, the County agrees it can improve the wait times.

Another tool that could be used to enhance local law enforcement’s and first responders’ skills in dealing with those who are experiencing a mental illness and/or SUD crisis is CIT. CIT has shown to be effective both in the field and in custody. All deputies who are part of OCSD’s Homeless Outreach Team are CIT-trained as well as all the Behavioral Health deputies in the jails. CIT has two curriculums lasting 16 hours and 40 hours. All of the CIT-trained deputies have undergone the 40 hours training.

Action Items, Targets, and Outcomes: The County is evaluating the current use of the PERT and CAT teams to ensure that they are at proper staffing levels to address demand as well as determine how to shorten the wait times. Reduction in wait times is the focus of the County’s pilot in OCSD’s South County Patrol Office where a CAT team will be available on-site.

The Sheriff has made the decision that both OCSD’s Custody Operations and Field Operations Commands will enroll their deputies in CIT training starting Fiscal Year 2019-2020. Eventually, OCSD will have all of its deputies CIT-trained under the 16-hour curriculum by 2025. The County hopes to embark on an outreach effort to recruit other local law enforcement and first responders to take CIT as well.

1.3 – Behavioral Health Services Campus

Problem: Currently in Orange County, if local law enforcement encounters a mental illness and/or SUD situation where no crime has been committed, there is nowhere to take the individual except to hospital emergency rooms or the IRC. Neither option is ideal for the individual. Hospital emergency

What does it mean to be a Behavioral Health Deputy?

The partnership between Deputy Sheriffs and Correctional Health Services staff is vital to the successful treatment of inmates with mental health needs while incarcerated in the Orange County Jail. Currently, there are four deputies designated as Behavioral Health deputies. These individuals are specifically trained to work with inmates experiencing mental illness and in assisting medical staff while they provide treatment. Each of these deputies receive formal, specialized training in dealing with the mentally ill, including Crisis Intervention Team (CIT) training. By 2025, all Orange County deputy sheriffs will receive CIT training. Through CIT training, deputies will learn the skills needed to confront inmates who are experiencing a mental health crisis and to use those skills to de-escalate those situations.



Deputy Brian Snow is one of the deputies assigned to Module L, the mental health housing unit at the Intake Release Center. Deputy Snow is a critical member of the important partnership between deputies and medical staff. Deputy Snow has worked in the mental health unit for five years. In July 2018, when OCSJ created the Behavioral Health deputy position, Deputy Snow was one of the first selected.

Custody Operations Command Assistant Sheriff William Baker commented on Deputy Snow, "Brian has a unique gift for working with our inmates who suffer from mental illness. I have seen him in action. His compassion, empathy and patience provides a calming environment for our inmates and a safe atmosphere for our correctional medical staff to provide mental health care. Brian truly cares about these individuals. He doesn't see them as inmates serving time, he sees them first and foremost as patients and people in need."

A typical workday begins with a "huddle" between Behavioral Health deputies and health care staff to ensure they are operating in sync to provide support for medical staff. This often involves providing security for medical personnel as they work with acute mentally ill patients. In many instances, Deputy Snow has brought calm and control to situations in which inmates were posing a danger to themselves and others, enabling medical staff to provide needed treatment. Snow is most proud of this collaborative effort, "We work hand in hand with our medical partners to provide quality care for our inmate patients. We experience challenges every day, but helping facilitate the medical team's care for our inmates is rewarding work."

rooms are not equipped to house a person experiencing a mental illness and/or SUD crisis for an extended period. In addition, the IRC is not ideal for someone who is experiencing a mental illness and/or SUD crisis since the setting is more likely to exacerbate the crisis.

The County is currently working in partnership with Mind OC, a local nonprofit focused on strengthening the Behavioral Health system of care, to develop a behavioral health campus (campus). Once operational, the campus will provide detox and crisis stabilization services. Local law enforcement will take individuals to the campus for treatment instead of to emergency rooms or the IRC. However, just one campus is not enough. The need to have campuses throughout the county is justifiable. Therefore, the County will continue to work with its public and private partners to explore how and where to develop more campuses.

Action Items, Targets, and Outcomes: Because this Action Item requires the development of capital projects, the County intends to make data-driven decisions on where to site the locations and what services should be included at the campuses. The County will be tracking the progress and successes of the first campus to help inform future expansions.

1.4- Develop First Responder Assessment Tool

Problem: Local law enforcement currently have very few tools when arriving to the scene of a mental health crisis. Developing a First Responder assessment tool to assist local law enforcement in triaging a situation involving a mental health crisis would allow the law enforcement officer the ability to identify additional resources the individual could be diverted to before he or she commits a crime.

Action Items, Targets, and Outcomes: The assessment tool does not currently exist. The Health Care Agency and OCSD will collaborate to develop the tool and training for using the tool. OCSD will pilot the assessment tool once it is developed. Data will be collected to determine effectiveness and if adjustments need to be made. While the pilot is in progress, the County and its partners will develop the needed infrastructure to provide diversion resources for local law enforcement. Ultimately, the assessment tool will be used by all local law enforcement agencies in the County and other first responders once it is perfected.

B. Pillar Two: Courts

The Orange County Superior Court (Courts) is one of the most crucial institutions in the Community Corrections System. It spans both the juvenile and adult populations and works with all the stakeholders in the system. In 1995, the Orange County Collaborative Court was established to focus on specific populations of defendants, including those who are incompetent to stand trial, abusing drugs, homeless, and veterans. Since then, the Collaborative Court has become a national model for how to serve these populations and help get them to treatment.

The Orange County Collaborative Court is made up of both the Juvenile Justice Courts and Criminal Collaborative Courts. The Criminal Collaborative Courts implement a co-located services model by co-locating the Mental Health Courts, Veteran and Military Courts, Homeless Courts,

and Substance Abuse Courts. There are nine courts within the Criminal Collaborative Courts: Whatever It Takes (WIT) Court, Military Diversion, Veterans Treatment, Homeless Court, DUI Court, Drug Court, Opportunity Court, AI Court, and Recovery Court. Some of these courts require treatment plans, such as WIT, which implements a case management model where an interdepartmental team consisting of the Public Defender, District Attorney, Health Care Agency, Probation, and treatment service provider(s) engage in active case management of an individual so that he/she receives treatment. Each of these courts has eligibility criteria and is typically referred by the Public Defender with the mutual agreement from the District Attorney.

The Juvenile Justice Courts have four courts: G.R.A.C.E. (Growth Renewed through Acceptance, Change, and Empowerment) Court, Teen Court, Recovery Court, and Juvenile Court. In the Juvenile Justice Courts, the populations of intense interest are the Commercially Sexually Exploited Children (CSEC), TAY, and foster children. The Juvenile Justice Courts work in conjunction with Probation to oversee the treatment and disposition of these children, both those that are under supervision and unsupervised.

Lately, both the Criminal Collaborative Courts and Juvenile Justice Courts have reported a need for expansion both in terms of physical space and services. From July 1, 2018 through June 30, 2019, there were 76,688 misdemeanor and felony filings in Orange County. As of April 2019, the Criminal Collaborative Courts reported 220 active participants in Mental Health Court, 290 active participants in Drug Court, and 261 active participants in DUI Court. Currently, WIT court is closed to additional referrals. Under the Juvenile Justice Courts, G.R.A.C.E. Court experienced 49 participants while Teen Court experienced 63 participants in July 2019. Additionally, there were 225 total 709 competency hearings² between April 2018 and May 2019. Many of the participants in the specialty courts have multiple cases filed in a given year.

Strategic Priorities

2.1– Develop a Tool for Tracking Data and Individuals Moving Through the Collaborative Court Process to be used by County Departments and OC Courts to Evaluate Program Effectiveness

Problem: All major stakeholders in the Community Corrections System intersect in the Courts – the Public Defender, District Attorney, Sheriff, Health Care Agency, Probation, Local Law Enforcement, and Service Providers. Each of these stakeholders is tasked with carrying out its individual mandate(s). Operationally, this individuality creates silos.

Under Stepping Up and Integrated Services, it has become apparent that nomenclature is a challenge. Although these stakeholders interact with each other daily, certain terms are defined differently. The differences in definitions and nomenclature have impacted the system's ability to track data and define successes.

Any capital expansion should be driven by need as defined by data. This will allow for strategic planning to maximize impact. In order to identify the necessary data points, the stakeholders must first agree on common terminology and then the best data points to articulate the need and outcomes.

² Includes hearings that were completed, continued, taken off calendar, and trailed.

Action Items, Targets, and Outcomes: Stakeholders have been tasked with identifying and agreeing to common terms and language. This will require them to first identify the core terms and then agree on definitions. An example would be “Transitional Age Youth,” (TAY). The age range for TAYs differ from stakeholder-to-stakeholder and even between different levels of government. The stakeholders would be asked to find the most appropriate definition for TAY so data points measuring the performance of services directed at this group could be set.

Once a common language is identified, then the discussion would progress to identifying the most important data points to measure outcomes and success. Finally, the focus would be on developing a data tool or model for collecting the data and measuring performance.

2.2 and 2.3 – Explore Expansion of Adult and Juvenile Specialty Courts

Problem: Both the Adult and Juvenile Specialty Courts are experiencing capacity issues in terms of physical space and services. The Adult Specialty Courts restrict referrals to certain courts because they are at capacity.

Action Items, Targets, and Outcomes: The Action Items, Targets, and Outcomes for both expansions are similar. Any expansion to either courts will be strategic and phased. Priority will be given to areas with the most needs and highest impact. Decisions will be data driven.

2.4 – Court-County Relationship

Problem: There is more that can be done to ensure judges know their options for sentencing defendants who have a mental illness, SUD, or co-occurring disorder, including but not limited to incarceration. In many instances, Judges hold the power to issue court orders for both juveniles and adults to seek treatment, and to hold them accountable if they fail to complete the ordered programs.

Action Items, Targets, and Outcomes: Under this Strategic Priority, a Diversion, Treatment, and Accountability Working Group consisting of the Courts, Public Defender, District Attorney, Probation, OCSD, and HCA would collaborate to identify options for treatment programs that could factor into judicial decisions. This group would examine all current programs considered “diversion,” cross-reference those eligibility criteria with the current jail and juvenile populations to identify how many qualify, and determine the process and court orders that would need to be developed to facilitate diversion. Outcomes that could be measured include, but are not limited to: lower recidivism rate, increased treatment compliance, and decreased costs for prosecution and courts.

C. Pillar Three: In-Custody

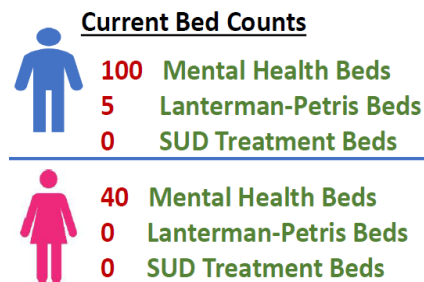
In-Custody is where the impact of increased mental illness is most evident. As a result of State policy implemented over the last decade, county jails have seen major changes to their inmate population. Originally designed to house short-term low level offenders, jails now house inmates with longer sentences and more serious charges. These inmates have more complex security and health needs. To address the problem, OCSD is in the process of implementing significant changes to jail operations. In early Spring of 2019, Sheriff Barnes announced a plan to upgrade three

housing modules at the Intake Release center to treat inmate with mental health needs, increase staffing ratios in mental health housing units, and development of substance abuse detoxification programming. To accommodate these changes the Sheriff terminated an existing jail bed leasing contract with the federal government and temporarily closed the Musick Jail Facility.

OCSD made other changes such as revising its release policy to eliminate early morning releases. Now, all individuals scheduled for release are released after seven in the morning.

3.1 – Enhance Mental Health and Substance Use Treatment Services In-Custody

Problem: The County jails currently have:



Current bed counts are inadequate to meet the in-custody population’s needs. Under Integrated Services, the County is aggressively prioritizing the development of treatment programs, beds, and capital improvements to treat those with mental illness, SUD, or co-occurring disorders.

Action Items, Targets, and Outcomes: In addition to increasing the number of mental health, LPS, and SUD treatment beds, the County will be implementing Cognitive Behavioral Treatment (CBT), Moral Recognition Therapy (MRT), and other evidence-based therapies. Health Care Agency Correctional Health Services (CHS) staff will be trained in Medication Assisted Treatment (MAT). All these new programs will be accommodated in new space at both the IRC and James A. Musick facilities.

Correctional Health Services is working toward adding 177 positions by 2025 to accommodate the new programming. OCSD will also ensure that there is adequate staff to provide security to CHS staff. Both CHS and OCSD will allocate staff to become Trauma Informed Care Trainers.

Operationally, a revamped classification system will allow for increased access to care for many of the individuals who need treatment or basic medical care.

3.2 – Establish Specialized In-Custody Housing

Problem: In Orange County jails, approximately 74 percent are felons, 26 percent are misdemeanants, and 21 percent are AB 109 inmates. Additionally, majority of the inmate population are comprised of individuals between 18-26 years old. Within this population are other identifiers that OCSD is starting to track to best determine how to allocate services and programs to reduce the risk to recidivate.



A rendering of future jail modules in Orange County by 2025.

One of those identifiers is military status. Developing specialized housing for veterans is a pilot that OCSD is currently developing for implementation. Research has been conducted with San Diego County and Pinal County, Arizona who currently operate successful specialized housing for veterans. Additionally, OCSD has reached out to the Collaborative Courts, the County of Orange Office of Veterans' Affairs, other County departments with focuses on veterans, and the U.S. Department of Veterans' Affairs to assist in designing programming for the Veterans Module. To the extent it is possible, OCSD will be aligning its programming with the County's Marching Home to End Veterans' Homelessness strategy.

OCSD is examining other specialized housing units for design and implementation.

Action Items, Targets, and Outcomes: OCSD has already begun designing the Veterans module and the programming for this specialized housing unit. For the Veterans module, OCSD will begin with 32 veterans and monitor the program for expansion.

3.3 – Enhance Inmate Programming Services

Problem: There are currently 35 programs and several religious services in the jails. Over 700 volunteers help administer these programs. However, OCSD estimates that participation rates in these programs range between 10-20 percent. The problem is exacerbated by the fact that more than

an estimated 70 percent of all inmates are in the jails for 29 days or less, with about 50 percent of exiting the jails within 7 days.

In trying to understand its population, OCSD and CHS further analyzed the population to determine the composition of its “high utilizers,” the Top 5 Percent most likely to return to jail. That analysis defined the Top 5 Percent as those who returned to custody in Orange County at least 4 times during the May 1, 2018-April 30, 2019 time frame. During that year, 1,976 individuals were “high utilizers,” of which 46 percent were reported or diagnosed with mental illness, 85 percent were reported or diagnosed with SUD, and 42 percent were reported or diagnosed with co-occurring disorder. Additionally, 58 percent self-identified as homeless or reported a shelter or Probation office address as his/her last place of residence.

The County cannot prevent everyone from returning to custody; but rather it seeks to design a more comprehensive programming curriculum that addresses criminogenic and behavioral issues to increase the chance of sustained reentry into the community. In connecting this programming with the treatment programs for those with mental illness, SUD, and co-occurring disorders, programming in the jails will provide care coordination for individuals as a whole.

Action Items, Targets, and Outcomes: OCSD will concentrate its programming on three major areas: criminogenic, vocational/educational and case management. Although this programming will benefit the jail populations as a whole, OCSD will prioritize care coordination for the Top 5 Percent and those who are considered “high risk to recidivate.” Programming decisions will be based on data and best practices. Some of the foundational pieces that need to be laid include: identifying the most important data points for understanding the population, needs, and measuring success; collecting the data; cultivating relationships and partnerships with potential stakeholders; evaluating current programs for impact; and designing and implementing a cohesive case management coordination program for all service providers.

D. Pillar Four: Reentry

The consensus was reached at the Integrated Services Offsite that Reentry and Prevention are essentially “two sides of the same coin.” Once someone exits jail and reenters the community, it is critical that services and programs are in place to reduce his/her likelihood of reoffending and returning to jail. Thus, the County must approach both Prevention and Reentry concurrently and ensure that the services and programs are strong at these stages in the system. To do so, the services and programs must be comprehensive and strategic in order to be impactful. Regardless of who provides the service or administers the program, a warm hand-off must occur at each juncture to ensure that care continues. This harks back to the County’s approach to examine the types of individuals who travel through the Community Corrections System, the goal is to maximize the amount of time each of these individuals is “touched” by proven programs and services. In order to do so, the flow of services and programs must also be arranged systemically.

Strategic Priority

4.1 – Establish a Reentry System to Provide for Successful Integration

Problem: The County currently does not have a robust reentry system. The Health Care Agency has

been successful in implementing treatment programs for those who were recently incarcerated by working with community partners such as Pathways and Project Kinship. These programs, however, are limited by the funding sources, which are specific to those with mental illness and fall under the Proposition 47 (Prop 47) population.

Probation also offers reentry services for the supervised population; but even those services have challenges in siting locations, relying on the population to arrange transportation to access those often-distant services.

After a need for service providers, the countywide reentry system faces two major challenges: transportation and housing. As the County team designs its case management system, it will be important to ensure that the case management persists past the jails. Best practices show that the most successful case management scenarios involve those where the case manager from in-custody remains with the individual into reentry for a certain amount of time. As a case manager, locating transportation and housing will be key in securing success for the individual being managed.

Project Kinship: Rebuilding Lives One at a Time



“I was going to jump off a bridge. I was so hopeless and helpless and frustrated and angry. The police took me in because I was desperate, and my family was afraid of me. While battling depression I was introduced to Project Kinship by the OC Health Care Agency System Navigator in jail. I thought he was an angel sent from God. I was about to get out in two weeks, but had nowhere to go, nowhere to stay and I didn’t know what I was going to do. The Navigator helped me by giving me a pamphlet about Project Kinship. He told me to call the number on the pamphlet. If he hadn’t found me in jail, I would have probably killed myself when I got out. I made my way to Project Kinship, and from the moment I walked in I felt welcomed. Jeff gave me food and water and made me feel like I belonged. Andrew, who was my case manager, heard my story and I told him that I needed help with housing, clothes and everything else. He helped ease my anxiety. And after I met with Andrew, I went to get myself a job. I was working a random graveyard shift at all kinds of hours during the night. I was able to move up into different positions quickly. When I was homeless, I lost a lot of my dreams such as my boxing. Pattie sent a request to help me get back to my boxing coach. I know that I have to box, or my anxiety and my depression will come back. Boxing keeps me focused so I can work and do the other stuff I need to do. My case manager worked with me to get housing. Today is the first time I will be sleeping at the new place I am housed, and I am going to be looking for a car to buy. I feel hope again.” –Rudy

Currently, inmates have limited access to transportation from jail to treatment programs. Project Kinship, under the Prop 47 grant, provides transportation service for its clients from the jails to its location. Only a few other providers meet their clients at the jails upon release and transport them to services. The County does not provide such transportation.

Very few transitional housing beds are available. Those that are available are for targeted populations such as women. Regardless, there are not enough to meet the demand.

Recently, the Public Defender launched a pilot to provide Recidivism Reduction Advisors to assist those who do not qualify for reentry services under the Prop 47 grant. These advisors act as case managers by navigating all the various services and programs to help their clients successfully reenter the community. The pilot is funded through AB 109 Realignment funds.

Action Items, Targets, and Outcomes: Supervisor Do directed that a Reentry Working Group be convened to address the lack of comprehensive reentry programming. The Reentry Working Group will inventory reentry resources provided by County departments and external stakeholders, establish a plan to recruit and work with stakeholders and providers to design and build an impactful reentry system, and establish routine communication and coordination among the County and external stakeholders to ensure that proper care coordination is occurring.

E. Pillar Five: Juveniles and TAY

Being able to impact juveniles and TAY early in the system is key in ensuring that they do not enter the adult corrections system. That task, however, is not solely within the control of the County and requires the involvement of many stakeholders that are outside of the community corrections system but can make an impact, such as schools. Therefore, the scope of the Integrated Services Strategy with regard to Juveniles and TAY is narrow. A much-needed broader discussion of Juvenile and TAY needs would be better-addressed in a more appropriate forum such as the OC Children's Partnership.

Between April 30, 2018 and May 1, 2019, there were 1,193 juveniles and TAY in-custody at juvenile facilities resulting in 2,093 bookings. Of those, 730 were 17 years or younger and 446 were TAY. Of the 730 juveniles in-custody:

- ~82 percent of male youth and ~87 percent of female youth were diagnosed with serious mental illness or serious emotional disturbance.
- ~43 percent of male youth and ~50 percent of female youth were diagnosed with substance use disorder.
- ~42 percent of male youth and ~50 percent of female youth were diagnosed with co-occurring disorders.

Most of these percentages increased in the Transitional Age Youth (age 18-20 years) population:

- ~68 percent of male youth and ~96 percent of female youth were diagnosed with serious mental illness or serious emotional disturbance.
- ~57 percent of male youth and ~72 percent of female youth were diagnosed with substance use disorder.
- ~57 percent of male youth and ~72 percent of female youth were diagnosed with co-occurring disorders.

Strategic Priorities

5.1 – Mental Health and Substance Use Disorder Support Services

Problem: Mental illness afflictions, SUD, and co-occurring disorders are apparent in the juvenile and TAY populations. The data, although only specific to the in-custody population, shows an alarming number of juveniles and TAYs diagnosed with these afflictions. Juvenile Hall does have mental health beds and employs health care and probation staff to provide treatment to those with mental illness; however, there is a deficit of resources post-custody.

Resources identified by the working group included: continuity of therapist from in-custody to post-custody; more SUD residential treatment beds; data collection; and tracking to determine whether the juvenile or TAY actually “landed” at their external treatment provider.

Action Items, Targets, and Outcomes: Some of the identified action items include:

- Exploring how to dedicate a team of therapists to work with teens from in-custody to post-custody regardless of the juvenile facility they are in.
- Health Care Agency and Probation to work collaboratively to determine how to increase the co-location of Health Care Agency/Behavioral Health Staff at Probation Supervision Offices.

Addressing Our Future Generation’s Behavioral Health Needs

Waymakers’ Youthful Offender Wraparound (YOW) is a Full Service Partnership (FSP) which provides culturally competent in-home and community based intensive mental health rehabilitation and case management services to offenders ages 12-25 who have serious emotional disturbances (SED) or severe mental illness (SMI). YOW addresses the needs of youth across all life domains which include but are not limited to individual and family counseling, mental health rehabilitation, case management, linkage to housing programs, career readiness skills, work experience programs, educational plans including vocational/trade school linkage, and art/music lessons all toward the goal of empowering participants, improving self-efficacy and helping them to build social competence.



YOW’s clients are Orange County residents who have both a mental health diagnosis and a history with the County of Orange’s juvenile justice system. They may be currently on probation or former wards of the court. Many are referred by the Orange County Probation Department and have received behavioral health services while incarcerated. YOW, as of the end of June 2019, was serving 119 clients. For fiscal year 2017-18, YOW demonstrated an 85 percent reduction in incarceration days and a 96 percent reduction in arrests for those engaged in the program (compared to 1 year prior to entering YOW). YOW also decreased clients’ mental health emergency interventions by 77 percent while in the program, compared to the 1 year prior to enrollment.

5.2 – TAY Housing

Problem: Similar to adult corrections, housing is a challenge for the TAY and CSEC populations. The majority of these youth have undergone traumatic experiences and would not only need housing but supportive services as well. Currently, the housing stock is limited; however, recent state legislation and grant monies have identified TAY as a target group for assistance, including housing.

Action Items, Targets, and Outcomes: The County will develop a housing strategy for these target populations that includes cultivating a housing inventory and working with external partners to find housing.

5.3 – Targeted Attention to Juvenile/TAY “High Utilizers”

Problem: One of the challenges the Juvenile and TAY working group encountered during the preparation for the offsite was the inability to share data. The inability to do so hinders progress for identifying the “high utilizers” of the juvenile justice system; and as a result, the care coordination for that population.

Action Items, Targets, and Outcomes: The County will ensure that its larger System of Care Date Integration System project incorporates the juveniles and TAY populations and addresses this challenge.

VI. MEASURING SUCCESS

A systems change effort is no small feat. Aside from implementing the Action Items, the County also needs to develop an infrastructure that not only supports Integrated Services through interdepartmental coordination, but also measures successes and identifies new challenges.

Integrated Services is designed to be driven by data and best practices. More importantly, it is concerned with outcomes and impact, not activities. Therefore, the County will be working to determine overarching data points on which to measure success. In order to do so, the County will work with local academic institutions or third parties to identify the most appropriate data points to measure.

The County will convene a smaller working group to identify the key questions it would like for Integrated Services to address that will help identify the data points that will determine the methodology for collecting and measuring performance.

Some areas the County will develop data tools to measure include, but are not limited to:

- *Cost of in-custody treatment for inmates with various treatment needs.* The cost to house a healthy inmate is \$137.89 per day; however, depending on the treatment and healthcare needs of an inmate, the cost varies greatly. The County needs a cost calculation model to

- help it identify the most accurate cost of treatment for its in-custody population. Through this, the County will be able to determine whether or not any of the programs and services result in cost reduction.
- *Reduction of juvenile offenders with mental illness, SUD, or co-occurring disorder*
- *Reduction in rate of return for:*
 - *Offenders with mental illness*
 - *Offenders with SUD*
 - *Offenders with co-occurring disorders*
 - *Offenders who are homeless*

System of Care Data Integration System (SOCDIS)

Under the leadership and support of Chairwoman Lisa Bartlett and Supervisor Andrew Do, the County initiated the SOCDIS project in August 2019 with the unanimous support of the Board of Supervisors. The SOCDIS will be a data integration platform that will integrate data from a number of data bases to enhance care coordination for the county's most vulnerable population who are the highest utilizers of care services. Although it is a County-led effort, the County will be working with external partners to ensure that there is cohesion and collaboration on the development of the tool.

The SOCDIS data integration platform will change County processes when it comes to care coordination. The ability to share important pieces of information between County departments and some external service providers will revolutionize how data is collected and used to link individuals from service to service to enhance their quality of life. More importantly, the County will be able to measure the performance of its programs and services to ensure optimum performance and make data-driven decisions.

The Homelessness Cohort, four major databases relating to the homelessness population and those at risk of homelessness, will be the County's first cohort. Community Corrections will be its second cohort. Other cohorts will be identified based on County needs.

VII. HOW TO READ APPENDIX A

Stepping Up was designed to be the study of the Community Corrections System as it applied to those with mental illness, SUD, or co-occurring disorder. Integrated Services is essentially the "business plan." Appendix A was created solely for the internal County team and implementation partners so they can plan in terms of staffing and resource needs.

The Appendix is arranged according to the Five Pillars of the Integrated Services Strategy. Under each of those Pillars, are the Strategic Priorities. Under each Strategic Priority, the 2025 Vision for that specific pillar is outlined, along with how the Strategic Priority and 2025 Vision impacts the County's overall System of Care.

The Action Items represent "action"; therefore, they are programs, projects, or activities that the County will be implementing. Because the County will be employing a phased-in approach toward implementation, for those Action Items that require phasing in, they are broken down into County Fiscal Years.

The rest of the chart for each Strategic Priority identifies the Lead County Agency(s) responsible for implementation, oversight, and reporting on progress. Also identified are the Potential Key Stakeholders that are needed to implement the Action Item. This is not an exhaustive list; the County anticipates that the list will grow as implementation progresses.

The Target Population for all of the Action Items under the Strategic Priority are also listed. This will help with defining the focus of the Action Item and impact. Finally, the Data Elements and Measurable Outcomes are outlined. These final two sections include major project milestones and/or targeted performance measures. The Data Elements and Measurable Outcomes will be instrumental in monitoring implementation and effectiveness.

It is important to note that this strategy is designed to be fluid so that it can accurately reflect the current circumstances. Adjustments will be made where necessary. The County will report back to the OCCJCC and Board of Supervisors annually on progress.

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APPENDICES

[Appendix A](#): Integrated Services Pillars – Action Items, Targets, and Outcomes

[Appendix B](#): Members of the Orange County Criminal Justice Coordinating Council (OCCJCC)

[Appendix C](#): Acronyms

APPENDIX A: Integrated Services Pillars – Action Items, Targets, and Outcomes

PILLAR 1: PREVENTION

I.I Increase Public Awareness of Various Mental Health and Substance Abuse Topics and Resources

2025 Vision: Ensure all County and community partners, providers and the general public, including parents, youth, minority communities, understand:

- (1) Understands the signs or symptoms of mental illness and/or substance use issues.**
- (2) Interacts with individuals experiencing mental illness and/or substance use and connects them with County and/or community resources for help.**
- (3) Has a single phone number and web portal to access for mental health crises or individuals who are mentally ill and/or experiencing homelessness.**

System of Care Impact: An integrated and comprehensive public information campaign to educate the public and align County, community, and other partners to provide a uniform approach in the availability and accessibility of services provided to or for any individual in the County experiencing a behavioral health issue. The anticipated impact is an increased understanding of mental illness and/or substance abuse issues and diversion from the criminal justice system into supportive services.

Action Items:

FY 2019-2020

1. Establish a comprehensive list of crisis-related resources available through the County.
 - Inventory County resources available to the public and community partners for individuals experiencing a behavioral health crisis.
 - Identify local partners who are currently accessing or utilizing services and determine if the services are meeting their needs.
 - Reach out to known local partners who do not currently access or utilize services to create awareness and work to remove any barriers to access that may exist.
2. Design and coordinate a countywide public awareness campaign aligned with current State, Federal, and partner messaging and outlets to educate the public on the signs of mental illness and substance abuse, how to interact with individuals experiencing a BH crisis, and how to access support or services.
 - Conduct a baseline survey targeting the general public, school staff and parents, hospital workers and patients, workforce community, and minority populations on their awareness of mental illness and substance abuse issues.
 - Develop periodic surveys targeting the same populations to measure effectiveness of the public information campaign.

FY 2022-2023

3. Establish collaborative partnerships with County “influencers” to assist with messaging and coordination efforts.

<ul style="list-style-type: none"> - Identify applicable partners involved at various points of engagement in the Community Corrections System of Care such as county partners, school districts, hospitals, 911 dispatch (OCSD), private health providers, and community providers. - Provide information and training on the resources available for a behavioral health crisis throughout the County and target to reach all residents of the County notwithstanding cultural or language barriers. Coordinate to include any other applicable resources available and provided by others. - Establish routine communications/informational meetings with partners to ensure general understanding, address issues proactively, and support countywide efforts. <p>4. Consider expanding the use of a designated phone number and website to access for behavioral health related issues.</p> <ul style="list-style-type: none"> - Identify entity to be responsible for the content, staffing, training, and use as the designated BH crisis line. - Research nationwide approaches and the process for establishing a dedicated line. Work with County’s Legislative Affairs Office to seek legislative assistance if needed. - Confirm inventory of resources and services available for behavioral health-related crisis, and develop scenarios to test capabilities. - Develop and provide training targeting 911 dispatchers, OCSD, LLE’s, and fire departments. - Incorporate the use of the phone number and website into the countywide campaign. 	
<p>Lead Organizations: Health Care Agency – Behavioral Health Services</p>	<p>Potential Key Partners: OCCR, OCSD, SSA, LLE, Hospitals, Faith-based organizations; Health providers, School Districts, cities</p>
<p>Target Population:</p> <ul style="list-style-type: none"> - Local and community partners that engage, respond, or treat individuals with mental illness or substance abuse issues or their families; - Adults and juveniles experiencing mental illness or substance abuse issues; - Adults and juveniles experiencing a behavioral health crisis whereby resources or third party assistance are needed for health or safety reasons; - Families of individuals experiencing mental illness, substance abuse issues or a behavioral health crisis; 	
<p>Data Elements:</p> <ul style="list-style-type: none"> - Number of community partners referring to County-provided crisis-related resources. - Number of utilizations of County crisis-related services accessed/referred by public, first responders, or other partners. - Number of 911 calls for BH-related issues, and response times. (Outcomes if available.) 	

Measurable Outcomes

- Awareness of signs and symptoms of mental illness increases by 20% each year with a target of 85% of tracked populations by 2030.
- Awareness of appropriate response and resources for a behavioral health crisis increases by 20% each year with a target of 85% of tracked populations by 2030.
- Awareness of the use of a single access point for behavioral health crisis response to increase by 25% each year with a target of 100% of tracked populations by 2030.
- Use of County-provided mental health services increases by 10-20%.
- Use of County-provided substance abuse treatment services increases by 10-20%.
- Number of 911 calls for non-public safety related behavioral health issues decrease by an amount to be determined once the data on current volume is determined.

I.2 Increase Staffing Resources to Address Increased Demands for Mental Health Services

2025 Vision: Sufficient behavioral health support teams and training to ensure that OCSD, local law enforcement, and other first responders are prepared to respond to crises and can access resources to help individuals experiencing a mental health and/or substance use crisis.

System of Care Impact: Trained and supported first responders will be better able to help individuals who are principally experiencing a mental health or substance use crisis and divert them to treatment rather than resort to arrests and incarcerations when such an action is in the best interest of the individual and public safety.

Action Items:

FY 2019-2020

1. Analyze the current use of County CAT and PERT teams and determine whether they are at an appropriate level to provide timely response to law enforcement and the community.
2. Identify cities or other entities, such as schools/colleges, and fire agencies where the use of the CAT or PERT teams are not currently utilized and provide information on the services available and options to determine the most appropriate model for the utilization of services.
 - Expand program in OCSD's South Operations Unit to include an on-site CAT team with a South Patrol Office to use as a resource and assist with calls regarding individuals experiencing mental health-related crises and to conduct follow up for individuals or families previously encountered by law enforcement.
3. Expand and implement a CIT Training plan for OCSD, LLE's, or other first responders who are likely to encounter individuals experiencing mental crises. Develop a comprehensive training plan to roll out to OCSD Custody & Field Operations.

Lead Organizations:

Health Care Agency- Behavioral Health Services
OCSD – Field Operations
Command/Homelessness Outreach

Potential Key Partners:

OCSD, OCFA, Local Fire Departments, Local Law Enforcement, Other First Responders

Target Population: First responders or other law enforcement staff who are likely to encounter an individual experiencing a mental crisis.

Data Elements:

Baseline data needs to be established and data should be tracked to see if trends occur. Data elements that should be included are:

- Number of evaluations conducted based on law enforcement and community calls.
- Number of individuals placed on 5150 hold.
- Data on follow up visits to individuals previously encountered
- CAT response times
- Number of calls associated with mental health or SUD

Measurable Outcomes

- Outcomes of the Pilot Program with OCSD will be analyzed to determine next steps for future use of CAT or PERT teams, which will vary depending on model identified.
- 50% of First Responders, OCFA and LLE trained in CIT by 2023 with 100% by 2030.
- 100% of OCSD's Custody and Field Operations staff trained in CIT by 2023 with all new staff trained within 90 days of assignment.

I.3 Behavioral Health Services Campus

2025 Vision: A network of behavioral health campuses that local law enforcement and residents can access to seek help in treating those in a mental health and/or substance use crisis.

System of Care Impact: Additional behavioral health campuses will be centrally located throughout the County to provide easy access for law enforcement, other first responders to divert individuals encountered that are facing a mental health or substance use crises to treatment services and out of jail, which could cause additional harm for the individual. Family members would also be able to access services and seek treatment and be used as an alternative to calling law enforcement when dealing with a known mental health or substance abuse crisis.

Action Items:

FY 2019-2020

1. Identify site and develop plan with community partners/providers to build the facilities and develop the programming.

Lead Organizations:

Health Care Agency- Behavioral Health Services

Potential Key Partners:

OCSD, Local Law Enforcement, OCFA, Local Fire Departments, Other First Responders, Community Members, Be Well OC

Target Population: Individuals experiencing a mental health or substance abuse crisis requiring immediate treatment services.

Data Elements:

As the plans are still being developed, data is needed to justify the expansion of services:

- Number of individuals who have experienced a mental health or substance use crisis and where they were when it occurred. (law enforcement, 911, hospital data).
- Number of arrests made for minor charges where diversion may have been an option.

Measurable Outcomes

- Increased access to treatment resulting in fewer drug-related deaths.
- Immediate diversion to treatment services resulting in fewer arrests and decrease in courtroom traffic.
- Increased community understanding of the issues associated with mental illness and substance abuse issues.

I.4 Develop First Responder Assessment Tool

2025 Vision: A network of behavioral health campuses that local law enforcement and residents can access to seek help in treating those in a mental health and/or substance use crisis.

System of Care Impact: Law enforcement and first responders will better meet the needs of the public by diverting those early in the community corrections system to treatment services and away from arrest when appropriate, thereby treating underlying issues and promoting public safety. Data will be collected regarding the location, observational needs to assist the County in making decisions on further investments into the system of care.

Action Items:

1. Develop the screening application to assist law enforcement and first responders in determining and locating the appropriate services and facilities to address the individual's needs, with the jails being necessary in cases where the criminality of the situation warrants.
2. Develop training for the screening application and pilot the use within the Sheriff's Department to test and improve prior to further deployment.
3. Expand the screening application to other areas in the Sheriff's Department and interested LLEs.
4. Analyze data and impacts to determine if the screening application should be expanded to other first responders.

Lead Organizations:

HCA – Behavioral Health Services
OCSD- Field Operations
Command/Homelessness Outreach Team

Potential Key Partners: Local Law Enforcement, OCFA, Local Fire Departments

Target Population: Law enforcement and other first responders encountering individuals experiencing mental illness or substance abuse.

Data Elements:

Baseline data needs to be established and data should be tracked to report on activity to see if trends occur, etc. Data elements that should be included are:

- Location or area of individual at time of assessment and characteristics observed.
- Number of individuals diverted into treatment or services or arrested
- Number of times law enforcement previously responded to calls regarding the individual and the outcomes of those previous calls.
- Number of individuals observed to be in a mental health related crisis and the number that actually were in a mental health related crisis.

Measurable Outcomes

- Once baseline data is established, performance metrics can be established.
- Implement and roll out to OCSD unincorporated areas by 2025 and then to contracted city partners by 2030.
- Implement and train LLE's with 20% adoption of screening application by 2025.

PILLAR 2: COURTS

2.1 Develop a Tool for Tracking Data and Individuals Moving Through the Collaborative Court Process to be Used by County Departments and OC Courts to Evaluate Program Effectiveness

2025 Vision: Documented best practices and measurable data, to effectively coordinate care between the Courts, Public Defender, District Attorney, OC Probation, OCSD, Health Care Agency (HCA), Social Services Agency (SSA), and other treatment providers for individuals in the court system who need treatment. Additionally, all entities will be able to use evidenced-based data to measure the effectiveness of the treatment programs and their effects on recidivism.

System of Care Impact: Although all stakeholders who participate in the Collaborative Court process currently have an efficient working relationship and knowledge of the process, it is apparent that they do differ on some core terminologies that could cause confusion in coordinating the most effective care for individuals who are moving through the process. In order to effectively determine whether or not the diversion and therefore, the treatment is effective, there needs to be a concerted effort between all of the stakeholders to develop a common language, identify common data points to measure success, and use a common data collection tool. By doing so, it will help reduce the number of individuals with mental illness, SUD needs, or co-occurring disorder who enter the County's jail system when alternate strategies can result in improved outcomes.

Action Items:

FY 2019-2020

1. Establish a working group composed of OC Courts, DA, PD, Probation, HCA, SSA, and OCSD to:
 - Agree on common terminology to be used throughout the Collaborative Court process.
 - Determine how to define "Success" of the Collaborative Court process. Some proposed Areas of Success include:
 - a) Individual Success (i.e., housing, employment, ability to secure insurance/benefits)
 - b) Public Safety – has it increased or decreased?
 - c) Community Success – Number of Court Appearances, Restitution Paid, Treatment (number of people getting treatment vs. number of people who completed treatment).
 - d) Days in jail_

FY 2022-2023

2. Submit a SFP request for an independent 3rd party to evaluate a tool for tracking data and people.
 - RFP is developed to create a data tool for tracking data points recommended in evaluation.

Lead Organizations: CEO Collaborative Courts	Potential Key Partners: OC Courts, Sheriff, DA, PD, Probation, HCA, Ssa, OCCR, Local Law Enforcement
Target Population: Individuals in the felony or misdemeanor court process identified with underlying substance abuse issue or mental illness who would benefit from court-ordered treatment or services.	
Data Elements: At its most basic, data elements should include relevant data points to measure points mentioned under definitions of “success”.	
Measurable Outcomes <ul style="list-style-type: none"> - The working group will submit a request for a 3rd party evaluator and potentially an RFP in time for FY 2020-21 SFP with anticipation that an RFP could come to the Board of Supervisors for approval in the later part of FY 2020-21 for development completion by FY 21-22. 	

2.2 Explore Expansion of Adult Specialty Courts

2025 Vision: Documented best practices and measurable data, to effectively coordinate care between the Courts, Public Defender, District Attorney, OC Probation, OCSD, Health Care Agency (HCA), Social Services Agency (SSA), and other treatment providers for individuals in the court system who need treatment. Additionally, all entities will be able to use evidenced-based data to measure the effectiveness of the treatment programs and their effects on recidivism.

System of Care Impact: The model for the Adult Specialty Courts is a post-arrest point of diversion that includes hyper-supervision and intensive programming with the possibility of immediate sanctions for non-compliance. The diversion is incentive-based whereby the charges against the offender are removed or reduced upon participation and successful completion of the program. Statistics show that offenders who participate in the program, which may last from 12-24 months or more, demonstrate lower recidivism rates, have fewer hospitalizations, and sustain in the community.

Action Items:

1. Identify the Adult Specialty Courts and the capacity needed to meet the current and anticipated demands of identified offenders.
 - Aggregate and analyze existing data from Courts, Probation, District Attorney (DA), and Public Defender (PD) to determine the number of offenders who would qualify for the Specialty Court process but are unable due to capacity issues.
 - Analyze data to determine the effectiveness of current programs and, based on that analysis, whether adequate demand exists to justify a new Adult Specialty Court to meet the needs of an identified population of offenders.
 - Determine the priority to expand or establish an Adult Specialty Court, capacity needed, and phased approach to meet all documented and justified needs by 2030.
2. Identify current programming and services utilized by the Adult Specialty Courts and determine needs to meet the current and anticipated demands of the participants.
 - Identify each program and service offered at each of the current Adult Specialty Courts and the capacity served and available to serve. Identify any gaps in services that need to be addressed.
 - Analyze any potential expansion considering current programming and services to identify services or programs that need to be expanded or added to accommodate new needs or fill gaps to meet existing needs.
 - Align the timing of expanded/new services with any physical relocation or expansion to develop a detailed, phased plan to meet all documented and justified needs by 2030.
3. Analyze overall space needs to accommodate expansion of Adult Specialty Courts, support services, and identified facility needs.

<p>4. Identify county resources provided to meet current and anticipated demands of the Adult Specialty Courts.</p> <ul style="list-style-type: none"> - Assess resources provided by the Health Care Agency, Probation, Public Defender and the District Attorney to determine if they are at adequate levels to accommodate anticipated court expansion. - Develop phased staffing plan aligned with the anticipated expansion that will meet all needs of the Adult Specialty Courts by 2030. 	
<p>Lead Organizations: CEO Collaborative Courts</p>	<p>Potential Key Partners: OC Courts, Sheriff, District Attorney, Public Defender, Probation, Health Care Agency, Social Services Agency, OC Community Resources, Local Law Enforcement</p>
<p>Target Population: Adult Felony Offenders presenting various levels of risk and needs with an underlying mental illness or substance abuse issue recommended to the Adult Specialty Courts by Probation, Public Defender, and/or the District Attorney's Office with the readiness of the individual to enter and commit to the program.</p>	
<p>Data Elements:</p> <ul style="list-style-type: none"> - Number of participants enrolled in each Adult Specialty Court - Number of offenders identified and interested in Adult Specialty Court but unable to accommodate (extrapolated) - Number of participants that begin program but do not complete and the reasons why - Average length of time to complete program - Post-completion data on recidivism, hospitalizations, non-sustainability in community. 	
<p>Measurable Outcomes Outcomes will be determined based on results of the Action Items stated but will address the following areas</p> <ul style="list-style-type: none"> - Lower recidivism rates, both in-program and post completion - Fewer psychiatric or medical hospitalizations - Decreased costs for prosecution and courts - Increased treatment compliance - Reduced homeless population in jails 	

2.3 Explore Expansion of Juvenile Specialty Courts

2025 Vision: Documented best practices and measurable data, to effectively coordinate care between the Courts, Public Defender, District Attorney, OC Probation, OCSD, Health Care Agency (HCA), Social Services Agency (SSA), and other treatment providers for individuals in the court system who need treatment. Additionally, all entities will be able to use evidenced-based data to measure the effectiveness of the treatment programs and their effects on recidivism.

System of Care Impact: The model for the Adult Specialty Courts is a post-arrest point of diversion that includes hyper-supervision and intensive programming with the possibility of immediate sanctions for non-compliance. The diversion is incentive-based whereby the charges against the offender are removed or reduced upon participation and successful completion of the program. Statistics show that offenders who participate in the program, which may last from 12-24 months or more, demonstrate lower recidivism rates, have fewer hospitalizations, and sustain in the community.

Action Items:

FY 2019-2020

1. Identify the Juvenile Specialty Courts and the capacity needed to meet the current and anticipated demands of identified offenders.
 - Aggregate and analyze existing data from Courts, Probation, District Attorney (DA), and Public Defender (PD) to determine the number of offenders who would qualify for the Specialty Court process but are unable due to capacity issues.
 - Analyze data to determine the effectiveness of current programs, and based on that analysis, whether adequate demand exists to justify a new Juvenile Specialty Court to meet the needs of an identified population of offenders.
 - Determine the priority to expand or establish a Juvenile Specialty Court, capacity needed, and phased approach to meet all documented and justified needs by 2030.
2. Identify current programming and services utilized by the Juvenile Specialty Courts and determine needs to meet the current and anticipated demands of the participants.
 - Identify each program and service offered at each of the current Juvenile Specialty Courts and the capacity served and available to serve. Identify any gaps in services that need to be addressed.
 - Analyze any potential expansion considering current programming and services to identify services or programs that need to be expanded or added to accommodate new needs or fill gaps to meet existing needs.
 - Align the timing of expanded/new services with any physical relocation or expansion to develop a detailed, phased plan to meet all documented and justified needs by 2030.
3. Identify county resources provided to meet current and anticipated demands of the Juvenile Specialty Courts

<p>Action Items:</p> <ul style="list-style-type: none"> - Assess resources provided by the Health Care Agency, Probation, Public Defender and the District Attorney to determine if they are at adequate levels to accommodate anticipated court expansion. - Develop phased staffing plan aligned with the anticipated expansion that will meet all needs of the Juvenile Specialty Courts by 2030. <p><u>FY 2022-2023</u></p> <ul style="list-style-type: none"> - Implement first phase of expansion of courts or services supported by County and CourtAssess resources provided by the Health Care Agency, Probation, Public Defender and the District Attorney to determine if they are at adequate levels to accommodate anticipated court expansion. - Develop phased staffing plan aligned with the anticipated expansion that will meet all needs of the Juvenile Specialty Courts by 2030. <p><u>FY 2022-2023</u></p> <p>4. Implement first phase of expansion of courts or services supported by County and Court</p>	
<p>Lead Organizations: CEO Collaborative Courts Probation- Juveniles</p>	<p>Potential Key Partners: OC Courts, Sheriff, District Attorney, Public Defender, Probation, Health Care Agency, Social Services Agency, OC Community Resources, Local Law Enforcement</p>
<p>Target Population: Juvenile Offenders presenting various levels of risks and needs with an underlying mental illness or substance abuse issue recommended to the Juvenile Specialty Courts by Probation, Public Defender, and/or the District Attorney's Office with the readiness of the individual to enter and commit to the program.</p>	
<p>Data Elements:</p> <ul style="list-style-type: none"> - Number of participants enrolled in each Juvenile Specialty Court - Number of offenders identified and interested in Juvenile Specialty Court but unable to accommodate (extrapolated) - Number of participants that begin program but do not complete and the reasons why - Average length of time to complete program - Post-completion data on recidivism (juvenile and adult criminal justice system), hospitalizations, non-sustainability in community. 	
<p>Measurable Outcomes Offenders who participate in the program, which may last from 12-24 months or more, are statistically shown to have</p> <ul style="list-style-type: none"> - lower recidivism rates, - fewer psychiatric or medical hospitalizations - decreased costs for prosecution and courts - increased treatment compliance - reduced homelessness 	

2.4 Court-County Relationship

2025 Vision: A collaboration between the Courts, Public Defender, District Attorney, OC Probation, OCSD and HCA to increase diversion options for adults and juveniles entering the court system and do not pose a risk to the community.

System of Care Impact: The Felony and Misdemeanor Court System is a post-arrest point of diversion whereby certain identified offenders (juvenile and adult) can be court-ordered into a treatment program as an incentive to having the charges filed against them reduced or removed based on completion or other requirements. This process would include sanctions or reconsideration of the opportunity for non-compliance.

This point of diversion provides an alternative to incarceration whereby the suspected underlying contributors to the criminal behavior can be more readily addressed leading to reduced recidivism, decreased hospitalizations, and sustainability in the community.

Action Items:

FY 2019-2020

1. Consider establishing a Committee comprised of designated members of the Courts, Public Defender, District Attorney, Probation, Sheriff, and HCA to reviewing current or future options for diversion from CJ1 and the felony and misdemeanor court systems.
 - Identify all programs that would be considered “diversion,” including the Specialty Courts, AB 1810, PC 1000, etc.
 - Determine the policies and parameters needed for all parties to effectively implement diversion options in CJ1 and the misdemeanor and felony court system.
 - Develop a protocol to ensure all Court, County, and Community partners are properly informed of the intent of the diversion options and the policies developed.
 - Maintain regular meetings of the Committee to ensure open lines of communication and to timely address issues.
2. Identify available programs and eligibility requirements for which an offender can be diverted from a court proceeding.
 - Analyze available programs to determine if the availability meets the current or anticipated demand for services and identify opportunities for expansion of programs, as needed and funding allows.
 - Identify the process whereby program information and availability can be communicated quickly and efficiently to facilitate any court process.
3. Analyze the function at CJ1 to assess utilization as the first level of diversion by coordinating efforts with the Pretrial Release Officers, District Attorney, Public Defender, and Probation.
4. Establish a uniform and consistent process for the issuance of Court Orders to divert misdemeanor and felony offenders to treatment from the court proceedings.

- Work with courts to develop model order language to maximize the effectiveness of diversion programs.
- Ensure the recommended Court Order includes a reporting function, sanctions, and post-completion follow-up for a pre-determined period of time.
- Collaborate with county and community providers to facilitate the sharing of information with the Courts, as required. Work with courts to develop model order language to maximize the effectiveness of diversion programs.
- Ensure the recommended Court Order includes a reporting function, sanctions, and post-completion follow-up for a pre-determined period of time.
- Collaborate with county and community providers to facilitate the sharing of information with the Courts, as required. Assess resources provided by the Health Care Agency, Probation, Public Defender and the District Attorney to determine if they are at adequate levels to accommodate anticipated court expansion.
- Develop phased staffing plan aligned with the anticipated expansion that will meet all needs of the Juvenile Specialty Courts by 2030.

FY 2022-2023

Implement first phase of expansion of courts or services supported by County and Court

Lead Organizations:

CEO
 Collaborative Courts
 Juvenile Courts
 OC District Attorney’s Office
 Public Defender

Potential Key Partners:

OC Courts, Sheriff, District Attorney, Public Defender, Probation, Health Care Agency, Social Services Agency, OC Community Resources, Local Law Enforcement

Target Population: Individuals in the felony or misdemeanor court process identified with an underlying substance abuse issue or mental illness who would benefit from court-ordered treatment or services.

Data Elements:

- Number of offenders in the felony or misdemeanor court process
- Number of offenders in the felony or misdemeanor court process that were diverted to treatment (MH and Substance Abuse)
- Number of offenders in CJ1 diverted to treatment (MH or Substance Abuse)
- Number of offenders that begin program but do not complete and the reasons why
- Average length of time to complete program
- Post-completion data on recidivism (juvenile and adult criminal justice system), hospitalizations, non-sustainability in community.

Measurable Outcomes

FY 2019-2020

Based on Court and County concurrence, prepare to implement opportunities for the Courts and County to partner more effectively to protect public safety beyond the specialty courts.

Early identification and diversion of the offenders with a mental illness or substance abuse issue, when effective, will keep them out of the jail system and place them into applicable treatment sooner thereby addressing their needs, under court order, and

offering them a chance at sustaining in the community. Successful reentry would promote the public safety.

Utilizing Court Orders, even though programs may be voluntary, provides for diversion with accountability, thereby increasing the likelihood of success in the program and reducing risk to recidivate. Failure to comply with Court Orders may result in sanctions similar or equivalent to those that exist without the diversion opportunity. Impacts are to be determined based on Court involvement in this process but are anticipated to include:

- lower recidivism rates
- fewer psychiatric or medical hospitalizations
- decreased costs for prosecution and courts
- increased treatment compliance
- reduced homelessness

PILLAR 3: IN CUSTODY

3.1 Enhance Mental Health and Substance Use Treatment Services In-Custody

2025 Vision: A comprehensive in-custody Behavioral Health program to:

- (1) Identify individuals upon intake at the Intake Release Center (IRC) who require specialized behavioral health services and stabilize them in designated jail housing modules.
- (2) Provide advanced and specialized behavioral health programming and treatments to include prevailing best practices and therapeutic programs.
- (3) Provide personalized discharge planning and linkage to community services by coordinating in-reach while the individual is still in custody to ensure continuity of services and treatments.
- (4) Provide 24/7 in-custody substance use treatment that will link to post-custody services and case management.

System of Care Impact: Individuals assessed and diagnosed with a behavioral health issue would be identified during the intake process and assigned to specialized modules with advanced, specialized programming. A treatment plan would be established to be followed through the incarceration period linking to post-custody treatment resulting in measurable stability and eventual sustainability of the individual as well as an increase in the overall safety of staff, inmates, and the general public.

Action Items:

FY 2019-2020:

1. Remodel County Jail facilities to provide dedicated space for private intake and behavioral health modules for male and female inmates that will ensure 100% HIPAA compliance.
2. Create additional mental health housing that will provide:
 - Lanterman Petris Short (LPS) beds for male and female inmates diagnosed with a mental illness in cohort housing units with structured programming.
 - Step-down beds for male and female inmates stabilized from behavioral health treatment programs and substance use disorder.
3. Increase capability of providing hospital-level care for individuals needing emergency psychiatric care.
4. Increase Correctional Health Staff (CHS) and OCSD staff to provide the appropriate staffing levels at the new LPS and mental health units at the Intake Release Center (IRC), which will help increase the number of therapeutic groups offered to individuals in step-down housing with mental health diagnoses.
5. Develop and implement schedule for enhanced mental health therapeutic groups and ensure staff are trained on Cognitive Behavioral Treatment (CBT)-based groups, Moral Recognition Therapy (MRT), and other evidence-based therapies to be provided for male and female inmates who are mentally ill or have co-

Action Items:

6. Provide staff training on Medication Assisted Treatment for individuals diagnosed with opiate use disorder.
7. Establish an in-custody drug treatment program for individuals with SUD or co-occurring disorder with sentences of more than 60 days through a multi-year agreement for in-custody drug treatment services.
8. Increase OCSD staffing level at James A. Musick facility to provide security during all mental health and SUD treatment in the Behavioral Health modules.
9. Increase Crisis Intervention Training (CIT) training for OCSD Custody Command Deputy Sheriffs and staff.
10. Increase the number of Deputy Sheriffs who are Trauma Informed Care Trainers.
11. Establish a plan for new treatment space at James A. Musick facility for inmates with mental health, SUD, and co-occurring disorders.

Beginning FY 2022-23:

12. Expand therapeutic groups, individual counseling, and discharge planning to those with mild symptoms of mental illness in general population housing.
13. Evaluate, according to best practices, current programs provided and identify any new programming for inmates with mental illness.

Beginning FY 2024-2025:

14. Establish programming curriculum that links high utilizers who receive mental health or SUD treatment services to inmate services to facilitate participation in programs and reduce the risk to recidivate.

Lead Organizations:

OCSD – Custody Operations Command
HCA- Correctional Health Services

Potential Key Partners:

Probation,
Public Defender, DA, CBO's, LLEs,
OCPW, SSA, OCCR,

Target Population: Individuals in the felony or misdemeanor court process identified with an underlying substance abuse issue or mental illness who would benefit from court-ordered treatment or services.

Data Elements:

- Number of individuals diagnosed with a mental illness (mild to SPMI) or substance abuse disorder (type)
- Number of inmates with mental illness in specialized housing & general housing.
- Number of programs provided & who participated
- Number of inmates able to stabilize and move to general pop or other housing and sustaining
- Number of inmates with mental illness returned to custody with lengths of stay, number of returns, time period.
- Number of inmates with a personalized discharge plan
- Number of inmates linked with post-custody services mirroring what was received while in-custody

Measurable Outcomes

1. IRC privacy cubicles at intake/triage is 100% HIPAA compliant.
2. Mental Health Program Beds: Housing beds for inmates diagnosed with a mental illness in cohort housing units with structured programming will increase from 130-330 with 100% completion by end of FY 2022-2023.
Step-down Beds: Modules M and K will reach 100% completion by end of FY 2022-2023.
3. LPS Beds:
 - For Males: Number of LPS beds will increase from 5-30.
 - For Females: HCA will obtain designation for 5 LPS beds for females; eventually reaching 15 beds.
4. Increase CHS staff by 177 positions to allow for 5 hours of structured treatment groups per week per individual.
5. 100% of CHS clinical staff who are identified as "Train the Trainer" will complete necessary certification to provide training to other CHS clinical staff on various treatment programs – MRT, Trauma Informed Care, CBT-based therapy, and others as necessary.
6. Expand SUD treatment services to include induction of MAT medications for 100% of consenting individuals diagnosed with Opiate Use Disorder.
7. To be determined according to contract approved by the Board of Supervisors.
8. All mental health and SUD treatment in behavioral health modules will have security.
9. 30% of Deputy Sheriffs and 100% of Behavioral Health Deputy Sheriffs will be CIT-trained.
10. Eight (8) Deputy Sheriffs and 25% of OCSD staff will be Trauma Informed Care-trained by end of FY 2022-2023. Ten (10) Deputy Sheriffs and 50% will be trained in Trauma Informed Care-trained by end of FY 2024-2025.
11. James A. Musick facility treatment space: Mentally ill, SUD, and co-occurring inmates assigned to treatment will receive mental health and SUD therapeutic groups 5 hours per week per individual.
12. Therapeutic groups and individual counseling: 50% of the targeted population diagnosed with mild mental health symptoms will have access to weekly therapeutic group and individual counseling.
Discharge Planning Service: 100% of targeted population will receive discharge planning.
13. To be determined
14. To be determined

3.2 Establish Specialized In-Custody Housing

2025 Vision: Specialized housing in County jails dedicated to targeted populations such as Veterans, and other groups identified by OCSD. Focused group programming and tailored services will be designed to meet each populations' unique needs.

System of Care Impact: Specialized In-Custody Housing will facilitate jail management and minimize certain movements within the facility. In addition, the housing model concept, with the exception of the Flash incarcerations, will be an incentive-type housing system with required engagement in programming and services leading to better outcomes upon returning to the community. The use of a separate housing module for Flash incarcerations benefits jail management and it is anticipated to decrease contrabands from making their way inside the jail facility.

Action Items:

FY 2019-2020:

1. Complete a detailed plan outlining programming specific to a Veterans Module starting with 32 veterans. OCSD will continue to monitor and assess the performance of the programming to determine expansion.
2. OCSD will begin exploring with Probation and the Courts the creation of a housing module specific to the Emerging Youths population.
3. Begin designing AB 109 module for 96 AB 109 inmates with lengthy sentences.

FY 2022-2023:

1. Build a Veterans' Module to accommodate 50% of the Veterans population.
2. TBD
3. OCSD will evaluate AB 109 module to determine the reduction in staff and inmate-to-inmate assaults in order to determine the success of the program.

Lead Organizations:

OCSD – Custody Operations Command

Potential Key Partners:

Probation, Public Defender, DA, HCA, OCCR

Target Population: Inmates in County Jail facilities identified as meeting the criteria for the established specialized housing module.

Data Elements:

- Number of inmates currently in-custody identified as the target population for the specialized housing module and their proxy scores.
- Details on the individuals housed in the specialized housing modules (estimated release date, return offenders)
- Disposition of inmates upon release – linked to services, success stories, return back to custody, etc.
- Staff and inmate-to-inmate assault rates (AB 109 module)

Measurable Outcomes: (Baseline data will need in order to measure anticipated outcomes)

- Reduction in inmate-to-inmate assaults
- Increased engagement and participation in programming.
- Increased compliance with jail or health staff
- Decrease in return to custody rates

3.3 Enhance Inmate Programming Services

2025 Vision: Comprehensive programming that addresses criminogenic and behavioral issues through a network of support services aimed at reducing the risk to recidivate and increasing the chance of post-release employment and ability to secure housing. Priorities will be given to programs that will increase participation rates for in-custody populations, achieve sustained success post-custody, and lower the rate of return to custody. Data will be collected and analyzed on a consistent basis to determine performance.

System of Care Impact: Customized, incentive-based programming to focus efforts on inmates to meet their needs to stabilize and reinforce ideas/concepts learned will result in increased engagement and compliance by the participating inmates and increased chance at sustainability upon returning to the community after incarceration.

Action Items:

FY 2019-2020:

1. OCSD will revisit its current reentry resources and explore the development of infrastructure to help capture data and processes associated with programs and programming, specifically criminogenic programs, for high utilizers.
2. Expand All-In program to male and female inmates who are high-risk to recidivate and in custody for more than 8 weeks.
3. Develop a case management program that allows for case management of high utilizers and other target groups as necessary (i.e., inmates who graduate from vocational certification program who receive employment post-custody) from in-custody through reentry for at least one year post-custody to ensure they are receiving complete wraparound services for successful reentry.
4. Development of a reentry housing strategy with County departments and relevant stakeholders.
5. Develop an educational and vocational program focused on assisting minimum security inmates who are interested in achieving certification in vocations that can be linked to jobs post-custody; thereby reducing the rate of return.

FY 2022-2023:

1. All data systems are integrated; pertinent data points are collected and staff is directed on data analysis and reports. Data used by Case Managers and other County departments for care coordination of high utilizers, mentally ill, SUD, co-occurring, and homeless.
2. Continue to expand the number of All-In programs for both male and females depending on program success and demand.
3. Implement case management program for high utilizers.
4. Implement and maintain housing strategy with the understanding that it could consistently evolve based on overarching County housing strategy.
5. Implement educational and vocational program, which could include procurement of equipment, identifying and remodeling available space as needed, recruiting instructors, developing relationships with private companies to hire post-custody, recruiting inmate participants.

<p><u>FY 2024-2025:</u></p> <p>4. Consistently revisit and improve reentry housing strategy based on needs and County housing strategy.</p> <p>5. Evaluate educational and vocational programs to determine performance and identify improvements and/or expansions.</p>	
<p>Lead Organizations: OCSD – Custody Operations Command</p>	<p>Potential Key Partners: Probation, Public Defender, DA, SSA, OCCR, CBOs, Courts, Colleges, Companies/Private Sector employers</p>
<p>Target Population: Individuals in-custody awaiting trial or other court actions and inmates serving their sentences in the County Jail system. Emphasis on high utilizers and/or high risk to recidivate.</p>	
<p>Data Elements:</p> <ul style="list-style-type: none"> - Number of existing programs and participation - Number of identified new programs for the inmates and capacity/method to provide - Completion rates - Once implemented – participation and completion rates - Rate of Return - Cost savings 	
<p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Metrics to be measured will include performance and participation rate of criminogenic programs. 2. All-In Program: OCSD needs to establish a baseline for measuring success of this program with an emphasis on recidivism rate. 3. TBD. Need to establish baseline. Tied to #1. 4. Increase the number of housing options for these targeted groups. To be updated soon. 5. TBD. 	

PILLAR 4: REENTRY

4.1 Establish a Reentry System to Provide for Successful Re-Integration

2025 Vision: A comprehensive reentry system accessible by all individuals released from County jails or state prisons. The system will include:

- (1) Adoption of a “No wrong door” approach to available services and resources by County staff and community partners/providers. Regardless of where an individual goes in the reentry system, he/she will be able to ascertain how to access services, including eligibility requirements, in a timely manner.
- (2) Coordination among County and community partners to ensure services meet the needs of the individuals being released.
- (3) Seamless and warm hand-off transition from in-custody to post-custody with no disruption in treatments, services and/or programming.
- (4) Enhanced outreach for individuals released after less than 45 days of incarceration to engage in services and programming not received while in custody.

System of Care Impact: The first 72 hours after an Individual returns to the community from any length of incarceration are is known to a critical factor in the individual’s likelihood to recidivate. Through a coordinated, comprehensive reentry system, individuals in the County Jail would be informed and engaged with the reentry process prior to release with transportation and linkages arranged with “warm hand-offs” at each point in the process. This anticipated increase in engagement in services, and compliance with Probationary terms, is expected to decrease the individual’s likelihood to recidivate.

Action Items:

1. Identify existing and needed resources available for each different subset of individuals being released from County Jail (supervised/non-supervised, mental illness/ substance abuse/ co-occurring, under 45 days or more than 45 days, etc.)
 - Inventory and document all services/programs currently available within the County and through community partners/providers.
 - Identify and document the services/programs needed post-custody but not available or not accessible.
 - Maintain a current listing of in-custody programs and map to resources identified post-custody to ensure continuity of treatment/program.
 - Create a current and maintained repository or uniformly shared resource where County staff can access/search the inventory as needed and/or accessible by individuals or their families to facilitate their return to the community.

<p>2. Establish a plan to coordinate and leverage County and community resources to create programs, services, and linkages to treatment providers.</p> <ul style="list-style-type: none"> - Identify and coordinate the use of the various navigators and peer mentors currently utilized in the system to ensure consistency in services, information, and reduce redundancy in services. - Coordinate the assessment tools utilized in/post-custody and the sharing of information to provide the most appropriate level of care coordination or services for the individual. Potential use of a universal consent form for release of information. - Establish a process for individuals to obtain needed identification, public assistance, and Medi-Cal benefits upon reentry. - Establish transportation services for individuals released from County Jail to services, day reporting center, or other linked service. - Develop plan to phase in identified existing and available services and providers of reentry services. Determine preliminary reentry services to establish to meet needs of high risk or high utilizing individuals. <p>3. Establish a routine meeting schedule for all partners to provide updates, ensure needs are being met, address challenges, and provide input as appropriate.</p>	
<p>Lead Organizations: CEO HCA- Behavioral Health Services OCSD – Custody Operations Command Probation – Adult and Juvenile</p>	<p>Potential Key Partners: HCA, OCSD, Probation, Public Defender, District Attorney OCCR, SSA, LLE, OC Courts, Community Providers, Cities, Hospitals</p>
<p>Target Population: Individuals released from a County jail needing assistance with their return to the community through the use of case management services, peer support, recovery services, obtaining basic needs, life and/or job skills, and housing.</p>	
<p>Data Elements:</p> <ul style="list-style-type: none"> - A breakdown of the population of individuals being released from jail custody (supervision status, number of days in-custody, BH diagnosis/issue, etc.) - Number of individuals linked to services prior to release - Number of individuals requiring post-custody services not eligible/available. - Number of supervised individuals compliant with 48-hour reporting to PO. - Data on services referred, participation rates, completion rates - Number who return to custody within 5 years from initial release (sub-data on supervision status) 	

Measurable Outcomes:

- Reduce or eliminate gaps in services or accessibility to services post-custody.
- Increase participation in post-custody programming/services for those in-custody less than 45 days by 10% each year.
- Increase participation in post-custody programming/services for those in-custody for more than 45 days by 15% each year with a target of 80% by 2030.
- Increase enrollment in Medi-Cal and linkages to public assistance upon reentry by 25% each year with a target of 95% by 2030.
- Increase compliance of supervised individuals released in meeting with their PO within 48 hours by 25% each year with a target of 90% by year 2030.
- Once baseline levels are established, performance measures regarding the reduced recidivism rates will be established.

PILLAR 5: JUVENILES AND TRANSITIONAL AGE YOUTH

5.1 Mental Health and Substance Use Disorder Support Services

2025 Vision: For those juveniles and TAY who enter the Community Corrections System, there will be consistent mental health and/or SUD services to support the individual from pre-custody through post-custody.

System of Care Impact: A more informed populace will get connected to services sooner, reduce the likelihood of disruptive or criminal activity, and therefore reduce the need to involve law enforcement.

Action Items:

FY 2019-20:

1. Explore the use of parent-partners to help de-stigmatize mental illness and provide support for parents with children experiencing mental illness.
2. Expand behavioral health presence in schools.
3. Explore how to increase HCA/BHS staff co-located in Probation Supervision Offices.
4. Explore the dedication of a team of therapists that works with the juvenile from in-custody to post-custody across Juvenile Custody Facilities (i.e. Recovery Court model).
5. Assess the number of SUD residential treatment beds for this population and, if needed, determine how to increase the number of beds.
6. Explore remediation services for in-custody youth who are pending competency proceedings due to mental illness.

FY 2022-2023:

7. Submit an implementation plan to CEO/Budget outlining number of positions, expansion in phases, justification for the expansion, and impacts as a result of the staff expansion.

FY 2024-2025

8. Ensure programs are effective and that staffing levels is adequate to achieve maximum impact. Make adjustments where necessary.

Lead Organizations:

OCSD – Custody Operations Command
 Probation - Juveniles

Potential Key Partners: Probation, PD,

DA, CBO's, LLEs, HCA

Target Population: Schools, and families that have children with mental illness, including those who are under the supervision of Probation.

Data Elements:

- Juvenile and TAY recidivism rates
- Juvenile and TAY Mental Health and Substance Use Disorder Incidence in

Measurable Outcomes:

- More specific outcome data will be crafted as part of assessments in first year.
- Reduction in recidivism by Juveniles and TAY with mental health or substance use issues

5.2 TAY Housing

2025 Vision: A robust housing and placement system that includes transitional and permanent supportive housing and placement services in homes for youths experiencing SUD and/or mental health issues or are part of the Commercial Sexual Exploit of Children (CSEC) population.

System of Care Impact: Ensuring that vulnerable or exploited youth who interact with the criminal justice system have housing, including wrap-around services when appropriate, to ensure adequate treatment, should promote their health and reduce homelessness.

Action Items:

FY 2019-2020

1. Inventory available housing options and determine demand.
2. Develop a housing strategy for this population.
3. Identify and attract homes for placement of youth with mental illness, substance use issues, or CSEC which are hard to place.

FY 2022-2023

4. Implement Housing Strategy based on study in first year.

Lead Organizations:

OCSD – Custody Operations Command
Probation - Juveniles

Potential Key Partners: Probation,

OCSD, SSA, OCCR, HCA

Target Population:

Juveniles with a behavioral health issue or who are CSEC.

Data Elements:

- Number of Juvenile/TAY homeless with BH challenges or who are CSEC.
- Housing available for this population.

Measurable Outcomes:

FY 2019-2020

- Inventory and need has been identified, and a strategy has been crafted.

FY 2022-2023

- Implement housing strategy such that any gap between existing need and availability of housing and resources is reduced by half

FY 2024-2025

- - Full need for housing with services is met.

5.3 Targeted Attention to Juvenile/TAY High Utilizers

2025 Vision: A data integration platform and business processes that allows for effective care coordination of high utilizers of the County's Juvenile Justice System.

System of Care Impact: Identification of the high utilizers will enable the system to target curative resources toward population causing greatest harm to self and others.

Action Items:

FY 2019-2020

1. RFP for data integration SOW and RFP consultant.
2. Assemble Multi-Disciplinary Team to start coordinating care.

FY 2022-2023

3. Complete development of database and begin rolling out enhanced services

FY 2024-2025

4. Achieve full rollout of targeted care coordination for "high utilizers"

Lead Organizations:
Health Care Agency

Potential Key Partners: OCSD,
Probation, CBO's, SSA, OCCR

Target Population: "High Utilizers" in the juvenile justice system.

Data Elements:

- What is the threshold for a "high utilizer?"
- How many individuals qualify in the juvenile justice system?
- What demographic characteristics characterize this group?

Measurable Outcomes:

FY 2019-2020

- Initial team effort underway

FY 2022-2023

- Reduction of recidivism among high utilizers once they start in programming

FY 2024-2025

- Reduction in justice-involved youth
- Reduction in justice-involved youth entering the adult justice system

APPENDIX B: Members of the Orange County Criminal Justice Coordinating Council (OCCJCC)

Board of Supervisor Member, Chair

Board of Supervisor Member, Vice-Chair

Presiding Judge, Superior Court

Presiding Judge, Juvenile Court

District Attorney

Public Defender

Chief Probation Officer

Sheriff-Coroner

Large City Police Chief (over 100,000 population)

Small City Policy Chief (under 100,000 population)

County Executive Officer

APPENDIX C: Acronyms

BH	Behavioral Health
CAT	Crisis Assessment Team
CBO	Community-Based Organization
CCB1	Community Court
CEO	County Executive Office
CHS	Correctional Health Services
CIT	Crisis Intervention Training
CJ1	Court at Intake Release Center
CSEC	Commercially Sexually Exploited Children
DA	District Attorney
HCA	Orange County Health Care Agency
IRC	Intake Release Center
LLE	Local Law Enforcement
LPS	Lanterman-Petris Short
MAT	Medication Assisted Treatment
OCCR	Orange County Community Resources
OCSD	Orange County Sheriff's Department
PERT	Psychiatric Emergence Response Team
PD	Public Defender
PJ	Presiding Judge
PO	Probation Officer
PSH	Permanent Supportive Housing
SFP	Strategic Financial Plan
SPMI	Severely and Persistently Mentally Ill
SMI	Severely Mentally Ill
SSA	Social Services Agency
SUD	Substance Use Disorder
TAY	Transitional Age Youth

