THE STEPPING UP INITIATIVE

December 2017

Sheriff Sandra Hutchens
&
Supervisor Todd Spitzer

“No work is insignificant. All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence.”

— Martin Luther King Jr.

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EXECUTIVE SUMMARY

National statistics show that, each year, an estimated two million individuals admitted into the nations' jails are those with serious mental illnesses. Orange County is not exempt from this statistic. As the nation's sixth largest county, Orange County has an average daily jail population of over 6,000 individuals. Of those individuals, an estimated 20 to 25% have mental health needs. That would mean one out of four inmates in Orange County's jails suffer from a form of mental health affliction. Identifying those with substance use-related issues is more challenging given all the different parameters needed to be taken into consideration. The United States Bureau of Justice estimates that nation-wide, 70% are identified as having substance use-related issues.

The Stepping Up Initiative (Stepping Up) was launched in May 2015 "to reduce the number of people with mental illnesses in U.S. jails."[1] Recognizing the critical role local and state officials play in supporting change, the National Association of Counties, the Council of State Governments Justice Center, and the American Psychiatric Association Foundation are leading this unprecedented national initiative. In 2016, Orange County was selected, along with 49 other county-and regional-based teams throughout the United States to attend a National Summit in Washington, D.C. The Orange County delegation was led by Sheriff Sandra Hutchens and Supervisor Todd Spitzer. At the Summit, participating teams received expert guidance from national leaders in criminal justice and mental health issues, and were exposed to and evaluated model strategies working in other jurisdictions both urban and rural. Upon their return, Sheriff Hutchens and Supervisor Spitzer endeavored to co-chair Orange County's Stepping Up effort through the partner agencies of the Orange County Criminal Justice Coordinating Council (OCCJCC).

This report represents the County's work on the Stepping Up effort since March 2016 and is intended to accomplish the following:

(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.

This report is not intended to be an action plan. Stepping Up, if successful on a national level, would result in a systems change in how the nation approaches those with mental illness and the

[1] American Psychiatric Association Foundation, " Stepping Up Initiative", http://www.americanpsychiatricfoundation.org/what-we-do/public-education/stepping-up-initiative, September 18, 2017

solutions and services available to divert them from the jail system. Therefore, given the gravity of Stepping Up, this report should instead be viewed as the cornerstone for Orange County's long-term integrated approach towards solving a very complex issue. It is the shared hope of its collaborators that the report can become an active catalyst in bringing about a strategic transformation for mental health treatment of adult and juvenile offenders in Orange County, and to serve as a model for others to emulate.

BACKGROUND

The national statistics show an estimated two million individuals admitted into the nation's jail system every year suffers some form of mental illness; thereby, making the nations' jails some of the largest providers of mental health treatment in the country. In Orange County, the County jails experience an average daily population of 6,000 individuals of which an estimated 20 to 25% are identified as having mental health needs. On a national level, 70% are estimated to have substance use-related issues. While the numbers vary from county-to-county or state-to-state, studies and surveys continue to show that the nations' jail systems are experiencing tremendous impacts from mentally ill individuals who enter the jail system when in fact, they should be diverted to treatment. The Stepping Up Initiative seeks to address this problem through achieving its goal to reduce the number of people with mental illness in the U.S. jail systems.

The Stepping Up Initiative was formally launched in May 2015 by the National Association of Counties, the Council of State Governments Justice Center, and the American Psychiatric Association Foundation. In 2016 Orange County was selected, along with 49 other county and regional-based teams throughout the United States to attend a National Summit in Washington, D.C. The Orange County delegation was led by Sheriff Sandra Hutchens and Supervisor Todd Spitzer. At the Summit, participating teams received expert guidance from national leaders in criminal justice and mental health issues, and were exposed to and evaluated model strategies working in other jurisdictions both urban and rural. Upon their return, Sheriff Hutchens and Supervisor Spitzer endeavored to co-chair Orange County's Stepping Up effort through the partner agencies of the Orange County Criminal Justice Coordinating Council (OCCJCC). Since Stepping Up's launch, more than 350 counties, including Orange County, have passed resolutions to support and join the effort.

Diversion[2]

Diverting low-level nonviolent offenders[3] with mental illness and/or substance use-related issues away from jails and toward more appropriate community-based treatment services

[2] Diversion, for purposes of this report is defined as the postponement of court action pending satisfactory completion of treatment program, which may, at the discretion of the court, result in dismissal of charges.

[3] Nonviolent crime, for purposes of this report is defined as property, drug, and public order offenses that do not involve a threat of harm or an actual attack upon a victim.

enhances public safety by addressing a repeat offender's underlying needs that are often at the root of his/her misconduct. It also provides police officers, judges and prosecutors with alternatives to incarceration as a remedy for dealing with community-based problems.

Types of Jail Diversion Utilizing Sequential Intercept Points

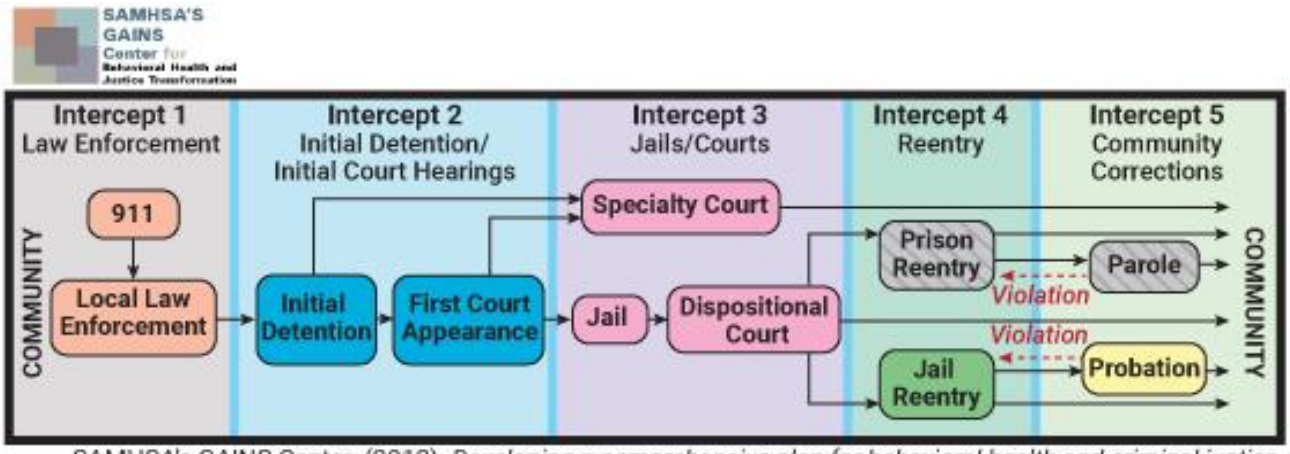
The California Mental Health Association's 2009[4] report on jail diversion and mental health outlines 10 types of jail diversion tactics:

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

[4] Rusty Felix, E. D. (2009, January). *mhac.org*. Retrieved from mhac.org: http://www.mhac.org/pdf/jail%20diversion%20information.pdf

Ideally, local jurisdictions should implement as many of the diversion tactics as practical to allow for a continuum of *intercept* opportunities to identify and divert mentally ill offenders at all core stages of the justice process, and even prior to offenses being committed.

Chart 1 – SAMHSA's GAINS Center for Behavioral Health and Justice Transformation



SAMHSA's GAINS Center. (2013). *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model* (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

The five intercept points outlined in the Sequential Intercept Model above further illustrates points in the system where diversion can occur. As the County considered its approach to implementing Stepping Up, it became apparent that it was possible to combine the 10 points of diversion with the five points of intercept since the points of diversion are tactics that can be used at any of the five points of intercept.

Existing County Resources and Diversion Programs

To varying degrees, Orange County has engaged in diversion activities to help reduce the number of people with mental health issues in the jails. Additionally, the County operates a variety of supportive housing programs (both permanent and temporary) that target persons with a mental illness and/or substance abuse disorder. Below is a list of diversion activities that County departments and other entities in Orange County already implement:

- **Reentry Treatment Services:** The County offers a variety of reentry treatment services (both in-custody and post-custody), such as inpatient/outpatient, psychiatric, counseling, and case management services through the Health Care Agency and contracted care providers.
- **Law Enforcement – Behavioral Health Collaborations on Patrols:** Some municipal police agencies work in tandem with behavioral health experts to assist the mentally ill in their communities while on patrol. This effort has proven to be successful when available,

however it is not uniformly utilized and only available on a limited basis. Under Stepping Up, the County and its stakeholders explored how to address these issues.

- **Specialty Courts:** Orange County supports specialty courts for persons with a mental illness and/or chronic substance abuse, at which a panel of clinical professionals decide the best course of action for the offender. This program has proven itself to be highly effective and includes post release oversight by the Probation Department to ensure compliance with the program.
- **Healthcare Enrollment Program:** Orange County is implementing a health care enrollment program that provides Medi-Cal screening for inmates in the jails and enrollment into Medi-Cal prior to release. This includes efforts by a non-profit, Orange County Sheriff's Department (OCSD) jail staff, the Public Defender and Correctional Health Services. This work supports agencies outside of the jails who are also working towards this common goal.

  Enrolling inmates and clients exiting the criminal justice system into the Medi-Cal program ensures mentally ill persons will have greater access to medical/mental health and substance abuse treatment.

Juveniles

Finally, the importance of also applying these diversion efforts towards *juvenile offenders* cannot be overstated. In 2016, Orange County had 2,404 juvenile offenders. In the recent years, the County of Orange Probation Department, similar to the rest of the nation, has seen an increase in the number of juveniles with mental health or substance use-related issues afflictions in the system. Unfortunately, like the rest of the nation, capturing the data that can be used to show how many juvenile offenders suffer from mental health and/or substance use-related issues continues to be a challenge. This is why one of the main focuses of Stepping Up is data collection and analysis. Mental Health intervention at an early age can avoid a lifetime of suffering for both the juvenile offender and the community at large. Each subcommittee was asked to keep juvenile offenders in mind as they worked through their Recommendations. Therefore, the objectives and programs proposed by each Subcommittee are designed to impact both adults and juveniles.

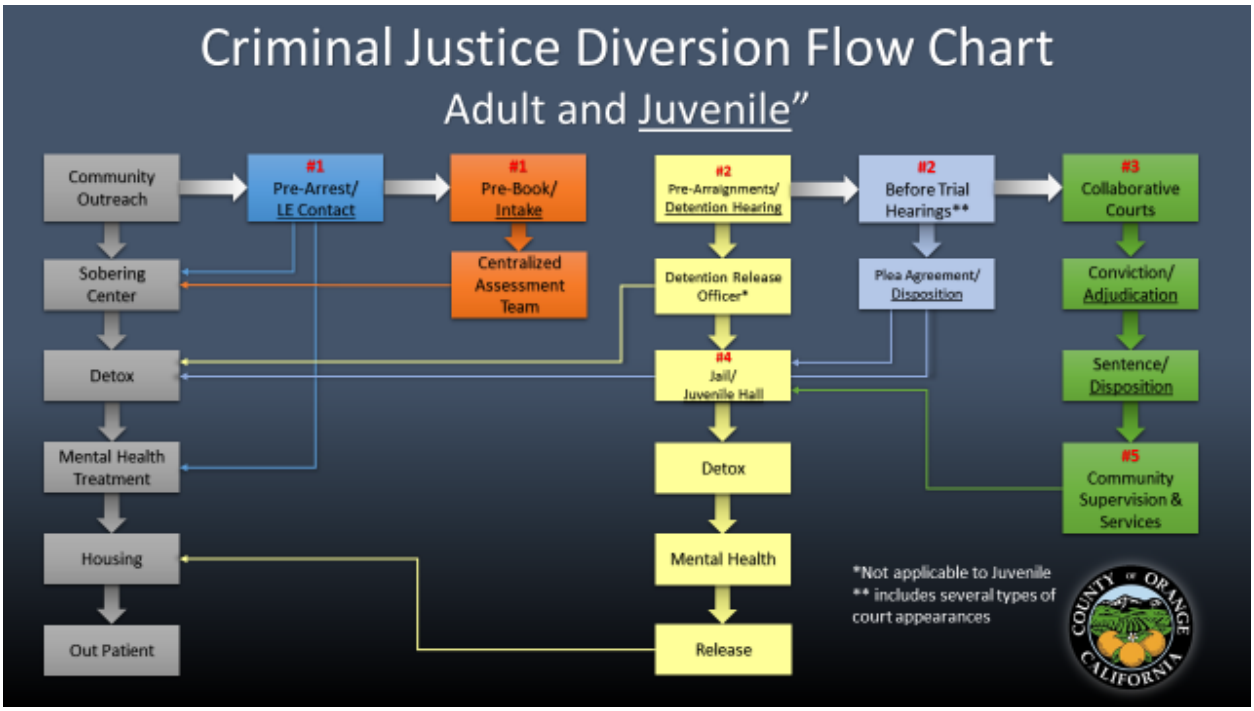
METHODOLOGY

In summer of 2016, Assistant Sheriff Steve Kea was appointed by the County of Orange's Stepping Up co-chairs, Sheriff Sandra Hutchens and Supervisor Todd Spitzer, as the Stepping Up Coordinator. Between summer and fall of 2016, Assistant Sheriff Kea identified an approach for how the County and its stakeholders could participate in Stepping Up and tackle the task set out by the nationwide initiative.

In fall 2016, an analysis was issued to the OCCJCC that defined what was meant by "diversion" of the mentally ill from the criminal justice system in Orange County. In the analysis, it recommended the County's Stepping Up effort use the 10 points of diversion identified by the California Mental Health Association as the roadmap for developing a proposed diversion framework for the County. The 10 points of diversion were then combined with the five points

of intercept and overlaid onto a flow chart illustrating the various routes offenders will navigate during their processing through Orange County's criminal justice system. Ideally, the sequential intercept points (highlighted in red) are opportunities to divert qualified mentally ill offenders into the treatment systems listed in the far left column (gray). The flowchart can be found in Chart 2 – Criminal Justice Diversion Flow Chart.

Chart 2 – County of Orange Criminal Justice Diversion Flow Chart



County of Orange

Using the Criminal Justice Diversion Flow Chart as a roadmap, 10 Recommendations were made to help guide the effort. These recommendations ranged from developing basic infrastructural or governance needs such as identifying a County-wide definition of "Mental Illness" to actually developing program or capital needs such as a crisis stabilization unit.

It should be noted that as work progressed under Stepping Up, the subcommittees did identify differences in the process between adult and juvenile offenders. These differences are in the "touch points" of the process such as "Pre-Book" under adults being replaced with "Intake" in juveniles and the "Pre-Arraignments" process in adults replaced by the "Initial/Detention Hearing Process" in juveniles.

On November 10, 2016, Sheriff Hutchens and Supervisor Spitzer hosted an off-site retreat to officially kick-off the effort. At the kick-off meeting, subcommittee chairpersons and members were identified to support each of the Recommendations. Each subcommittee was tasked with assessing the problem their recommendation was designed to address and determining how the recommendation would impact the County's effort to achieve the goal of Stepping Up. Once the assessment was complete, the subcommittees developed short, mid-, and long term objectives

and a proposed cost model that could be used for strategic financial planning purposes. Subcommittee chairs were responsible for driving progress.

Each subcommittee averaged around four or more subcommittee meetings between January and May 2017; some met on a weekly basis. Subcommittee meetings were best described as working meetings facilitated by the subcommittee chairs. In addition, two Subcommittee Chair meetings were held to allow the subcommittee chairs to discuss their individual progress, address challenges and discuss next steps. These Subcommittee Chair meetings were instrumental in piecing all 10 separate Recommendations together and allowing everyone involved to see the system as a whole.

Initial drafts of subcommittee reports were due to the Stepping Up Coordinator in May; subcommittee consultations with CEO/Budget on cost models and available resources began in late May and concluded in June.

RECOMMENDATIONS

The 10 Recommendations are derived from the Criminal Justice Diversion Flow Chart and therefore, are specific to Orange County's criminal justice system and the mental health system that supports the mentally ill who are or have been incarcerated. The recommendations are a combination of the 10 points of diversion tactics; five points of intercept; and, in some cases, current ongoing work by the County.

Each subcommittee report includes objectives that the subcommittee identified as important for meeting in order to fully implement the Recommendation. Each of these objectives include timetables for expected completion and are categorized into short term (6 months-1 year), midterm (1-3 years), and long term (over 3 years).

Cost estimates for staffing, facility needs, service costs, contracted services, etc. are included with the idea that the more complicated recommendations would require a multi-year approach, with a phased-in costing model. Funding sources, when available, are also identified (grants, AB 109, Prop 63, General Fund etc.); however, these funding sources should only be perceived as "potential funding sources" until a decision has been made to implement the objective. Once such a decision is made, the subcommittee and CEO/Budget will further explore the funding sources to determine their viability.

The 10 Subcommittee Recommendations

Subcommittee 1: Determine a standard definition of mental illness for purposes of the Stepping Up Initiative.

Subcommittee 2: Develop a screening/assessment tool to identify mentally ill persons who meet the criteria for the Stepping Up Initiative.

Subcommittee 3: Develop a comprehensive community outreach program to preemptively divert mentally ill persons towards treatment and away from the criminal justice system.

Subcommittee 4: Construct a County Urgent Care and Restoration Center with 24 hours/7 days a week access.

Subcommittee 5: Remodel the Intake Release Center in Santa Ana to expand mental health treatment services for offenders in the Orange County Jail and seek opportunities to replicate this effort for offenders in Juvenile Hall.

Subcommittee 6: Expand Reentry programs in the Orange County Jail for mentally ill offenders and those with co-occurring substance abuse disorders to include integration of community based service providers and enable a seamless handoff upon release.

Subcommittee 7: Expand collaborative court efforts to divert mentally ill offenders and those with co-occurring substance use disorders from the criminal justice system.

Subcommittee 8: Expand post-custody mental health and/or co-occurring outpatient services, increase post-custody housing opportunities, and expand intensive care treatment services for mentally ill offenders.

Subcommittee 9: Develop a comprehensive data collection and analysis plan to determine the efficacy of diversion services and measure recidivism.

Subcommittee 10: Create an Office of Integrated Services that extends beyond the Stepping Up Initiative to synergize cross-system re-entry services for former offenders, the mentally ill and the homeless. Similar systems currently exist in Los Angeles (Office of Diversion and Reentry), and Santa Clara County (Office of Reentry Services)[5].

[5] Santa Clara County. (2016, August 16). *sccgov.iqm2.com*. Retrieved from sccgov.iqm2com: http://sccgov.iqm2.com/citizens/Detail_LegiFile.aspx?MeetingID=7195&ID=82639

SUBCOMMITTEE AND RECOMMENDATIONS

This section includes brief overviews of each subcommittee's findings and estimated costs and resource needs. Most importantly, it provides brief synopses of the short, mid-, and long-term objectives the subcommittees determined were important in working toward implementation of the Recommendations. Detailed subcommittee reports for each of the 10 Recommendations can be found in Appendix A.

SUBCOMMITTEE #1

Create a standard definition of mental illness for the purpose of the Stepping Up Initiative.

Objectives:
- Define Mental Illness
- Define Serious Mental Illness

Nomenclature and common definitions was a major point of discussion amongst the subcommittees. For example, many found that certain words such as "diversion" were defined differently amongst different departments. "Mental Illness" was certainly a phrase that needed further clarification. The recommendation of Subcommittee #1 was critical for the direction and analysis done by all subsequent committees as the definition of "mental illness" is essential for determining the population to be served under Stepping Up. Given the significance of a standard definition, the results of the Subcommittee provided a definition that is comprehensive and met the needs of the participating departments. The definition below encompasses mental health and substance abuse, as well as the identification of development disabilities and brain injuries. The definition is derived from the Welfare and Institutions Code, Section 5600.3(b)(2), which require that services be "medically necessary" or meet what is commonly referred to as "medical necessity." This level of specificity is important in identifying the appropriate services for the individual.

Definition of Mental Illness:
Individuals who have a history or are at risk of mental health issues or substance abuse disorders and who have been involved in or are at risk of juvenile or criminal justice involvement.

- A person who has a history of mental health issues or substance use disorders include:
  - Has a mental health issue or substance use disorder that limits one or more of their life activities;
  - Has received services for a mental health issue or substance use disorder;

- Has self-reported that they have a history of mental health issues, substance use disorder or both; or
- Has been regarded as having a mental health issue or substance use disorder.

- A person who has a higher risk of developing a mental health issues or a substance use disorder because of the presence of risk factors and/or the absence of protective factors.
  *Risk factors are characteristics at the biological, psychological, family, community or cultural level that precede and are associated with a higher likelihood of negative outcomes. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Risk and protective factors can have influence throughout a person's entire lifespan (SAMHSA).

Serious Mental Illness (See attachment 2)

Welfare and Institutions Code, Section 5600.3(b)(2) A serious mental disorder is defined as "a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders."

***Developmental disability** is a diverse group of chronic conditions that are due to mental or physical impairments. It is acknowledged that this population also meets the initiative concepts for Stepping Up.

There are no costs associated with this recommendation.

SUBCOMMITTEE #2

Develop a screening/assessment tool to identify mentally ill persons who meet the criteria for Stepping Up.

Objectives:
- Develop a screening tool for first responders
- Develop a training plan
- Identify existing screening / assessment tools
- Add Pre-Trial Services Officers and Juvenile Intake Probation Officers for coordination

Similar to Subcommittee #1, the results of this subcommittee's efforts provide the basic foundation for which the subsequent subcommittees build upon. Early identification of someone considered to be a part of the County's Stepping Up population is essential to early and effective diversion. All other services and programs depend on the timely and accurate assessment of an individual in contact with the legal system at any of the identified intercept points. One of the main areas of focus revolved around the tool itself and whether it should be electronic or hard copy. The subcommittee favored mobile devices to allow law enforcement personnel to more easily capture first intercept data and exchange the information quickly. Given that the subcommittee recommends an electronic assessment tool, the objectives and concepts discussed in Subcommittee #2 will also impact the work of Subcommittee #9 (Data Collection and Analysis). Another notable recommendation from the subcommittee was the need to have the screening tool be coordinated with the identification of existing and available community-based services, and/or diversion programs and further expanded if a 24/7 restoration center or new treatment programs become available.

A. Short-Term Objectives:

The rollout of the developed screening tool concurrent with training of all first responders was the first priority for this Committee. Immediate adoption of this recommendation would allow information to be gathered to assess the number of individuals at the initial intercept point that meet the County's criteria and estimate the demand for the different types of services to be accessed.

In addition, as the screening tool is used, revisions and improvements to the questionnaire may be made which would then be incorporated into the development of an electronic application or on-line tool.

The analysis of existing screening and assessment tools was the second priority and included any needed revisions to ensure consistency in information obtained and validated for Stepping Up purposes. The Committee identified several existing assessments and mapped them to each intercept point; however, additional efforts would be needed to consolidate and ensure consistency.

Finally, training is essential to the success of this subcommittee's Recommendation. The training program, at its core would review the purpose, objective, definition and standardized use of the tool. The training would provide specialized training on the observable characteristics or symptoms associated with mental illness and substance abuse3 disorders in youth and adult population. Potential models include train-the-trainer and use of webinars and in-person trainings.

Costs associated with these recommendations include the following:

- Salary and benefit costs for staff time to analyze and consolidate existing questionnaires for the subsequent intercept points for diversion. It is anticipated that this would be a gradual cost as the need for additional questionnaires is determined and estimated to be minimal.
- Technology costs, either internal or contracted, to develop the on-line application or on-line tool which were based on estimated costs to build security, user interface, and data structure for devices.
- On-line storage to house the application and data for which the cost to host the application is estimated to be minimal. The data collection and storage portion, however, is expected to become significant and ties directly to the Data Collection Subcommittee. (See Recommendation #9.)
- Salaries and benefits associated with staff time to develop and implement a training program for first responders. This is anticipated to be on-going to ensure all users are trained on the most current information and practices.

Potential funding sources identified and known to be applicable to cover the costs listed above include Mental Health Services Act (MHSA), Public Safety Realignment (AB109), and Net County Cost (NCC).

Screening Tool & Training					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Screening/Assessment Tool	-	-	-	-	-
On-line application	25,000	25,000	7,500	25,000	17,500
Training Program	-	-	-	-	-
Total Costs	**25,000**	**25,000**	**7,500**	**25,000**	**17,500**
Potential Funding:					
MHSA	2,500	2,500	750	2,500	1,750
AB109	10,000	10,000	3,000	10,000	7,000
Total Funding	**12,500**	**12,500**	**3,750**	**12,500**	**8,750**
NCC	12,500	12,500	3,750	12,500	8,750

B. Mid-Range / Long-Term Objective:

If Stepping Up is successful in its diversion efforts from the jails to services, the demand for linkages to services will increase. Therefore, one of the objectives under this subcommittee will be to increase the number of Pre-trial Service Officers and Juvenile Intake Officers to be

able to accommodate the anticipated increase in release requests and linkages to services. This would be an increase up to three officers dependent on workload demand and approval from the Pretrial Assessment Release & Supervision (PARS) program stakeholders.

Associated costs are solely for the salaries and benefits for the Pretrial Service or Juvenile Intake Officers and are not expected to be incurred until workloads have reached the level to warrant the need and would be on-going from that point in time. It is assumed the needs are identified in year 1 and recruitment efforts undertaken with full costs then incurred beginning in year 2.

Eligible funding sources for these positions include Public Safety Realignment (AB109) and NCC.

Pretrial Service/Juvenile Intake Officers					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Add three officers	-	342,657	342,657	342,657	342,657
Total Costs	**-**	**342,657**	**342,657**	**342,657**	**342,657**
Potential Funding:					
AB109	-	171,329	171,329	171,329	171,329
Total Funding	**-**	**171,329**	**171,329**	**171,329**	**171,329**
NCC	-	171,328	171,328	171,328	171,328

COMMITTEE #3

Develop a comprehensive community outreach program to preemptively divert mentally ill persons toward treatment and away from the criminal justice system.

Objectives:
- Expand current behavioral health outreach and engagement
- Increase awareness of expansion of Crisis Assessment Team and need for Psychiatric Emergency and Response Team
- Provide training on Crisis Intervention Team and Mental Health response
- Educate the public on how to respond and services available
- Utilize navigators to obtain housing
- Utilize peer mentors in linking high users to services

This Subcommittee focused on the period of time where a mentally ill individual could be preemptively diverted towards treatment and prior to entering the criminal justice system. During the analysis of the components necessary for a comprehensive community outreach program, the Committee identified many existing programs already conducted within the County to serve this population and focused on the expansion of these services to address the gaps in service levels needed as well as address significant barriers for this population such as housing and the public response.

A. Short-Term Objectives:

Expand current outreach and engagement services, Psychiatric Emergency and Response Team (PERT), and training on the Crisis Intervention Team (CIT) for law enforcement agencies. These services already exists to some scale in the County and those law enforcement agencies or criminal justice personnel who use these services have noted the benefits. An example is HCA's Behavioral Health Services' Outreach and Engagement Team, which have been working the county's homeless population to link them to services.

A need for adding housing navigators was a key component in the Subcommittee's recommendation since many of those in the Stepping Up population have criminal history that makes finding housing a challenging task.

A public outreach media campaign is critical to the success of this program. Costs for the campaign would ramp up quickly and then decrease over time to reinforce the services provided. The targeted audience of the outreach campaign would be to reach the larger public and not just those who have mentally ill family members or law enforcement. The purpose would be to educate and reduce stigmas associated with mental illness as well as provide information on services and resources in the County.

Costs associated with this recommendation include the following:

- Salaries and benefits for additional staff hired to perform outreach and engagement services for this population.
- Salaries and benefits for additional staff hired for PERT teams to partner with law enforcement to assist in early identification of those who could be diverted.
- Salaries and benefits for additional staff hired as housing navigators to link individuals to various housing solutions.
- Salaries and benefits of existing staff to develop and implement a messaging campaign.
- Contracted services for strategically placed public announcements including radio, social media, printed materials, and advertisements.

All of the services identified for the comprehensive community outreach program are currently administered by the Health Care Agency and funded by the following:

- Mental Health Services Act (MHSA)
- Substance Abuse Prevention & Treatment Block Grant (SAPT)
- Whole Person Care Initiative (WPC)
- Public Safety Realignment (AB109)

There is no anticipated Net County Cost (NCC) associated with these recommendations.

Outreach & Engagement - Related Services					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Expand outreach & engagement	750,000	1,000,000	1,200,000	1,200,000	1,200,000
Expand PERT Team	910,000	910,000	910,000	910,000	910,000
Law enforcement training – crisis intervention	-	-	-	-	-
Public outreach campaign	100,000	350,000	165,000	165,000	165,000
Add Housing navigators	-	700,000	700,000	700,000	700,000
Total Costs	**1,760,000**	**2,960,000**	**2,975,000**	**2,975,000**	**2,975,000**
Potential Funding:					
MHSA	1,193,334	1,360,000	1,365,000	1,365,000	1,365,000
SAPT	283,333	450,000	455,000	455,000	455,000
WPC	250,000	1,033,333	1,100,000	1,100,000	1,100,000
Realignment	33,333	116,667	55,000	55,000	55,000
Total Funding	**1,760,000**	**2,960,000**	**2,975,000**	**2,975,000**	**2,975,000**
NCC	-	-	-	-	-

B. <u>Mid-Range / Long-Term Objective:</u>

Expand peer mentors in case management service for individuals with difficulty managing symptoms. Associated costs would be incurred if the need was identified which would be after Stepping Up related services were fully implemented. It is anticipated this would occur no earlier than three years after the above recommendations. Current services are

contracted based on need and would be adjusted accordingly, based on available funding which includes the Mental Health Services Act (MHSA), Public Safety Realignment (AB109) and Net County Cost (NCC).

Peer Mentors					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Expand peer mentoring	-	-	1,125,000	1,125,000	1,125,000
Total Costs	**-**	**-**	**1,125,000**	**1,125,000**	**1,125,000**
Potential Funding:					
MHSA	-	-	562,500	562,500	562,500
AB109	-	-	562,500	562,500	562,500
Total Funding	**-**	**-**	**1,125,000**	**1,125,000**	**1,125,000**
NCC	-	-	-	-	-

SUBCOMMITTEE #4

Construct a County Urgent Care and Restoration Center with 24 hours/7 days a week access.

Objectives:
- Develop a model for co-located services
- Prioritize services for both adults and adolescents

This gets to the core of what Stepping Up is trying to accomplish – get these individuals to the right treatment programs and services. Hospitals and jails are costly solutions to this problem. The co-location of mental health services in a campus-type setting with county-wide access was the ultimate goal for Subcommittee #4. The Health Care Agency currently provides most of the services listed throughout the county but this recommendation would create one location known for all services and available for community or law enforcement to seek services.

Mid-Range / Long-Term Objective:

The recommendation involves not only an increase in services level and types of services but also the addition of a facility which is envisioned to be operational no sooner than approximately year 3.

Costs associated with this recommendation include the following:
- Real-estate costs associated with securing a facility and any needed tenant improvements. An ideal situation would be to repurpose an existing county-owned facility or enter into a capital lease agreement.
- Facility costs such as janitorial services, utilities, maintenance, landscaping, etc., if the facility were to be county-owned.
- Salaries and benefits associated with County staff managing services provided at the campus.

- Contracted costs for the increase in services for the crisis stabilization unit, medical triage, residential detox unit, and intensive outpatient treatment. Treatment would be available for adult and juvenile populations.
- Contracted costs anticipated for the addition of a sobering station for both adult and juvenile populations.

All of the services to be offered at this campus, with the exception of the sobering station, are currently available through the Health Care Agency. The following are potential funding sources for this recommendation:

- Mental Health Services Act (MHSA)
- Substance Abuse Prevention and Treatment Block Grant (SAPT)
- Drug Medi-Cal (DMC)
- Public Safety Realignment (AB109)
- Net County Cost (NCC)

Urgent Care & Restoration Center					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Secure & furnish facility	-	5,000,000	5,000,000	-	-
Expand existing programs	-	-	4,000,000	5,000,000	5,100,000
Add sobering station	-	-	2,000,000	3,000,000	3,100,000
Total Costs	**-**	**5,000,000**	**11,000,000**	**8,000,000**	**8,200,000**
Potential Funding:					
MHSA	-	3,750,000	8,250,000	6,000,000	6,150,000
SAPT	-	250,000	550,000	400,000	410,000
DMC	-	250,000	550,000	400,000	410,000
AB109	-	250,000	550,000	400,000	410,000
Total Funding	**-**	**4,500,000**	**9,900,000**	**7,200,000**	**7,380,000**
NCC	-	500,000	1,100,000	800,000	820,000

Eligible funding sources for these positions include AB109 and NCC.

COMMITTEE #5

Remodel the Intake Release Center in Santa Ana to expand mental health treatment services for offenders in the Orange County Jail and seek opportunities to replicate this effort for offenders in Juvenile Hall.

Objectives:
- Increase the number of medical / mental health treatment beds
- Expand acute psychiatric treatment beds
- Increase the number of chronic step-down beds and integrated programs
- Establish transitional beds
- Seek designation for women's psychiatric care

- Add capability for Riese hearings and arraignments
- Identify costs and potential funding sources

The need for increased mental health services in the Orange County jail has been a long standing issue for the County. So much, in fact, that detailed plans of the remodel of the IRC to accommodate additional mental health services were in existence prior to the initiation of Stepping Up and required minimal adjustments to meet the needs of Subcommittee #6. The proposed renovations to the IRC include, among others, a repurposing and renovation of two housing and treatment Mods of the IRC.

Mid-Range / Long-Term Objective:

The project entails significant changes to increase the number of available beds, adds the female population, and improves the transporting of individuals to and from the mental health service area. As such, the implementation falls under a long-term objective.

Costs associated with this recommendation include the following:

- Contracted costs associated with the architectural and engineering design.
- Salaries and benefits for County staff providing project management.
- Contracted construction costs, including construction management for the remodel.
- Equipment and furnishings for remodeled area.
- Transportation cost of inmates to and from the Central Jail.
- Salaries and benefits for increase in correctional health staff to provide and monitor the mental health services.
- Salaries and benefits for increased Sheriff staff for increased population in mental health area of the facility.

Due to the incarceration component, potential funding sources are currently limited to Public Safety Realignment (AB109) and NCC.

Remodel the Intake and Release Center (IRC)					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Renovate IRC	2,500,000	2,100,000	14,200,000	13,500,000	-
Add Correctional Health Positions	-	-	-	1,047,415	1,093,560
Add Sheriff Positions	-	-	-	818,012	860,303
Total Costs	**2,500,000**	**2,100,000**	**14,200,000**	**15,365,427**	**1,953,863**
Potential Funding:					
AB109	-	-	-	1,865,427	1,953,863
Total Funding	**-**	**-**	**-**	**1,865,427**	**1,953,863**
NCC	2,500,000	2,100,000	14,200,000	13,500,000	-

COMMITTEE #6

Expand Reentry programs in the Orange County Jail for mentally ill offenders and those with co-occurring substance abuse disorders to include integration of community based service providers and enable a seamless handoff upon release.

Objectives:
- Increase collaborative programming
- Add new programming for adult and transitional age youths
- Implement programming to address high-risk-to-reoffend adults and youths

One of the intended consequences of the Stepping Up Initiative is the collaboration between law enforcement and mental health providers to address an individual's underlying mental health needs in hopes of reducing the rate of recidivism. The subcommittee identified two major themes for improvement of the process: (1) the need for full-time programming in order to better address the behavioral health needs of the adult and youth in-custody population with mental illness, coupled with substance use-disorder – the co-occurring disorder population and (2) systemic improvements that introduce new and effective tools, plus better-aligned efforts among county partners and community-based organizations to deliver evidence-based services. Subcommittee #6 looked at existing programs and made recommendations for an expansion of existing services as well as the addition of new services. With the implementation, additional staffing was identified; however, there is a strong likelihood that the additional staff request made under Subcommittee #5 could service effort under Subcommittee #6 as well.

A. Short-Term Objectives:

The Subcommittee's recommendation include beginning with a focus on a particular subset of the population identified with a high-risk-to-recidivate (adult and juvenile) and begin a pilot therapy-based treatment.

Costs associated with this recommendation are as follows:
- Salaries and benefits and minimal supplies associated with the additional staff needed for the targeted therapy programming.
- Salaries and benefits for staff to collect and monitor statistical data to provide management with needed information for future expansion and demonstrate success of programing.

Potential funding sources for the expansion of services include the following:

- Mental Health Services Act (MHSA)
- Whole Person Care (WPC)
- Public Safety Realignment (AB109)
- Net County Cost (NCC)

Enhance Full-Time Programming in Jails					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Add Mental Health Staff	346,000	346,000	346,000	346,000	346,000
Total Costs	**346,000**	**346,000**	**346,000**	**346,000**	**346,000**
Potential Funding:					
MHSA	86,500	86,500	86,500	86,500	86,500
WPC	86,500	86,500	86,500	86,500	86,500
AB109	86,500	86,500	86,500	86,500	86,500
Total Funding	**259,500**	**259,500**	**259,500**	**259,500**	**259,500**
NCC	86,500	86,500	86,500	86,500	86,500

B. Mid-Range / Long-Term Objective:

As the short-term objectives are implemented, additional needs are anticipated for other therapy models, such as Evidence Based Therapy (EBT). Additionally, contracted services may be needed to meet the more specific demands of the identified population, especially once the expansion at the James A. Musick jail complex is completed.

As these are more resource and labor intensive, implementation will be based on demonstrated need. Costs associated include salaries and benefits for staff for the following:

- Cognitive behavioral therapy and/or evidence based therapy program.
- Community and reentry case management services.
- Consultation and training.

Potential funding sources include Public Safety Realignment (AB109), various grant opportunities to be pursued, and Net County Cost (NCC).

Add New Programming for Co-Occurring Disorders					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Expand dedicated programming and case management	-	-	6,200,000	6,200,000	6,200,000
Total Costs	**-**	**-**	**6,200,000**	**6,200,000**	**6,200,000**
Potential Funding:					
AB109	-	-	2,066,666	2,066,666	2,066,666
Other Grant Funding	-	-	2,066,666	2,066,666	2,066,666
Total Funding	**-**	**-**	**4,133,332**	**4,133,332**	**4,133,332**
NCC	-	-	2,066,668	2,066,668	2,066,668

COMMITTEE #7

Expand collaborative court efforts to divert mentally ill offenders and those with co-occurring substance use disorders from the criminal justice system.

Objective:
- Expand the Collaborative Court Efforts for mental illness, substance abuse, re-entry, and juveniles

Since inception, the Orange County Collaborative Courts have provided monitored programmatic alternatives to incarceration and re-arrest and hence are included in the intercept points for diversion. According to the Orange County Collaborative Courts 2016 Annual Report, the Mental Health Courts, since its inception, have saved more than $9.5 million in jail and prison bed costs and maintains a 31.4% reconviction rate for mental health program graduates.[6] The Mental Health Courts are only one sector in a total of nine different collaborative courts. In analyzing the needs and capacity of the existing courts and gaps in services, the recommendations for the subcommittee are detailed and centered on an expansion for capacity as well as the establishing and re-establishing of additional collaborative court models.

There were 10 recommendations:
- Four included a modification or expansion of an incremental increase of 40 clients.
- Three were centered around establishing a new court for a target population identified as a gap in existing services.
- Three were to re-establish or continue courts that had or were in jeopardy of losing funding.

In determining the implementation plan, priority was placed on the courts that would be easy to implement or expand and have the most impact on the population. Other courts would be phased in, knowing that the increased capacity may require an increase in facility costs, which are not included as it is unknown at the moment of this report's publishing date.

A. Short-Term Objectives:

The Mental Health Courts and proposed Senate Bill (SB8) were considered "immediate needs" for the subcommittee. In addition, prevention services provided to juveniles to keep them out of the adult side of the criminal justice system was also considered priority. The estimates for the expansion of the Mental Health Court is based on current demand and any future expansion or budget needs will be assessed as capacity is reached and additional Stepping Up-related programs are implemented.

[6] Superior Court of California, County of Orange, Collaborative Courts 2016 Annual Report, March 27, 2017

The costs associated with these recommendations are as follows and include both County and State (Court) costs:

- Salaries and benefits associated with Probation, District Attorney, and Public Defender staff dedicated to the specific Collaborative Court.
- Salaries and benefits associated with Court staff dedicated to the specific Collaborative Court. Note these expenditures would be funded by the Courts and included for informational purposes along with offsetting revenues.
- Contract costs for mental health services provided to court participants.

As there are many departments involved, there are also several potential funding sources to cover both the County and State costs including:

- Mental Health Services Act (MHSA)
- Public Safety Sales Tax (Prop 172)
- Mental Health Realignment
- Net County Cost (NCC)

Expand / Establish / Continue Collaborative Courts					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Expand Mental Health Court	783,399	783,399	783,399	783,399	783,399
Expand Drug Court	-	-	-	-	-
Establish Mental Health Diversion Court	507,300	507,300	507,300	507,300	507,300
Continue CSEC Court	653,931	653,931	653,931	653,931	653,931
Continue Boys Court & Girls Court	1,011,944	1,011,944	1,011,944	1,011,944	1,011,944
Total Costs	**2,956,574**	**2,956,574**	**2,956,574**	**2,956,574**	**2,956,574**
Potential Funding:					
MHSA	2,341,534	2,341,534	2,341,534	2,341,534	2,341,534
Prop 172	72,370	72,370	72,370	72,370	72,370
Realignment	254,315	254,315	254,315	254,315	254,315
Total Funding	**2,668,218**	**2,668,218**	**2,668,218**	**2,668,218**	**2,668,218**
NCC	288,355	288,355	288,355	288,355	288,355
State (Court) Costs	272,659	272,659	272,659	272,659	272,659

B. Mid-Range / Long-Term Objective:

The remaining recommendations for the expansion or addition of other Collaborative Courts require additional strategic analysis to determine spacing needs, timing, staffing, demand, and funding. As such, these would occur over a period of time based on immediate needs of the programs. As stated above, costs associated with the addition of facility space are unknown and not included in the amounts presented for these recommendations.

The costs associated with these recommendations are as follows and include both County and State (Court) costs:

- Salaries and benefits associated with Probation, District Attorney, and Public Defender staff dedicated to the specific Collaborative Court.
- Salaries and benefits associated with Court staff dedicated to the specific Collaborative Court. Note these expenditures would be funded by the Courts and included for informational purposes along with offsetting revenues.
- Contract costs for mental health services provided to court participants.

As there are many departments involved, there are also several potential funding sources to cover both the County and State costs including:

- Mental Health Services Act (MHSA)
- Public Safety Sales Tax (Prop 172)
- Office of Traffic Safety (OTS)
- Substance Abuse Prevention and Treatment Block Grant (SAPT)
- Juvenile Justice Crime Prevention Act (JJCPA) Grant
- Mental Health Realignment
- Public Safety Realignment (AB109)
- State and Federal Grants
- Net County Cost (NCC)

Expand / Establish / Continue Collaborative Courts					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Expand DUI Court	-	212,000	212,000	212,000	212,000
Establish Reentry Court	-	502,950	502,950	502,950	502,950
Modify Felony Probation Violation Calendar	-	502,950	502,950	502,950	502,950
Establish Juvenile Mental Health Court	-	2,444,000	2,444,000	2,444,000	2,444,000
Re-establish Dependency Drug Court	-	742,000	742,000	742,000	742,000
Total Costs	**-**	**4,403,900**	**4,403,900**	**4,403,900**	**4,403,900**
Potential Funding:					
MHSA	-	2,228,000	2,228,000	2,228,000	2,228,000
Prop 172	-	24,000	24,000	24,000	24,000
OTS	-	28,000	28,000	28,000	28,000
SAPT	-	41,000	41,000	41,000	41,000
JJCPA	-	496,000	496,000	496,000	496,000
Realignment	-	575,000	575,000	575,000	575,000
AB109	-	36,000	36,000	36,000	36,000
State / Federal Grants	-	330,000	330,000	330,000	330,000
Total Funding	**-**	**3,758,000**	**3,758,000**	**3,758,000**	**3,758,000**
NCC	-	645,900	645,900	645,900	645,900
State (Court) Costs		364,000	364,000	364,000	364,000

COMMITTEE #8

Expand post-custody mental health and/or co-occurring outpatient services, increase post-custody housing opportunities, and expand intensive care treatment services for mentally ill offenders.

Objectives:
- Expand housing opportunities
- Increase post-custody treatment services
- Provide transportation

Committee #8 understood the importance of focused services upon release from custody and the impact those services had on the individual's rate for recidivism. The subcommittee identified the biggest gap needs for adults to be: housing instability, linkages to community-based treatment, and transportation to the services. Regarding juvenile offenders, the subcommittee identified (1) linkage to appropriate behavioral health services due to existing family barriers and (2) a designated housing navigator to provide support, coordination, and case monitoring as the two major gap areas. The recommendations provided comprehensive services for both adults and juveniles and looked at existing programs to expand and identified gaps in programming to accommodate anticipated increase needs in services.

A. Short Term Objectives:

Focus on increasing housing opportunities by providing more sober living beds, short-term housing beds, and motel vouchers, add transportation services, and expand outreach and engagement and co-location of services for juveniles.

Associated costs include the following:
- Expansion of existing contracted services to manage and issue motel vouchers.
- Expansion of existing contracted services to provide sober living beds and other short-term housing.
- Contracted services for transportation.
- Salaries and benefits for additional staff added to expand health care team dedicated for juveniles and adults and co-located at Probation Field Offices.
- Salaries and benefits for additional staff added to expand outreach and engagement activities dedicated to the juvenile Stepping Up population.

With the range of proposed services, there are many potential funding sources which have been estimated and listed below:
- Mental Health Services Act (MHSA)
- Substance Abuse Prevention and Treatment Block Grant (SAPT)
- Whole Person Care (WPC)
- Mental Health Realignment

- Drug Medi-Cal (DMC)
- Public Safety Realignment (AB109)
- Juvenile Justice Crime Prevention Act (JJCPA) Grant
- Youth Offender Block Grant (YOBG)
- State and Federal Grants (includes Prop 47, HUD programs, Emergency Solutions Grant)
- Net County Cost (NCC)

Expand Post-Custody Services (Short-Term)					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Increase motel assistance	200,000	200,000	200,000	200,000	200,000
Increase sober-living & short-term housing	365,000	657,000	1,241,000	1,241,000	1,241,000
Dedicated transportation	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Expand Health Care Team for Juveniles & Adults	-	2,600,000	3,100,000	3,100,000	3,100,000
Expand outreach and engagement for juveniles	-	300,000	300,000	300,000	300,000
Total Costs	**1,565,000**	**4,757,000**	**5,841,000**	**5,841,000**	**5,841,000**
Potential Funding:					
MHSA	156,500	475,700	584,100	584,100	584,100
SAPT	156,500	475,700	584,100	584,100	584,100
WPC	156,500	475,700	584,100	584,100	584,100
Realignment	31,300	95,140	116,820	116,820	116,820
DMC	156,500	475,700	584,100	584,100	584,100
AB109	626,000	1,902,800	2,336,400	2,336,400	2,336,400
JJCPA	78,250	237,850	292,050	292,050	292,050
YOGB	31,300	95,140	116,820	116,820	116,820
State & Federal Grants	93,900	285,420	350,460	350,460	350,460
Total Funding	**1,486,750**	**4,519,150**	**5,548,950**	**5,548,950**	**5,548,950**
NCC	78,250	237,850	292,050	292,050	292,050

B. Mid-Range / Long-Term Objectives:

As initial services are implemented, there remains greater needs which require more strategic planning and resources. These include increased facility needs and greater coordination among partnering departments such as for a reentry facility, shelter and permanent supportive housing, and expansion of the Health Care Team.

As the costs for many of these recommendations can be expensive, additional collaborations with contracted services or other local governmental agencies should be considered to assist in the implementation. The following are the anticipated costs anticipated to be incurred with these recommendations:

- Contracted costs for management of temporary residential facility.

- Contracted costs for additional permanent supportive housing
- Lease of a facility to be used for reentry services.
- Contract costs for management and providing of reentry services.
- Salaries and benefit costs of staff associated with addition of reentry facility (if needed).

The potential funding sources are consistent with those listed under the Committee's Short-Term Objectives.

Expand Post-Custody Services (Short-Term)					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Add temporary residential facility	500,000	900,000	1,800,000	1,800,000	1,800,000
Add permanent supportive housing units	-	-	1,200,000	2,400,000	2,400,000
Establish a reentry facility	4,500,000	4,500,000	4,500,000	4,500,000	4,500,000
Total Costs	**5,000,000**	**5,400,000**	**7,500,000**	**8,700,000**	**8,700,000**
Potential Funding:					
MHSA	500,000	540,000	750,000	870,000	870,000
SAPT	500,000	540,000	750,000	870,000	870,000
WPC	500,000	540,000	750,000	870,000	870,000
Realignment	100,000	108,000	150,000	174,000	174,000
DMC	500,000	540,000	750,000	870,000	870,000
AB109	2,000,000	2,160,000	3,000,000	3,480,000	3,480,000
JJCPA	250,000	270,000	375,000	435,000	435,000
YOGB	100,000	108,000	150,000	174,000	174,000
State & Federal Grants	300,000	324,000	450,000	522,000	522,000
Total Funding	**4,750,000**	**5,130,000**	**7,125,000**	**8,265,000**	**8,265,000**
NCC	250,000	270,000	375,000	435,000	435,000

COMMITTEE #9

Develop a comprehensive data collection and analysis plan to determine the efficacy of diversion services and measure recidivism.

Objectives:
- Establish a technical working group to function as the governance
- Complete a gaps/needs assessment
- Initiate implementation

Each recommendation made requires a form of measurement or statistical analysis done to show progress made or level of demand for services. Many of the funding sources, especially if competitive, will require metrics to support the requests made for funding or assistance. This

made the need for a comprehensive data collection and analysis plan essential for the County's implementation of the Stepping Up Initiative.

In analyzing how to move forward, the initial plan is to start with one need, such as an assessment tool, and then build on as other projects or recommendations move forward. A decision was made not to integrate existing information from current or older systems and capture only new data. This approach controls costs and matches the capital outlay to the needs and uses of the County. Implementation would be on-going and evolve as new requirements are identified and reporting requirements are known. Thus, the project is considered to be a short-term objective for the subcommittee as the long term objectives will evolve based on progress made.

The costs associated with developing a comprehensive data collection and analysis plan include:

- Salaries and benefits for staff associated with the analysis of existing systems and identifying gaps and needs in any new system.
- Salaries and benefits or contracted costs for the development of a data base and application(s).
- Infrastructure costs.
- Salaries and benefits or contracted costs for maintenance and upgrades to the database and application(s).

Potential funding sources are limited due to the nature of the recommendation but may include Public Safety Realignment (AB109), State and Federal Grants specific for innovative technology or Stepping Up, and Net County Cost (NCC).

Develop Comprehensive Data Collection and Data Analysis Plan					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Data Collection and Analysis	1,400,000	2,200,000	-	-	-
Infrastructure / Maintenance	150,000	150,000	650,000	500,000	500,000
Total Costs					
Potential Funding:					
AB109	775,000	1,175,000	325,000	250,000	250,000
State & Federal Grants	155,000	235,000	65,000	50,000	50,000
Total Funding					
NCC	620,000	940,000	260,000	200,000	200,000

COMMITTEE #10

Create an Office of Integrated Services that extends beyond the Stepping Up Initiative to synergize cross-system re-entry services for former offenders, the mentally ill and the homeless. Similar systems currently exist in Los Angeles (Office of Diversion and Reentry), and Santa Clara County (Office of Reentry Services)[7].

Objectives:
- "One-stop shop" for Board offices and others for countywide services
- Inventory of Stepping Up related services
- Strategy and navigating implementation to meet goals and objectives

The need for coordination of efforts was uniformly agreed upon by Subcommittee #10 where they also identified functions already performed by the CEO's Office that met this need. Further coordination of these efforts, however, is required to move the County forward and provide proper attention and direction to enable a successful implementation of the Stepping Up Subcommittees' Recommendations and objectives. In addition, by aligning the efforts to this initiative, potential funding from the Mental Health Services Act may be available to cover the costs incurred by existing staff.

Office of Integrated Services					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Existing staff costs	200,000	200,000	200,000	200,000	200,000
Total Costs					
Potential Funding:					
MHSA	200,000	200,000	200,000	200,000	200,000
Total Funding					
NCC	-	-	-	-	-

[7] Santa Clara County. (2016, August 16). *sccgov.iqm2.com*. Retrieved from sccgov.iqm2com: http://sccgov.iqm2.com/citizens/Detail_LegiFile.aspx?MeetingID=7195&ID=82639

STRATEGIC FINANCIAL PLANNING

A key element of the Stepping Up initiative includes the analysis of services currently provided and realigning or expanding them to address the needs of the Stepping Up population. The premise behind the nationwide initiative is that the services are often already being provided and through a realignment of those services, individuals subject to incarceration or recidivism can have their underlying issue addressed and thereby diverted from jail and/or the justice system without significant new investments in programming and unknown results. This approach is envisioned to provide a starting point for the initiative with new services and programs added as the need becomes more prevalent and warranted.

Although each Committee's recommendations are shown over a five-year span, it is understood that implementation periods may overlap and this does not equate to a five-year fiscal year plan. Each recommendation will be analyzed to determine if the demand exists at the level needed to sustain and justify the service and also the resources available at that time. As such, all projects shall continue to be included in the County's Strategic Financial Planning process until either implemented or deemed not applicable.

CONCLUSION

To reiterate, the Stepping Up Initiative, at its core, is asking the nation to re-envision how it treats its mentally ill population in the criminal justice system. Its goal seeks changes in the current systems and therefore, any major systems change is only possible through a long-term commitment from all involved to make that change. However, what those who worked on Orange County's Stepping Up effort have come to realize is that the changes do not have to be great; even the smallest change can have an impact. In this report, the proposed Recommendations and objectives range from small to large. What should be stressed is that one of the greatest findings from this effort was how much the County and its partners are already doing to support the goal of Stepping Up.

Again, this report was never designed to be an action plan but a framework for how to support the national Stepping Up Initiative. There is no doubt that the county is experiencing the problem Stepping Up seeks to address; therefore, this report represents the proposed solutions the Board of Supervisors and others in the county can consider in making progress toward addressing it. Additionally, the County recognizes that there are additional stakeholders in the county that can participate in Stepping Up and as the effort moves forward, the County looks forward to working with those stakeholders.

APPENDIX A

SUBCOMMITTEE 1

Determine a standard definition of mental illness for purposes of the Stepping Up Initiative

Executive Summary:

An overarching goal of the Stepping Up Initiative is to provide early intervention for individuals that meet the initiative's mental illness definition to possibly intercept/divert them from being booked into jail and towards community services. To achieve this goal, Committee 1 was tasked with developing a standard definition for mental illness in order to screen qualifying offenders.

Objective: Determine a standard definition of mental illness for purposes of the Stepping Up Initiative:

The Committee decided to develop a broad mental health definition that encompasses mental health and substance abuse, as well as the identification of developmental disabilities and brain injuries in order to refer individuals to appropriate services. The complete definition is outlined in Attachment 1. Many of the programs have specific target populations, with the majority of the treatment programs for those with "Severe Mental Illness" having specific criteria for admission. In order to have a County standard definition for "Severe Mental Illness" the criteria for those programs will be used. It is taken from Welfare and Institutions Code, Section 5600.3(b)(2) which require that services be "medically necessary" or meet what is commonly referred to as "medical necessity." This language is outlined in Attachment 2.

There are no costs associated with the implementation of the recommendation.

ATTACHMENTS

ATTACHMENT 1 - MENTAL ILLNESS DEFINITION

ATTACHMENT 2 - SERIOUS MENTAL ILLNESS DEFINITION

Stepping Up Initiative

Committee 1 Final Report Attachment 1

Definition of Mental Illness

Definition:

Individuals who have a history or are at risk of mental health issues or substance abuse disorders and who have been involved in or are at risk of juvenile or criminal justice involvement.

- A person who has a history of mental health issues or substance use disorders include:
  - Has a mental health issue or substance use disorder that limits one or more of their life activities;
  - Has received services for a mental health issue or substance use disorder;
  - Has self-reported that they have a history of mental health issues, substance use disorder or both; or
  - Has been regarded as having a mental health issue or substance use disorder.
- A person who has a higher risk of developing a mental health issues or a substance use disorder because of the presence of risk factors and/or the absence of protective factors.

  *Risk factors are characteristics at the biological, psychological, family, community or cultural level that precede and are associated with a higher likelihood of negative outcomes. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Risk and protective factors can have influence throughout a person's entire lifespan (SAMHSA).

***Developmental disability** is a diverse group of chronic conditions that are due to mental or physical impairments. It is acknowledged that this population also meets the initiative concepts for Stepping Up.

Stepping Up Initiative

Committee 1 Final Report — Attachment 2

Definition of Serious Mental Illness

Serious Mental Illness
Welfare and Institutions Code, Section 5600.3(b)(2)

A serious mental disorder is defined as "a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders."

Medical Necessity Criteria for Medi-Cal Specialty Mental Health Services Title 9, California Code of Regulations, Chapter 11, Section 1830.205

(a) The following medical necessity criteria determine Medi-Cal reimbursement for specialty mental health services that are the responsibility of the Mental Health Plan (MHP) under this Subchapter, except as specifically provided.
(b) The beneficiary must meet criteria outlined in Subsections (1)-(3) below to be eligible for services:

(1) Have one of the following diagnoses in the *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition, DSM4), published by the American Psychiatric Association:

a. Pervasive Developmental Disorders, except Autistic Disorders
b. Disruptive Behavior and Attention Deficit Disorders
c. Feeding and Eating Disorders of Infancy and Early Childhood
d. Elimination Disorders
e. Other Disorders of Infancy, Childhood, or Adolescence
f. Schizophrenia and other Psychotic Disorders, except Psychotic Disorders due to a General Medical Condition
g. Mood Disorders, except Mood Disorders due to a General Medical Condition
h. Anxiety Disorders, except Anxiety Disorders due to a General Medical Condition
i. Somatoform Disorders
j. Factitious Disorders

k. Dissociative Disorders
l. Paraphilia's
m. Gender Identity Disorder
n. Eating Disorders
o. Impulse Control Disorders Not Elsewhere Classified
p. Adjustment Disorders
q. Personality Disorders, excluding Antisocial Personality Disorder
r. Medication-Induced Movement Disorders related to other included diagnoses.

(2) Have at least one of the following impairments as a result of the mental disorder(s) listed in Subsection (b)(1) above:
   a. A significant impairment in an important area of life functioning.
   b. A reasonable probability of significant deterioration in an important area of life functioning.
   c. Except as provided in Section 1830.210, a reasonable probability a child will not progress developmentally as individually appropriate. For the purpose of this Section, a child is a person under the age of 21 years.

(3) Meet each of the intervention criteria listed below:
   a. The focus of the proposed intervention is to address the condition identified in Subsection (b)(2) above.
   b. The expectation is that the proposed intervention will:
      1. Significantly diminish the impairment, or
      2. Prevent significant deterioration in an important area of life functioning, or
      3. Except as provided in Section 1830.210, allow the child to progress developmentally as individually appropriate.
   c. The condition would not be responsive to physical health care based treatment.
   d.

(c) When the requirements of this section are met, beneficiaries shall receive specialty mental health services for a diagnosis included in subsection (b)(1) even if a diagnosis that is not included in subsection (b)(1) is also present.

SUBCOMMITTEE 2

Develop a screening/assessment tool to identify mentally ill persons who meet the criteria for the Stepping Up Initiative

Executive Summary:

Committee 2 was tasked with developing a screening/assessment tool to identify the focus population. Committee 2 also assumed the task of considering the addition of a Pretrial Service Officer to coordinate efforts between Correctional Health Services and post-custody multi-disciplinary teams within the Intake/Release Center (IRC). Due to the interdependencies of these topics with the mental health definition developed by Committee 1, committee members met jointly to develop the recommendations contained herein.

The Committee's objectives were to: 1) develop a screening/assessment tool, 2) develop a training plan, 3) identify existing screening and assessment tools at each intercept point and potential gaps in information exchange, and 4) determine feasibility of adding a Pretrial Services Officer to assist with coordination efforts.

The Committee discussed each sequential intercept point and identified a primary need to develop a screening tool for use by first responders (i.e. law enforcement officers, outreach advocates and social services providers) who may encounter the initial intercept and identify persons with mental illness and/or substance abuse. The screening tool would assist with initial identification of mental illness and/or substance abuse indicators in order to refer individuals to appropriate services for more in-depth assessment(s).

The Committee recommends that implementation of the screening tool be coordinated with the identification of existing and available community based services, and/or diversion programs (i.e. treatment center, programs, etc.) and further expanded when the 24/7 restoration center and new treatment programs become accessible. Although the screening tool can be implemented via a paper form, it is recommended that an electronic application or intelligent form version be developed to facilitate the capturing of first intercept data and exchange of information.

Implementation of the screening tool may include partnership with the following agencies:

- Health Care Agency
- Law enforcement/Probation
- Outreach advocates
- Social services providers
- Mental health/substance abuse treatment providers

Objective 1- Develop a screening tool for first responders:

The Committee considered various screening questionnaire tools and observational guides. Since Orange County already utilizes a variety of assessment tools throughout intercepts 2 through 5, the Committee decided to focus on intercept 1 - pre arrest/booking. The Committee agreed to develop a simple screening tool for first responders to use at initial contact to identify indicators of mental illness and substance abuse. First responders would then refer the appropriate individuals to additional service providers for a complete assessment.

The screening tool (Attachment 1) is modeled after a tool used in Ventura County. It is intended to be utilized in conjunction with comprehensive training as defined in Objective 2.

The Committee recommends that implementation of the screening tool be coordinated with the identification of existing and available community based services and/or diversion programs (i.e. treatment center, programs, etc.) that can accept individuals for full mental health assessments. Further coordination can be realized when the 24/7 restoration center and other new treatment programs become accessible. Otherwise, it would be challenging for first responders who apply the screening tool to properly divert the focus population. In addition, an electronic screening tool is necessary to eliminate duplication of data entry and facilitate the exchange of information to more efficiently identify the individual's service needs; consideration should include the use of current technology utilized by ILJ.

In addition, it is recommended that a stakeholder group convene to engage in discussions regarding legal issues relating to the exchange of this type of information, and the possibility of developing guidelines to define who receives the information at each intercept point and the limited purpose of such information. This discussion should include information contained in Objective 3. This topic should be referred to the data governance committee that is recommended by Committee 9.

The implementation approach, timeline and estimated cost for Objective 1 are as follows:

- Year 1 – Security, user interface for BYOD, and data structure built: $25,000
- Year 2 – Training and implementation/roll-out/testing completed; decision on final repository for larger Stepping Up data structure/governance completed: $25,000
- Year 3 – Data Sharing model between LE and CBO's and other Counties designed and begin build: $7,500
- Year 4 – Data Sharing model between LE and CBO's/County build complete: $25,000
- Year 5 – Data Sharing training and implementation completed at end of year: $17,500

Objective 2- Develop a training plan:

The Committee recommends a training curriculum (Attachment 2) that provides first responders with comprehensive training associated with the purpose, objective, definition and standardized use of the screening tool. The course would provide specialized training on the observable characteristics/ symptoms associated with mental illness and substance abuse disorders in youth and adult population.

In-person and webinar trainings would be conducted by healthcare professionals and law enforcement. The training would be delivered with a train the trainer approach, providing the various agencies with flexibility in utilization of the screening tool to assist in early identification of mental illness or substance abuse disorders.

An important component of the training would be to provide guidance to first responders regarding available community based programs and diversion resources. It is recommended that training materials be developed with inclusion of existing referral services. The training material should evolve in conjunction with expansion of services, such as the 24/7 restoration center.

The implementation approach, timeline and estimated cost for Objective 2 are as follows:

- Develop training curriculum/materials and offer training to all officers: 6 months to 1 year from the date the screening tool is developed; cost is anticipated to be minimal as this can be achieved through existing clinicians from Health Care Agency, a UCI partnership, law enforcement, etc.
- Health Care Agency to lead this process through their Community Emergency Response Team (CERT) training.
- Screening tool information to be incorporated into mental health training provided in law enforcement training academies.
- Use of modern training delivery methods to be explored, such as, webinars and self-learning tutorials.
- Training curriculum and materials be updated every 3 to 5 years after the initial training to include new diversion options.

Objective 3- Identifying existing screening/assessment tools:

The Committee developed a matrix (Attachment 3) to identify existing screening and assessment tools at each intercept points. The review identified the following: 1) gap in exchange of information across intercept groups and intercept points, 2) gap in mental health and/or risk-needs screening at some intercept points (i.e. re-entry), and 3) gap in capturing adult population that is screened as needing mental health intervention but are referred to services (i.e. CSU, in-patient) and do not move into intercept 2.

As previously mentioned in Objective 1, it is recommended that a stakeholder group convene to engage in discussions regarding legal issues relating to the exchange of this type of information and the possibility of developing guidelines to define who receives the information at each intercept point and the limited purpose of such information. This topic should be referred to the data governance committee that is recommended by Committee 9.

In addition, it is recommended that a stakeholder group also consider the possibility of standardizing and/or expanding the utilization of existing tools for the adult population. Specifically, discussions should include the possibility of selecting a county-wide assessment tool for the Sheriff, Probation and Collaborative courts. The existing Drug Court Steering Committee can be leveraged to begin these discussion under the leadership of a Collaborative Court Judicial Officer.

The implementation approach, timeline and estimated cost for Objective 3 are as follows:

- Minimal costs are anticipated for implementation.
- Develop screening/assessment tool information sharing policy: 6 months to 1 year from establishment of data governance committee.
- Select a county-wide assessment tool for the Sheriff, Probation and Collaborative courts: 6 months to 1 year from the approval of the Stepping Up recommendations.

Objective 4 – Addition of Pretrial Services Officer and Juvenile Intake Probation Officers to assist with coordination

The Committee was tasked with discussing the feasibility of assigning Pretrial Services Officers at the IRC and Intake Probation Officers at Juvenile Hall to coordinate release requests for low risk in-custody Stepping Up participants who may benefit from mental health or substance abuse treatment out-of-custody.

Due to the confidentiality of mental health screening and assessment tool information and the communication with On Call Magistrates, it is recommended that this topic be referred to the Pretrial Assessment Release & Supervision (PARS) program stakeholders and that Juvenile Probation, Juvenile Court, Health Care Agency, and the data governance committee for Committee 9 be invited to engage in the discussion regarding the feasibility of this recommendation.

If the recommendation is approved, additional Pretrial Services Officers will be required to support an increase in workload.

The implementation approach, timeline and cost for Objective 2 are as follows:

- Develop policy to incorporate release recommendations through Pretrial Services Officers: 6 months to 1 year from establishment of data governance committee.

- Increase staffing for Pretrial Services Office by one resource per shift; yearly cost of salary and benefits is approximately $114,229 per resource x 3 shifts= $342,657 per year.

ATTACHMENTS

ATTACHMENT 1 - SCREENING TOOL

ATTACHMENT 2 - TRAINING PLAN

ATTACHMENT 3 - MATRIX- EXISTING SCREENING/ASSESSMENT TOOLS

Attachment 1

CIT EVENT SUMMARY **AGENCY:** **BEAT:** **INCIDENT/CASE#**

DATE	OFCR NAME	I.D. #	
DISPATCH TIME	ARRIVAL TIME	DISPO TIME	☐ MALE ☐ FEMALE ☐UNKNOWN
LOCATION	CITY		RACE: ☐UNKNOWN RACE
L/NAME	F/NAME	M/NAME	DOB:

CRISIS TEAM RESPOND?
☐YES ☐NO ☐UNAVAILABLE

SERVED IN U.S. MILITARY?
☐ NO ☐ PAST ☐ CURRENT
BRANCH:

HOUSING?
☐FAMILY/FRIEND or SELF
☐HOMELESS
☐SHELTERED
☐UNSHELTERED
☐BOARD & CARE
☐GROUP HOME

CURRENTLY TAKING MEDS?
☐UNKNOWN
☐NO
☐SUPPOSED TO ISN'T
☐YES TYPE: _____
LAST TIME: _____

PRIOR HOSPITALIZATION? *
☐MENTAL HEALTH ☐SUBSTANCE
☐NO ☐UNKNOWN

PRIOR TREATMENT? *
☐MENTAL HEALTH☐SUBSTANCE
☐NO ☐UNKNOWN

CURRENT TREATMENT? *
☐MENTAL HEALTH☐SUBSTANCE
☐NO ☐UNKNOWN

THOUGHTS OR ATTEMPTS TO HURT/KILL SELF/OTHERS? *
☐PRIOR ☐ CURRENT ☐ NO ☐ UNK

REGIONAL CENTER INVOLVEMENT
☐YES ☐NO

PREFERRED LANGUAGE

DISPOSITION OF SUBJECT:
☐CONTACT ONLY ☐VOLUNTARY TXP
☐5150/5585 ☐ OTHER:_____
☐ER ☐JAIL/JUVI:_____

AUTISM SPECTRUM DISCLOSED?
☐YES ☐NO

PROBATION/ PAROLE STATUS:
☐ YES ☐ NO

DID YOU OBSERVE/SUSPECT/LEARN THE FOLLOWING? *

☐NOTHING UNUSUAL
☐ABSURD, ILLOGICAL RAPID THINKING/SPEECH
☐ AGITATION, PACING_____
☐ BIZARRE BEHAVIOR
☐ DISHEVELED
☐ HOSTILITY
☐ OVERLY ELATED MOOD
☐ SUICIDAL GESTURE AND/OR ACTIONS (E.G. OD, CUTTING)
☐ SIGNS OF INTOXICATION/DRUG USE
☐ TREMORS
☐ UNTREATED WOUNDS
☐ WITHDRAWN
☐ SOILED CLOTHING

☐ ANXIETY
☐ BELIEFS WITH NO BASIS IN REALITY
☐ DISORIENTED (TIME/PLACE/SIT.)
☐ HEARING VOICE
☐ HOPELESSNESS
☐ MEMORY PROBLEMS
☐ PARANOIA OR SUSPICIOUSNESS
☐ PTSD/TRAUMA
☐ SEVERE, DEPRESSED MOOD, CRYING
☐ SUICIDAL TALK
☐ THREAT PHYSICAL HARM TO OTHER
☐ VISUAL HALLUCINATIONS
☐ OTHER: _____

* CHECK ALL THAT APPLY

PLEASE USE THIS PAGE FOR ADDITIONAL COMMENTS AND/OR ATTACH EXISTING REPORT(S).

If subject went on a 5150/5585, was it for: ☐ DTS ☐ DTO ☐ GD
Name / Relationship / Phone # of a parent, Family Member, or Caregiver:

THIS FORM IS FOR INTERNAL DEPARTMENT USE ONLY. PLEASE COMPLETE IT AND TURN IT IN. ☐ **COORDINATOR REVIEWED**

ATTACHMENT 2

Screening Tool First Responder Training Plan

Stepping Up Initiative: The overarching goal of this initiative is to divert low-level non-violent offenders with mental illness and/or substance abuse away from jails and into appropriate community-based treatment services. One method for achieving this goal is the utilization of screening tools at the earliest intercept points.

Training Plan Objective: The screening tool was developed for use by first responders, i.e. law enforcement officers, outreach advocates and social services providers who may encounter the initial intercept and identification of persons with mental illness and/or substance abuse. The screening tool is designed to assist first responders in identifying individuals with mental health issues or substance use disorders who may be intercepted and/or diverted from being booked into juvenile hall or the intake and release center and instead taken to community based services.

Course Description: To provide first responders with comprehensive training associated to the purpose, objective, definition and standardized use of the screening tool. Provide specialized training on the observable characteristics/symptoms associated with mental health issues and substance use disorders in youth and adult population.

Target Audience: The training will focus on training trainers from the various agencies that may benefit from utilizing the screening tool to assist in early identification of mental health issues or substance abuse disorders

Trainers: Mental Health Professionals – A train the trainer approach

Training Delivery Method: Live training with classroom demonstration and practice.

Learning Objectives

1. Describe the purpose and value of using the screening tool, why it is used, and the meaning of the tool

2. Differentiate between screening and assessment

3. Describe the structure and unstructured interview while using the screening tool

4. Explain and demonstrate the effective technique for using the screening tool, and how it is conducted

5. Discuss possible scenarios when the screening tool would be appropriate to administer

6. Describe and identify basic mental health terminologies so to identify behaviors appropriately

7. Provide education on the various observable behaviors that could be associated with mental illness and/or substance abuse amongst adults and youth

8. Guidelines to aid in decision making criteria for criminal and juvenile community based services, i.e. detox, 24/7 County Urgent Care Restoration Center

9. Suggested guidelines for using the information gathered in the tool, i.e., to assist the transfer of information to the receiving community based service, to support the development of a data base for tracking and problem-solving, etc.

Attachment 3

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
#1. Community				
First responders (Proposed tool for Stepping Up)	(OC First Responders CIT)	No	Signs of mental health problems, signs of substance use, veteran, prior hospitalization, prior treatment, current treatment, meds, autism, probation/parole status, suicidal thoughts/attempts	Field officers, outreach workers, advocates, CBOs, Social Service workers (observations and conversation)
Homeless outreach officers				
PERT & CAT teams	Risk Assessment	No	Presenting Problem, risk factors for suicide, danger to others, or grave disability, collateral information from others, drug and/or alcohol presence or history, current medications or medical problems, and client strengths	PERT and CAT staff
HCA Outreach & Engagement	Psychosocial Assessment	No	Mental Health and Substance Use Issues including mild/moderate/severe levels of impairments	BHS Outreach Staff
Restoration Center*				
**To be established*				
#2. Initial Jail Detention/Juvenile Hall/ Court Appearance/Shelter-Juvenile*				
Booking	SOBO (Statement of Booking Officer)	No	Appear to be under the influence of drugs/alcohol, disoriented, confused or impaired level or loss of consciousness, sustained injuries, made any statement or behaviors to hurt themselves or others	Community police offices, CHP or OCSD patrol officers

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Booking	Proxy	No	Consist of three questions asked in the booking process: Current age, age of first, arrest, Number of prior arrests. Jail computer system then does a calculation automatically to export a scores. Supervisor reviews scores every week or so and parses out the inmates who scored in the high-risk range and also are sentenced for a month or longer. Also sends list to each Inmate Services Supervisor in the various jail facilities where a staff goes to each person and offers to complete a longer risk/need assessment- the Wisconsin Assessment. If they agree, the assessment is done and release plan is created for that individual person.	OCSD staff
Booking/HCA-CHS	Receiving Screening	No	General medical & mental health screening for history, current problems-acute and/or chronic	HCA-CHS Nursing Staff
Booking/HCA-CHS	Mental Health Screening	No	Triage @ intake for mental health stability, suicidality, homicidality, psychotic-cognitive status (unable to program in regular housing areas); current psychiatric medication needs	HCA-CHS Mental Health Nurses
Booking/PTSU	VPRAI	Yes	Risk assessment tool that considers criminal history and other factors to assess probability of failure to appear in court and re-offend while on OR release; tool not validated on OC population	Pretrial Services Officers
Juvenile Hall/HCA-BHS	MAYSI-2	Yes	Alcohol/drug use, anger, depression/anxiety, suicidality, somatic complaints, thought disturbance, trauma	BHS clinical staff
Jail/OCSD	Wisconsin Risk Needs (WRN)	Yes	Criminogenic risk	OCSD staff

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Juvenile Hall/ Intake	(1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) Substance and Choices (SACS) (5) CSE-IT	(1)Yes; (2)Yes; (3)No; (4) Yes (5)	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)
YRC	(1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS (5) CSE-IT	(1)Yes; (2)Yes; (3)No; (4) Yes (5) Yes	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)
Probation Camps (Youth Guidance Center, Youth Leadership Academy, Joplin)	(1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS (5) CSE-IT	(1)Yes; (2)Yes; (3)No; (4) Yes (5) Yes	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Too	Clinician interview (YOQ sometimes self-administered)

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Orangewood*	0-5 Years old: Ages & Stages Questionnaire 5-18 Years Old: (1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS (5) CSE-IT	Yes (1)Yes; (2)Yes; (3)No; (4) Yes	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)
#3. Courts (Specialty, Dispositional)/ Jail				
Jail	Mental Health Evaluation	No	Psychosocial assessment to evaluate coping/level of functioning, mental status exam, symptoms & behaviors and substance use issues	HCA-CHS Mental Health clinicians
Jail	Psychiatric Evaluation	No	History of psychiatric hospitalizations, MH treatment-outpatient, psychotropic medication use-current & history of, substance abuse issues, and current symptoms & behaviors	HCA-CHS Psychiatrists and Psychiatric Nurse Practitioners
Juvenile Hall	(1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS (5) CSE-IT	(1)Yes; (2)Yes; (3)No; (4)Yes (5) CSE-IT	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)
Specialty Courts- All Programs	Wisconsin Risk Needs (WRN)	Yes	Criminogenic risk	Probation staff

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Specialty Courts- Mental Health	SBIRT (Screening, Brief Intervention, and Referral to Treatment)	Yes	Depression, anxiety, risky alcohol use, drug/prescription medication abuse, exposure to family violence, PTSD symptoms	Clinician interview+ motivational interviewing
Special Courts- Substance Abuse	HCA DUI Court Evaluation	No	Drug/Alcohol use and treatment history, biopsychosocial factors (e.g., social support, living arrangement, children, history of psychotropic meds, recent hospitalizations, suicidality, chronic medical conditions/meds), employment, DUI history/other legal issues, program suitability, transportation	Clinician interview
	ASAM (American Society of Addiction Medicine) Assessment	Yes	Level of functioning (intoxication/ withdrawal, medical conditions, emotional/ behavioral, treatment acceptance/ resistance, relapse/ continued use potential, recovery environment) - used to determine level of care needed	Clinician interview
Specialty Courts- Veterans	(1) PHQ-2/PHQ-9 (2) PC-PTSD-5 (3) Suicide Screening (4) Drug and alcohol use history (5) full biopyschosocial history	1. yes 2. yes 3. No 4. No 5. No	(1) Depression (2) PTSD (3) Suicide (4) Presence of alcohol or drug use disorder (5) social risks and strengths, including trauma history, MST, acute medical or psychiatric needs	Clinicial Interview by LCSW and/or Psychiatrist *Further screening and assessments conducted once participant is referred to specialty care
Specialty Courts- Homeless	Life Interview	No	Mental health and drug treatment needs	Public Defender Paralegal

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Juvenile Recovery Court	(1) CRAFFT; (2) YOQ; (3) BHS 3 Item Trauma Screen (4) SACS (5) CSE-IT	(1)Yes; (2)Yes; (3)No; (4)Yes (5) Yes	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)
Juvenile Commercial Sexual Exploited Children (CSEC) Court	**Not a collaborative court, no behavioral health staff. Assessment may be administered Orangewood at intercept.** 0-5 Years old: Ages & Stages Questionnaire 5-18 Years Old: (1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS (5) CSE-IT	Yes (1)Yes; (2)Yes; (3)No; (4) Yes	**Assessments may be administered at Orangewood intercept.** (1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Juvenile Boys Court	Palette of CYBH mandatory screening and assessment measures completed prior to referral to Boys Court. Additional measures are: (1)Partnership Assessment Form (PAF) 2) Monthly administration of YOQ	(1) N/A (2) Yes	1) Base line of strengths and needs upon entering the FSP including homelessness, school, employment, and psychiatric hospitalizations 2) Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction;	Clinician interview (YOQ sometimes self-administered)
Juvenile Girls Court	Palette of CYBH mandatory screening and assessment measures completed prior to referral to Boys Court. Additional measures are: (1)Partnership Assessment Form (PAF) 2) Monthly administration of YOQ	(1) N/A (2) Yes	1) Base line of strengths and needs upon entering the FSP including homelessness, school, employment, and psychiatric hospitalizations 2) Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction;	Clinician interview (YOQ sometimes self-administered)
4. Reentry				
Jail	Discharge Planning Tool	No	Behavioral Health and substance abuse needs, current psych meds, medical conditions, Primary care MD, F/U linkage to BHS/Other referrals, housing plans, financial assistance/income, social support, probation/parole/AB 109	HCA-CHS Mental Health Clinicians
AB109 Population	Life Interview	No	Mental health and drug treatment needs	Public Defender
5. Parole/Probation				

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Probation (AB109 only)	(1-tbd); (2)Modified Colorado Symptom Inventory; (3)AB109 Initial Screening	(1)tbd; (2)yes; (3)no	(1) Threat to self/others; (2) Psychiatric symptoms; (3) Housing, employment, education, medical issues, mental health issues, substance use, social relationships	AB109 Screening Team (interview)
Probation	Wisconsin Risk Needs (WRN)	Yes	Criminogenic risk	Completed by DPO
Juvenile Probation Camps	(1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS (5) CSE-IT	(1)Yes; (2)Yes; (3)No; (4)Yes; (5) Yes	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)
Juvenile Out of Custody - Probation Officer Supervision	(1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS	(1)Yes; (2)Yes; (3)No; (4)Yes	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction 3) trauma exposure (4) Type of substance used, frequency, duration, and risky behaviors.	Clinician interview (YOQ sometimes self-administered)
AB109 Population	Life Interview	No	Mental health and drug treatment needs	Public Defender

SUBCOMMITTEE 3

Develop a Comprehensive Community Outreach Program

Executive Summary

Committee number three was assigned the recommendation that the County develop a comprehensive community outreach program to preemptively divert mentally ill persons towards treatment and away from the criminal justice system. The committee identified the following objectives for achieving this recommendation, which are:

- Expand current behavioral health outreach and engagement services and staffing
- Ensure law enforcement is aware of current expansion of Crisis Assessment Team (CAT) services and identify need for expanded Psychiatric Emergency and Response Teams (PERT) services
- Continue to make Crisis Intervention Team training (CIT) available to County law enforcement agencies
- Educate Orange County public regarding how to respond when finding oneself in a mental health crisis either personally or with a loved one experiencing a mental health crisis
- Utilize housing navigation services for assisting individuals obtain housing
- Utilize Peer Mentors in assisting individuals who are high utilizers of law enforcement link to services.

Some of the above identified objectives are already in process. Others are expected to be put in place as part of the overall implementation of the Stepping Up Initiative and as funding is identified. Partnerships that are expected to collaborate in this effort are Orange County Sheriff's Department (OCSD), local law enforcement agencies, Orange County Health Care Agency (HCA), Orange County Probation, Orange County Community Resources, Orange County Re-entry Partnership, Orange County Mental Health Board, National Alliance on Mental Illness (NAMI), community based organizations and other representation of family members with lived experience.

Objective 1 – Expand current behavioral health outreach and engagement services and staffing

During calendar years 2016 and 2017, HCA has expanded its outreach and engagement (O&E) efforts, including staffing numbers and continues to do so in order to meet the increased need of engaging individuals who are homeless or are in danger of being homeless for purposes of linking them to the many resources available in the community. Many individuals in the community who are homeless suffer from one or more mental health and/or substance use disorders. As such, the HCA O&E team seeks out any individual who is homeless and strives to link her/him to services, including housing services. The O&E team often partners with law enforcement to provide intervention in

lieu of incarceration. As a primary focus of the Stepping Up Initiative is to divert individuals away from incarceration, the O&E team will continue to provide these essential services and HCA will continue to evaluate the staffing needs of the team in order to meet the needs of the community. As of the writing of this report, HCA's O&E team consists of 30 staff and is in the process of recruiting to increase the staffing to 40 to serve the County. This staffing increase will take place in fiscal year 2017-18. Four of the new O&E staff will be assigned as part of the Whole Person Care (WPC) Initiative to outreach to homeless individuals who seek services at hospital emergency rooms. Presently, the O&E team makes over 2,200 contacts per month. When fully staffed, it is anticipated that the O&E team will achieve approximately 2,700 contacts per month. HCA will be the lead agency for the Stepping Up O&E effort, which includes ongoing evaluation of staffing needs with input from partner agencies and the community. Staffing will be adjusted as the need dictates and as funding allows. Currently, the O&E team is funded through Mental Health Services Act, Federal Substance Abuse Prevention and Treatment Block Grant and through the WPC initiative. The annual cost to fund the O&E team of 40 is $4.8 million, which includes the expansion cost of $750,000. The goal is to meet the needs of the community as timely as possible to assist in diverting individuals from incarceration.

Objective 2 – Ensure law enforcement is aware of current expansion of Crisis Assessment Team (CAT) services and identify need for expanded Psychiatric Emergency and Response Teams (PERT) services

One of the primary goals of the Stepping Up initiative is to prevent incarceration and divert individuals with mental health and substance use disorders into community based programs and/or services. Maintaining robust Crisis Services is a key aspect of preventing individuals with mental health needs from becoming offenders. The CAT and the PERT currently provide crisis services for any individual in Orange County and are often the first point of contact in identifying persons with mental illness and/or substance abuse. The mobile PERT is a program that is staffed with mental health professionals and law enforcement officers. Through this partnership, the team is able to provide appropriate intervention and resources and help maintain the person in the community thus reducing unnecessary incarceration.

Currently, there are 15 PERT teams in Orange County that are staffed by 9 clinicians and include partnerships with: Costa Mesa, Orange, Westminster, Garden Grove, South County Sheriff, Newport Beach, Irvine, Anaheim, Fullerton, Tustin, Laguna Beach, Huntington Beach, Santa Ana, Buena Park and Fountain Valley. The Committee discussed how an expansion of PERT would further the efforts of law enforcement in diverting individuals from unnecessary incarceration through identifying them at an early stage and linking them to community support services. A needs assessment was conducted with existing PERT team partners to determine the need of additional staffing. It was

recommended that an additional 8 full time equivalents (FTE) positions be added to the existing PERT team. The estimated cost is $910,000 and MHSA can be a possible funding source. The staffing recommendation was based on direct feedback from law enforcement, requests for evaluations from the departments, and overall community calls for service. The input from Police Chiefs was crucial in determining the additional staffing level to better serve their community.

Once funding is approved, additional staff could be hired, trained and placed in their PERT assignments in 6-12 months. Each law enforcement agency will be contacted yearly to determine their current needs.

For the year of 2016, CAT and PERT provided 4,253 evaluations. With the projected increase in staffing, about 5,000 total evaluations would be provided. Additionally, PERT staff would be able to increase the amount of contacts with clients who are diagnosed with a mental illness or dual diagnosis by about 80%, thus being able to link more clients to appropriate services.

The outcomes would be to provide a more comprehensive PERT coverage throughout Orange County. A significant impact will be made by having a clinician assigned to the police and sheriff's departments more often. PERT would be able to provide culturally appropriate multidisciplinary assessments to stabilize the mental health crisis and establish linkages with appropriate mental health services, physical healthcare, substance abuse services, and social services to promote wellness and recovery. Additionally, it would increase social supports, provide support to families, decrease isolation, and prevent the recurrence of a crisis situation and/or hospitalization or incarceration. Other outcomes would include: rapid response time, assist police in identifying individuals with mental health needs, facilitate hospitalizations, provide alternative care in the least restrictive environments and provide more mental health training for law enforcement.

Objective 3 - Continue to make available to County law enforcement agencies Crisis Intervention Team training (CIT) and Mental Health response training for line officers such as Mental Health First Aid

In order to achieve this objective, the committee determined it is necessary to assess the need for CIT training in the County. CIT training is currently available to law enforcement agencies in the County and it is to continue make these trainings available in the county. The method for assessing the current and future need is to survey Orange County's law enforcement training needs. The attached survey is recommended by the committee (See attachment 1). The survey will be presented by a HCA Behavioral Health Manager along with a representative from the Garden Grove Police Department at the regular meetings of the Orange County Training Managers Association (OCTMA). The goal is to obtain feedback from as many law enforcement officers as possible as to their training needs and possibly incorporate the training needs into the present CIT training or devise

new trainings to meet the needs. A representative from Orange County Sheriff's Department and a Behavioral Health Manager will attend the regular meeting of the Orange County Chiefs and Sheriff Association to identify the training needs of the respective departments. The plan is to also present the survey to the Orange County Probation Department to determine its needs as well.

At the time the surveys are completed with the law enforcement agencies in Orange County, the existing CIT program can begin to expand or be modified as needed based on the survey results. The expansion could be funded through MHSA dollars and at the approval by the MHSA Steering committee can begin. This can be expanded within 6-12 months. Currently 250 officers are trained per year and with expansion more can be served. The current annual cost of CIT training is $239,395 annually. Expected outcomes of Behavioral Health training for law enforcement and public safety personnel is to increase their competence in handling emergency situations involving persons with mental illness to enable a safe and appropriate response for both officers and individuals in crisis.

Objective 4 – Educate Orange County public regarding how to respond when finding oneself in a mental health crisis either personally or with a loved one experiencing a mental health crisis

HCA provides support services including outreach and engagement, prevention and intervention, outpatient, intensive outpatient, and crisis services for any individual in Orange County. Many times, people in the community needing support while in crisis do not know how to talk to their family or loved ones about what they are experiencing. And when they do, many do not know where to find the existing services to support them in their situation. When people don't understand where to turn, they try to manage their issues by making other choices that result in law enforcement contact, incarceration, or hospitalization. If they understand where to call and what services are available for them, those interactions with the justice system could be avoided. With that in mind, as part of a comprehensive outreach plan for the Stepping Up Initiative, a public outreach media campaign is recommended to educate the community about how to talk to loved ones when in crisis, what behavioral health services are available, and how to access them.

These recommendations include:

Development of a messaging campaign about how to talk to others about mental health issues. For example, HCA is developing a video for Mental Health Awareness Month that can be posted online and on YouTube. Links can be emailed out to various agencies to share with staff.

Distribution of existing brochures focused on mental health awareness, Each Mind Matters, HCA Behavioral Health programs, navigation, Crisis Services

Use of existing social media platforms including Facebook, Twitter, and Agency websites to post messaging about the HCA Behavioral Health System and how to access it through OCLinks

Coordination of Agency websites (HCA, OCSD, Law Enforcement Agencies, Jails, Community Agencies, Colleges, Libraries, etc.) to link resource pages using hyperlinks and logos for individuals seeking behavioral health and support services

Bus and Bus Shelter Advertisements about how to access behavioral health services

Newspaper Supplement distributed through the OC Register, LA Times, and local newspapers about reducing mental health stigma, success stories of individuals who have used behavioral health services, what behavioral health resources are available to the community, and how to access them

Pursuit of innovative public education through social media ideas including mall advertising, public access cable, etc.

Mental Health can be seen as a continuum ranging from having good mental health to having a mental disorder. A person will vary along this continuum at different points in his or her life. A person with good mental health will feel in control of their emotions, will have good cognitive functioning, and will have positive interactions with people around him or her. This state allows a person to perform well at work, school, family, and other social relationships.

A mental disorder can affect a person's thinking, emotional state, and behavior and disrupts the person's ability to work or carry out other daily activities and engage in satisfying personal relationships. Someone struggling with mental health issues may have difficulties communicating their needs to others or even themselves.

When someone is dealing with a difficult mental health issue or feels that they or a family member are in crisis, they may feel unsure about how to act on behalf of themselves or in support of their loved one. A public media campaign focused on how to talk to others or how to reach out for help themselves would be impactful in providing the community a greater understanding of how to talk to others about mental health and how to find available resources.

This campaign would include how to talk to loved ones about mental health. For individuals struggling with mental health issues or in a crisis, the campaign would also include information on how to reach out for support and help through the HCA Behavioral Health System.

The Crisis Assessment Team performs assessment and evaluation of individuals experiencing psychiatric emergencies including threats to harm self, others, or being gravely disabled due to their mental health condition.

This public media campaign can be accomplished over the course of a three-year timespan including with short term, midterm, and long term goals.

In the first six – twelve months, short term goals include the development of the campaign itself, and reaching out to the appropriate agencies that handle advertisements including bus and bus shelter ads, shopping center advertisements, newspaper inserts, movie theatres display during pre-film entertainment sections, cable television public access coordinators, and social media messaging development.

The midterm goals include public dissemination of the campaign itself. Once funding is approved, bus ads and newspaper inserts can be distributed in the first year. The campaign ads will have the OCLinks number and website listed, so that callers can be tracked. OCLinks Navigators ask all callers how they heard about OCLinks. This data can be tracked. Also, web hits can be tracked on the website.

Long term goals 1 to 3 years will include the analysis of data from callers. This data can be used as a summary report of the impact of the public campaign to the community.

Social media postings will focus on how to talk to loved ones and how to seek out support for oneself. Facebook advertising can be used to target specific populations or groups like Veterans, LGBTIQ, parents, etc.

Estimated costs include bus advertising (estimated at $50,000 per 3 months), Facebook advertising (estimated at $200/month), Newspaper insert (estimated at $50,000 for 100,000 hard copy inserts), shopping center advertising (estimated at $50,000 per center), movie theatre advertising (estimated at $15-20,000 for 3 months at multiple sites)

Free or in-kind campaign components include: social media posts by HCA HPC staff, public access cable television flyer display on community hours, and media coverage and articles written on mental health.

Funding sources can potentially include: MHSA – Prevention and Intervention funding, seeking out public/private partnerships for grants to increase community knowledge of mental health.

Objective 5 – Utilize housing navigation services for assisting individuals obtain housing

As lack of housing is one of the immediate precursors to recidivism and rearrests; as well as a stressor that exacerbates mental health symptoms and impairments, the subcommittee explored the use of Housing Navigators (HN) to facilitate linkage to community or permanent supportive housing.

The housing market in Orange County is exceptionally challenging for several reasons including a very low vacancy rate (< 4%) and historically high rents. Clients of HCA's Adult and Older Adult Behavioral Health (AOABH) system have even greater difficulties in

locating and leasing an apartment. Typically these applicants have limited resources to identify and to negotiate housing opportunities. In addition, they have no transportation with which to travel from site to site, poor credit histories, and in many cases, criminal records which make it difficult for them to compete for rentals. As a result, even when the individual has a voucher or means to pay rent, they are not able to access housing or utilize their vouchers. Clients become discouraged by their inability to secure a unit and the resulting continuation of their homeless status and loss of the voucher. The overarching role of the HN is to work with landlords throughout Orange County to build a greater inventory of potential units, maintain records of available units, and assist clients to find and lease units in a timely manner.

HNs would have two primary roles; to work with property managers, builders, faith based communities, and any entity that can provide a housing option for the target population, and to assist clients who have been identified as eligible through the county coordinated entry system to be placed in housing. Although many of the individuals that will utilize these housing resources will have vouchers, it is not mandatory to have a voucher.

HNs must have a strong knowledge of the voucher program, housing programs, coordinated entry, an understanding of mental illness, and an understanding of the cycle of homelessness. Individual caseloads should not exceed 20 clients in order to be effective. HNs should be culturally competent and must have a valid driver's license. It will be important for HNs to work in collaboration with various Outreach and Engagement staff as well as providers of BHS in order to provide individuals with the services need to obtain housing and maintain housing.

For a description of HN duties, see attachment 2.

This is a new program, providing a service that has not been done before in OCHCA. The opportunity to provide this program was provided through the Whole Person Care grant. OCHCA – BHS will be the lead agency to initiate and implement the HNs. BHS will work in collaboration with various agencies and community partners. Within the next 6-12 months, HCA- BHS will develop and release an RFP for housing navigation services. Within one year, the housing navigation program will be awarded to a contract provider and implemented. Housing Navigation will be looking at staffing regions of Orange County. The HNs will need to be experts on their assigned regions and develop a network of housing providers and landlords. It is roughly anticipated that housing navigators would be able to house 300 - 500 individuals from the coordinated entry system within one year. This is only an estimate, as the services have not been provided previously in the county. It is anticipated that the services would be short term in nature. Primarily identifying housing resources and assisting with placement. Approximately 2-3 months. Outcomes will range from how many housing resources are made available to how many people are actually placed. The cost is estimated at $700,000. The Whole Person Care grant has allocated money to support a housing navigation contract.

Objective 6- Utilize Peer Mentors in Linking High Utilizers to Services.

We are proposing the Orange County Stepping Up Initiative create a "high user" peer mentor case management service designed for those persons who have more difficulty managing symptoms, and whose difficulty managing symptoms subsequently leads to greater risk for incarceration, hospitalization, more frequent use of emergency services in local ER's and with mobile assessment teams, and a greater risk of chronic homelessness. These individuals will be identified through local law enforcement agencies as their top 10% calls of service.

These peers will work with local law enforcement agencies and will have the knowledge of how to access both mental health and substance abuse systems. Peers will be familiar with local resources and referral sources, especially those with specialized programs for clients with co-occurring disorders. They will have knowledge and experience with the substance abuse/addiction recovery process, including the disease concept and the 12-step model.

Within the "high user" case management services, we are also proposing that Peer Specialists that are trained and supervised to provide additional support, also support the intervention of the social workers. According to the "Development of Competencies and Capacities to Address Behavioral Health" by SAMSHA (2016), people in recovery from behavioral health disorders and their family members are being trained as specialists and are contributing to the field in a variety of roles: as health educators, patient navigators, outreach and engagement workers, and crisis support among others. These evidence-based recovery supports have expanded the workforce and access to effective services. The real-world experiences of peer professionals bolster workforce expertise and guarantee inclusion at all levels of the delivery system.

This program is proposed to be a track within the existing Peer Mentoring program within Behavioral Health. This may be funded through AB109 dollars and MHSA funding if approved. The approximate cost of an additional track for Peer Mentoring would be $1,125,000. The program could serve approximately 500 clients on an annual basis. The timeline to implement once approved may be 1-3 years.

ATTACHMENTS

ATTACHMENT 1 – LAW ENFORCEMENT TRAINING NEEDS ASSESSMENT 2017

ATTACHMENT 2 – HOUSING NAVIGATOR

ATTACHMENT 1

Law Enforcement Training Needs Assessment 2017

The purpose of this Training Needs Assessment Survey is to gather information about the training needs of your program or division so that the Workforce Education & Training Program of Orange County Health Care Agency/Behavioral Health Services may effectively plan upcoming training activities. This survey takes fewer than five minutes to complete. Thank you for your time and cooperation!

Please rate the trainings below based on the level of needs for your program using number 1 to 5 (where 1 is the LEAST and 5 is the MOST).	**Scale**				
	Least				**Most**
Introduction to Mental Illness	1	2	3	4	5
Post-Traumatic Stress Disorder (PTSD) and Veteran's Issues	1	2	3	4	5
Mental Health First Aid for Public Safety	1	2	3	4	5
Psychiatric Medications	1	2	3	4	5
Community Resources	1	2	3	4	5
Understanding Stress and Mental Illness	1	2	3	4	5
Suicide and Suicide by Cop	1	2	3	4	5
Legal Issues/5150	1	2	3	4	5
Tactical Communication	1	2	3	4	5
Suicide Prevention: safe TALK - Community Track	1	2	3	4	5
Client Culture (Online)	1	2	3	4	5
Substance Use Issues and Treatment	1	2	3	4	5
Updates on Current Street Drugs	1	2	3	4	5
Developmental Disorders Including Autism	1	2	3	4	5
Working with Deaf and Hard of Hearing Population	1	2	3	4	5
Laura's Law Training	1	2	3	4	5

Please identify other training topics that you, your staff, or unit currently need to strengthen skills:

ATTACHMENT 2

Housing Navigator

Purpose: To assist clients in the County of Orange's behavioral health system to secure housing. This includes individuals with housing certificates/vouchers to identify affordable housing. The housing market in Orange County is exceptionally challenging for several reasons including a very low vacancy rate (< 4%) and historically high rents. Clients of the Adult and Older Adult Behavioral Health (AOABH) system have even greater difficulties in locating and leasing an apartment. Typically these applicants have no transportation with which to travel from site to site, poor credit histories, and in many cases criminal records. As a result these certificates are going unused and awarded clients are discouraged by their inability to secure a unit and the resulting continuation of their homeless status. The role of the HN is to work with landlords to build a greater inventory of potential units, maintain records of available units, and assist clients to find and lease units within the allotted period of time.

Basic to this position is a strong knowledge of the Shelter Plus Care program, housing programs and coordinated entry. Caseloads should not exceed 20 clients. HNs should be culturally competent and must have a valid driver's license.

Duties:

1. Canvass the county for potential housing units. This includes:
   a. Visiting current landlords to see if they are willing to continue renting to AOABH clients and to meet new landlords to develop more potential leads.
   b. Educate landlords on the benefits of accepting Shelter Plus Care residents.
   c. Create a database of likely buildings and maintain an inventory of current openings.
   d. Act as the liaison between the resident and the landlord.
2. In collaboration with assigned Plan Coordinators/Case Managers, work with clients to find and secure housing:
   a. Transport or arrange for transportation of clients to potential housing
   b. Assist with the application process, and secure Reasonable Accommodation letter(s) as needed.
   c. Ensure that the tenant has deposit and link to resource assistance as needed
   d. Ensure that residents arrange for their utilities to be turned on.
   e. Ensure clients have essential housing furnishings, that include, but limited to refrigerator, seating furniture, bed and basic housekeeping items.
   f. Assist in the linking to needed resources in the area, i.e., medical provider, food banks, bus, etc.
   g. Educate tenants on housekeeping issues such as maintenance and avoidance of bedbugs and other pests, how to interact with neighbors and landlords, and other independent living skills.
3. Maintain client records
4. Identify appropriate level of housing and work collaborative with the Co-Ordinated Entry System

SUBCOMMITTEE 4

Construct a County Urgent Care and Restoration Center with 24 hours/7 days a week access

Executive Summary:

An overarching goal of the Stepping Up Initiative is the diversion of low-level nonviolent offenders with mental illness and/or substance abuse away from jails and towards community services. To achieve this goal, Committee 4 was tasked with planning a County Urgent Care and Restoration Center with 24 hours/ 7 days a week access. The goal of this Center is to provide a county-wide community drop-off site for law enforcement that would divert individuals to treatment, rather than adult or juvenile detention. Individuals served at this Center would be assessed for their behavioral health treatment needs and referred to the appropriate level of care in the community. The Center would include sobering services and possibly detox services, as well as services to address housing, case management, psychiatric and medical needs. Recommendations for site location, staffing, funding sources, and treatment services were to be considered by the Committee.

The Committee's objectives were to: 1) develop a model for Co-located Services that would divert low-level non-violent offenders with behavioral health conditions from jail, and 2) prioritize services for both adults and adolescents.

The Committee leveraged the 2016 Strategic Financial Plan and the initial planning for the Behavioral Health Services Integrated Services. Based on this framework, the Committee elaborated on the model for the diversion of both adults and adolescents from custody. While the Committee was able to identify/prioritize services and estimate overall cost of a Center, more specifics on individual program component details, such as space and staffing were not defined. Before these specifics are determined, more planning is needed, including the following information: the co-located services that will be actually implemented, the location of the facility, the size of the facility, the scale of each program component, and the number of clients needing to be served, and if multiple centers are needed or preferred.

The costs associated with this recommendation include the following:

- Start-up costs.
- Operating costs
- Potential funding sources include, MHSA, Drug MediCal (DMC), AB109, Substance Abuse Prevention Treatment Block Grant (SAPT BG) and NCC.

Implementation of the County Urgent Care and Restoration Center may include partnership with the following agencies:

- CEO
- Health Care Agency
- Public Works
- Law enforcement/Probation
- OC Courts
- Mental Health/Substance Abuse treatment providers
- Other Health Care providers

Objective 1- Develop a model for Co-located Services that would divert low-level non-violent offenders with behavioral health conditions from jail:

The Committee decided to leverage the Strategic Priorities contained within the 2016 Strategic Financial Plan which outlines a framework for a Behavioral Health Services Campus. Based on this initial concept, the Committee elaborated on the model. The Committee agreed with the continuum of services concept with five components, which provides 3 levels of engagement as described below.

The initial point of diversion (engagement) takes place in a Crisis Stabilization Unit (CSU) or a Sobering Station, which provides services up to 24 hours. Both of these programs would also have a built in Medical Triage component for assessing the immediate medical need and linking individuals to the appropriate level of medical care. The Committee recommended that the CSU be non-designated (voluntary). These two receiving programs would be able to refer individuals to a second level of engagement, a co-located Crisis Residential Unit or a Social Model Detox Unit (medically unsupervised). Individuals needing medically supervised detox would be referred to appropriate services. Both of these programs are designed to provide services up to 2 weeks. Finally, a third level of engagement would be Behavioral Health Intensive Outpatient Treatment.

While a primary emphasis for the co-located services is for law enforcement to have a location to drop off low-level non-violent offenders with behavioral health conditions, the Center is also intended to serve individuals and families members directly from the community who are in need. All five program components would be able to make referrals and link individuals to the appropriate level of care. Four of these programs are currently provided in Orange County. The fifth would be an expansion of services with the co-location as a new feature. Only the Sobering Station would be a new service for Orange County. The Co-Located Services: Draft Concept diagram is illustrated in Attachment 1. This diagram also includes a listing of the Center's referral capabilities.

The 2016 Strategic Financial Plan (Attachment 2), estimates one-time and annual operational cost estimates for a single integrative center with the five co-located services. These estimates were used with a few adjustments in the timeline as follows:

Year 1: $0 costs
Year 2: $5,000,000 one-time costs
Year 3: $5,000,000 one-time costs; $6,000,000 operational costs
Year 4: $8,000,000 operational costs
Year 5: $8,200,000 operational costs
Year 6: $8,405,000 operational costs
Year 7: $8,615,125 operational costs
Year 8: $8,830,503 operational costs
Year 9: $9,051,266 operational costs
Year 10: $9,277,547 operational costs

Additional considerations impacting cost include: 1) the actual agreed upon co-located services; 2) the scale of each program component; and 3) the number of centers needed throughout the County. Potential funding would include MHSA, Drug MediCal (DMC), AB109, SAPT BG, and NCC.

The estimated time for implementation is dependent upon site identification, plan development, procurement process timelines, and funding availability. Respective licensure and certifications would also need to be addressed. These items are typically addressed during the startup period, and service delivery would begin after the startup period. The timeline to accomplish these tasks would be long term, 3-5 years. The same agencies listed in Executive Summary would partner with HCA taking a lead on the implementation of the Center.

Objective 2- Prioritize services for both adults and adolescents:

The Committee wanted to ensure that services were available to divert both adults and adolescents. In addition, the committee decided to prioritize services for both adults and adolescents in case available funding required the scaling back of services.

For Adults services, the CSU, the Sobering Station, and Medical Triage were prioritized since these are the entry services that are the first point of diversion. The Second prioritized services are the Crisis Residential and Social Model Detox components. These are existing programs in Orange County that take referrals. Finally, the Behavioral Health Intensive Outpatient Treatment Services was prioritized last. All of these individual programs would be able to make referrals for crisis and treatment services and link individuals and families to a variety of services.

For Adolescents, the CSU was prioritized first, the Sobering Station was prioritized second, and medical triage was prioritized third. The Committee agreed that it made more sense to

refer out Crisis Residential and Behavioral Health Intensive Outpatient Services since they are currently existing in Orange County along with new services under development. The committee wanted to ensure that programs would assist families in linking to services and would assist in overcoming barriers to access.

A need was identified for Sobering and Detox Services to divert minors from detoxing at Juvenile Hall and to link minors immediately to appropriate services. However, consensus could not be reached regarding how this would be accomplished. Currently there are no Sobering or Social Model Detox Services for adolescents. Specific adolescent services would have to be developed, creating a new program for Orange County since there are no known programs in existence. Adolescent care beds (separate from Adults) in the Sobering Station and/or in the Social Model Detox Program, is one option. However, there may be additional costs and operational details that will require study and development.

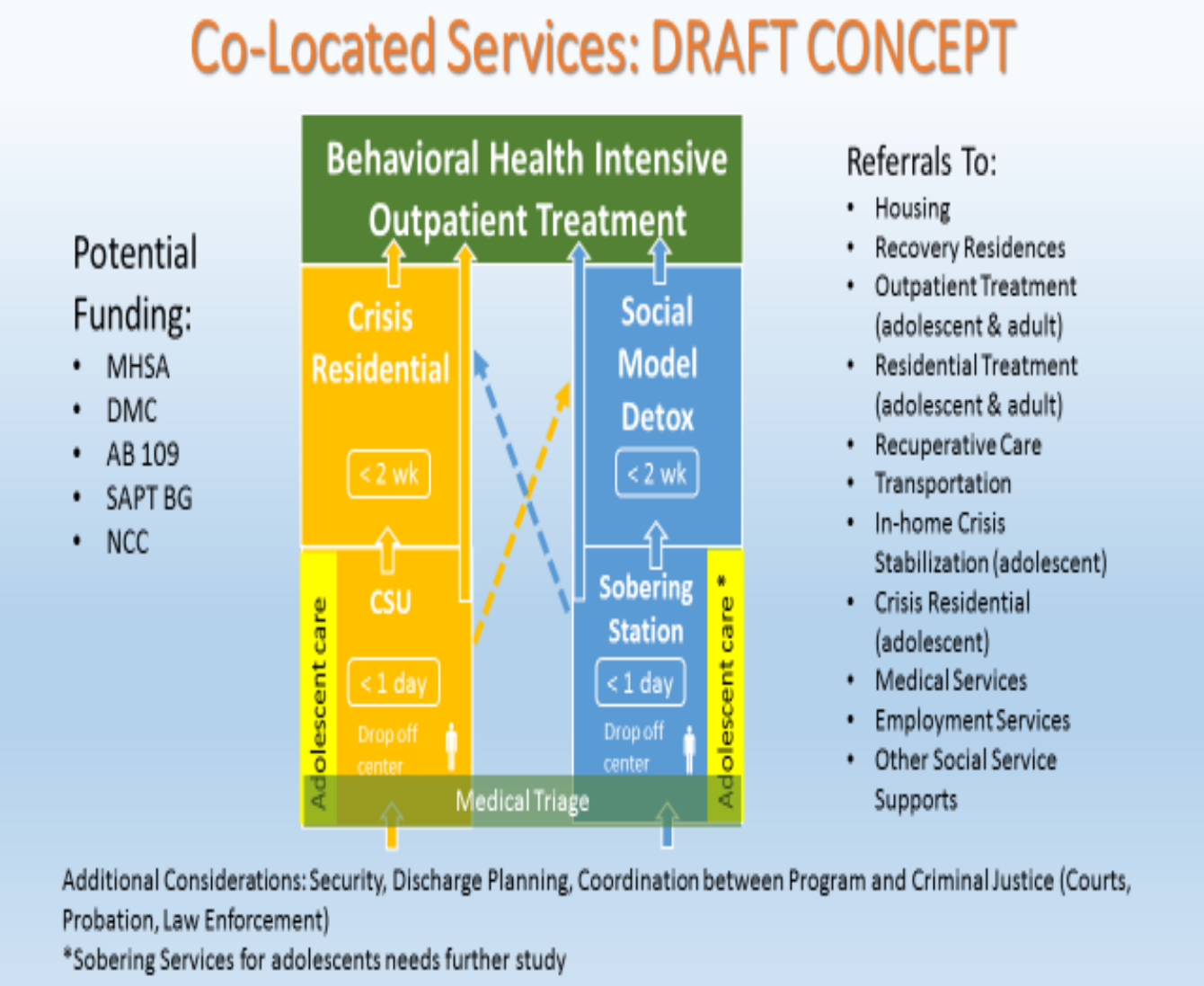
Another option would be to incorporate the sobering service function into the CSU, which would also have the medical triage component. With this option, a youth could remain in the CSU for up to 24 hours while being assessed for appropriate services in the continuum of care. A youth deemed to be in need of further sobering/detoxification services or any other services would then be linked accordingly in the county. In any case, it is recommended that a stakeholder group convene to further engage in discussion regarding the need for Orange County sobering services for minors and how to best address the need in this integrated service center model. As services are implemented, gaps in services and unmet needs will continually need to be addressed.

ATTACHMENTS

ATTACHMENT 1- CO-LOCATED SERVICE: DRAFT CONCEPT

ATTACHMENT 2- 2016 STRATEGIC FINANCIAL PLAN

ATTACHMENT 1



ATTACHMENT 2

2016 Strategic Financial Plan *Strategic Priorities*

Integrated Services

The County of Orange continues to be committed to providing for the health, welfare, and safety of its residents. With the passing of certain legislative measures such as the Public Safety Realignment in 2011 and Proposition 47 in 2014, the population served in the County changed requiring departments to analyze their programs and services to best meet the changing needs of their residents while keeping public safety as their primary concern.

Recently, the County successfully implemented an integrated service model to deliver services to reduce homelessness. Currently, a Director of Care Coordination is responsible for strategically coordinating the variety of services provided by multiple agencies to reduce homelessness. This results in a more effective use of budgets and staffing and maximizes the impact of these services.

Integrated Services is an umbrella concept that covers five (5) Strategic Priorities individually submitted for the 2016 Strategic Financial Plan. These proposed initiatives focus on providing a host of services aimed at: mental health and substance abuse treatment, recidivism reduction, and post incarceration reentry to the community.

The five Strategic Priorities included within the **Integrated Services** umbrella are still in the preliminary development stage. Specific details pertaining to resources and funding will be defined as the projects are developed. Where possible, general estimates have been provided to assist management in making critical decisions. Below are a list of the Strategic Priorities and brief descriptions of each.

Stepping Up Initiative

Multiple agencies are working on the development of this initiative. In May 2015 the Board of Supervisors adopted a "Stepping Up Initiative" Resolution to demonstrate the County's interest in reducing the number of people with mental illness in County jails and share lessons learned across the state and nation. Across the country, jails and prisons are the primary providers of mental health treatment. A primary goal of this initiative is to divert low-level nonviolent offenders with mental illness and/or substance abuse away from jails and toward more appropriate treatment services.

Behavioral Health Services Campus

This initiative was submitted by the Health Care Agency. It proposes the creation of a hub of co-located services in a campus like setting is being identified as a strategic priority. These services would include a Crisis Stabilization Unit; a sobering station – where law enforcement could drop off someone who is severely intoxicated rather than taking them to jail; detoxification services – where individuals could initiate recovery from substance use disorders; outpatient mental health and substance use disorder treatment; and crisis residential services.

In-Custody & Post-Custody Drug Treatment Program

This initiative was submitted by the Sheriff. As proposed, the In-Custody/Post-Custody Drug Treatment Program would provide professional substance use disorder treatment to eligible inmates while incarcerated; continuing post-custody treatment services; and case management services during the entire program period. Additionally, a continuum of post-custody community-based treatment services and post-custody supportive sober-living would be provided for one year.

Recidivism Reduction Community Reintegration

This initiative was submitted by the Sheriff. The Recidivism Reduction Community Reintegration Program will provide professional case management and cognitive behavioral program services to eligible inmates while incarcerated and continued case management post-custody for one year.

Reentry Facility

This is a multi-agency initiative. Returning to the community from jail is a complex transition for most offenders, as well as their families and the community, and can have profound implications for public safety. Those released often struggle with substance abuse, lack of adequate education and job skills, limited housing options and mental health issues. In April 2016, the Community Corrections Partnership Executive Committee began to explore the need for a dedicated reentry facility. An Ad-Hoc meeting was convened and began to work on developing the model for Orange County.

The potential funding sources of these initiatives are varied and include: Mental Health Services Act, Proposition 47 Grants, AB 109, and County General Fund. Given the commonality, consideration of an integrated approach in the implementation of these programs provides opportunities to leverage the overlap (services, funding, and data collection) to more effectively and efficiently deliver these services.

2016 Strategic Financial Plan *Strategic Priorities*

Stepping Up Initiative

1. **Program Area:**
   Integrated Services/General Government Services

2. **Identify agencies and departments involved.**
   This is a multi-department initiative involving the public safety and community service agencies including the County Executive Office, District Attorney, Sheriff-Coroner, Probation, Public Defender, Health Care Agency, OC Community Resources, Social Services Agency as well as the Court system, municipal law enforcement and community based organizations.

3. **Is the Strategic Priority new or previously identified in an earlier Strategic Financial Plan; if previously identified, indicate what has changed and why; identify any progress made in reaching the goals/expectations of the previously identified priority; and identify dollar amounts, by major object category, for any funding related to the Strategic Priority that is included in the current fiscal year budget.**
   This is a new Strategic Priority.

4. **Provide a description of the project/program – what it is and what it will achieve. Identify how the strategic priority aligns with the mission, values, strategic initiatives and goals of the County and, if applicable, how it relates to the health and/or safety of the community.**
   There are an estimated two million people living with serious mental illnesses admitted to jails nationwide each year. Of this total, approximately 75% (1.5 million) also have a drug or alcohol problem. Jail resources are limited to deal with this population, and adults with mental illnesses tend to stay longer and have a higher risk of recidivism thereby putting an additional strain on the jail system.

   Orange County's Stepping-Up Initiative aims to break the cycle of recidivism and address the underlying causes by diverting low-level nonviolent offenders with mental illness and/or substance abuse away from the jails and towards more appropriate community-based treatment services. Much of the framework and services currently exist within the County, but have never been aligned purposefully to provide an opportunity for a comprehensive care model.

   The preliminary model includes diversion points beginning with the point of initial contact with an individual through the process of the criminal justice system. Low-level nonviolent offenders identified with mental or substance abuse issues would be diverted away from the jail system toward more appropriate community-based treatment services. To varying degrees, Orange County already engages in activities to reduce the number of individuals with mental health issues in the jails and operates a variety of treatment programs, some of which include housing for those with mental illness or substance abuse issues.

- The Health Care Agency and contracted providers offer a variety of reentry treatment services such as outreach and engagement, crisis services, outpatient, residential and inpatient services, and housing programs. Many of the services include medication evaluation and monitoring.

- The Probation Department provides post-release oversight for those offenders who participate in the Mental Health and Drug Treatment Courts where a team of professionals, including the Court, Public Defender, District Attorney, Probation and Health Care Agency decide the best course of action for the offender.

- Sheriff-Coroner, Public Defender, Social Services Agency and Health Care Agency implemented a program that provides Medi-Cal screening for inmates in the jails and optional enrollment in Medi-Cal prior to release.

Developing and implementing a comprehensive community outreach program to preemptively divert low-level nonviolent offenders towards treatment and away from the criminal justice system would benefit the individual by addressing the underlying causes of their criminal behaviors and potentially reduce recidivism. It could also allow for the efforts of the Sheriff, District Attorney, Public Defender and the Court system, for example, to focus resources to address the more significant criminal activity and behaviors and thereby increase public safety.

5. Identify personnel – will the program/project require additional staffing? If so, estimate the number of positions by classification.

The planning and development of a comprehensive plan for the integration of services is in process. It is not known at this time if additional staffing will be needed or contracted services will be utilized.

6. Identify cost – estimate and identify separately one-time (e.g., equipment purchases) and ongoing costs (e.g., maintenance contracts).

The Strategic Priority is in the preliminary development phase and encompasses all of the elements presented under Integrated Services. Many of the services are currently provided in the County and this initiative would result in an increase in the scope and workload potentially increasing costs for personnel as well as anticipated increases in contracted services through community-based organizations. However, the increase in costs may be offset by savings from efficiencies created due to lower cost to treat mental illness and substance abuse in a community-based organization as opposed to the jail system; availability of Medi-Cal outside of the jail system; potentially reduced recidivism and decrease in general staff time when processing a mentally ill individual through the criminal justice system. Estimated costs are included with the related Strategic Priority included under Integrated Services.

7. Identify potential funding sources (e.g., State, Federal, General Fund, fees) and any possible limitations on those sources.

Funding sources are included with the estimated costs in the related Strategic Priority under Integrated Services.

8. Identify stakeholders.

The low-level nonviolent offenders would be provided alternatives to incarceration, thereby, addressing their underlying needs; the community will have increased public safety; the County Departments will align services and work collaboratively to address a nationwide issue at the County level.

9. Is the program/project mandated or discretionary?

Although this has been identified as a nationwide initiative, the program itself is discretionary.

10. Identify the implementation period if funding were available.

Planning will begin in FY 2016-17 to identify the services and framework and will be implemented in phases with a target of FY 2017-18 for the main availability of aligned services.

SUBCOMMITTEE 5

Remodel the Intake Release Center in Santa Ana to expand mental health treatment services for offenders in the Orange County Jail and seek opportunities to replicate this effort for offenders in Juvenile Hall

Executive Summary

Recommendation #5 is specific to the repurposing of the Intake Release Center (IRC) to expand mental health treatment services in Orange County Jail system while reducing the number of rated beds. The IRC serves as the primary intake location for arrestees in the County of Orange, and also includes specific housing and accommodations for medical and mental health needs. The objectives of this effort that directly support the Stepping Up Initiative include 1) Increasing the number of medical/mental health treatment beds; 2) expanding acute psychiatric treatment beds; 3) increasing the number of chronic step down beds and integrated programming; 4) establishing transitional beds; 5) seeking designation for women's psychiatric care (Crisis Stabilization Unit); 6) Riese hearing and arraignment capabilities; and 7) identifying costs and potential funding sources, as applicable

Although the IRC is a functional jail facility, it was not designed and constructed for the frequency and severity of medical and mental health care needs, the phenomenon of Co-occurring disorders within the inmate population, or adequate medical and mental health beds for female inmates. In a comprehensive treatment and programming model, pre-custody, in-custody, and post-custody programming and treatment must be included to provide the best treatment possible. These items have been included in Department of Justice reports and the Orange County Grand Jury.

The proposed solution and objectives for improved in-custody care and inmate safety involves a repurposing and renovation of two housing and treatment Mods of the IRC. The proposed project addresses various safety, efficiency and offender treatment needs at the IRC while directly increasing treatment space in this facility and centralized mental health and medical services beds. Safety improvements include enclosed mezzanine level catwalks, widened catwalks for mezzanine level gurney movement, improved inmate observation by the nursing staff for recurring inmate safety checks, Closed Circuit Television (CCTV) coverage, and direct connections between the two medical/mental health Mods. Efficiency improvements center on intake/booking area layout changes that allow for improved offender evaluations while meeting Health Insurance Portability and Accountability Act (HIPPA) requirements during the booking process, and elevators that streamline inmate movement from intake to medical/mental health housing while enhancing the facility's ADA capabilities.

Offender treatment is greatly enhanced with separate medical/mental health housing and treatment for male and female offenders, medical wards for offender health care and treatment, an increase in the number of acute psych beds, an increase in the number of transitional/chronic step down beds with integrated programming spaces, new mental health transitional beds,

additional respiratory isolation/negative pressure cells, additional safety cells, Tuberculosis cells, and obstetrics and gynecology rooms for improved specialty care.

The timeline and estimated costs required to accomplish the objectives of this renovation project are shown in the table below and annualized costs are shown on the following page:

	Estimated Cost	Duration
Design	$3,200,000	16 months
Construction	$26,900,000	26 months
Project/Administrative/Approval processes	n/a	9 months
Construction Management	$1,700,000	n/a
Other Project Costs	$500,000	n/a
Total	$32,300,000	51 months

Project/Administrative/Approval processes include design RFQ requirements, BOS approval to negotiate for design, BOS approval to award design contract, BOS approval for permission to advertise for construction bid, and BOS approval to award construction.

Funding options are limited at this time for detention facility projects. Due to the age of the facility, grant funds awarded from the State or Federal government could require additional costs of approximately $10 million to meet current seismic retrofitting requirements for detention facilities. Funding under Senate Bill 863, was applied for through a competitive RFP process in 2015. The County did not receive a conditional award through this competitive process and there are currently no other external funding opportunities known to be available at this time for jail construction or renovation.

Agencies that will partner on this specific recommendation include:

- Sheriff-Coroner Department
- Health Care Agency
- Superior Court
- Public Defender
- CEO

Objectives - 1

Each of the 7 objectives for recommendation #5 would be completed concurrently within the confines of this single proposed project.

Recommended Action	Funding and project approval by the Board of Supervisors to support design and construction of the IRC renovation.
Timeline to accomplish this goal	Long term (8-9 years)
List of agencies that will participate	• Sheriff-Coroner Department • Health Care Agency • Superior Court • Public Defender • CEO
Lead agency	Sheriff-Coroner Department
Staffing model	Additional staffing requirements • Deputy Sheriff I – 4 positions • Registered Nurse – 2.5 positions • Licensed Vocational Nurses (LVN) – 5 positions
Number of clients you intend the goal to serve (per day, week, month, or year)	Medical/Mental health housing for up to 257 inmates per day. Expanded treatment, programming, and specialty care to not only meet the needs of the inmates housed in these units, but also available to inmates housed in the other areas of the Orange County Jail system.
Length of time service or program is provided	Medical and mental health services are provided from the onset of contact within the IRC. These services continue throughout the detention period of a given inmate with medical and/or mental health needs.
Expected outcomes	Offender treatment is greatly enhanced with separate medical/mental health housing and treatment for male and female offenders, an increase in the number of acute psych beds, an increase in the number of transitional/chronic step down beds with integrated programming spaces, new mental health transitional beds, additional respiratory isolation/negative pressure cells, additional safety cells, Tuberculosis cells, and obstetrics and gynecology rooms for improved specialty care.

Cost (broken down by fiscal year if cost is ongoing)	Renovation Project Design & Construction (*based on funding approval at the start of FY 17-18*) **One-time Project Costs** FY 17-18 $2,500,000 FY 18-19 $2,100,000 FY 19-20 $14,200,000 FY 20-21 $13,500,000 Staffing requirements over and above existing staff - **Ongoing Staffing Costs** <u>OCSD</u> FY 20-21 $818,012 FY 21-22 $860,303 FY 22-23 $904,780 FY 23-24 $951,558 FY 24-25 $1,000,828 <u>HCA</u> FY 20-21 $1,047,415 FY 21-22 $1,093,560 FY 22-23 $1,143,482 FY 23-24 $1,195,710 FY 24-25 $1,250,351
Funding sources (grant, general fund, AB 109, fees, etc.)	Design & Construction – General Fund Orange County Staffing • Sheriff's Department – General Fund • Health Care Agency – General Fund
Expansion of an existing program	Expansion of existing inmate housing and treatment programs at the IRC to address: 1) Expanded mental health and medical special use beds and services for female inmates 2) Rising medical and mental health trends and complexities for male and female offenders in the County of Orange Adult Detention System that can only be addressed with the physical plant changes and modifications proposed by this project.

SUBCOMMITTEE 6

Expand Reentry programs in the Orange County Jail for mentally ill offenders and those with co-occurring substance abuse disorders to include integration of community based service providers and enable a seamless handoff upon release

Executive Summary

Committee #6 focused on improvement of adult and youth jail/detention based behavioral health services that are provided to the incarcerated adult and youth and linkage to services post custody. The Committee was chaired by Geoff Henderson of OCSD and Coletta Franciscus of HCA. The Committee Membership consisted of representatives of OCSD, HCA, Probation, CEO, Public Defender, Judges, and the Orange County Reentry Partnership (OCREP) - see appendix for full acknowledgement list. Each of the represented agencies provide a stakeholder group for the implementation of improved custody-based services.

The Committee focused efforts in confirming the current strengths of our custodial system; identification of gaps in the youth and adult detention facilities; created a wish-list of more ideal provisions of services; and began planning for the design of an improved system. The Committee identified two major themes for the improvement process: 1) the need for full-time programming in order to better address the behavioral health needs of the adult and youth in-custody population with mental illness, coupled with substance use disorder- the co-occurring disorder population; 2) systemic improvements that introduce new and effective tools, plus better-aligned efforts among county partners and community-based organizations to deliver evidence-based services.

Objectives:

Background

Guiding principles

- All Adult Jail and Juvenile Hall Operational functions ought to support the view that the majority of in-custody based activities provide an opportunity to positively impact successful community reentry- effectively realized through cross functional competency-building and teamwork.
- An integrated, holistic and collaborative environment provides the opportunity for safe and effective detention-based rehabilitative programming- all public and private stakeholders are respected for role and expertise with the clients' health and safety the focus.
- An evidence-based model is best deployed involving the commitment of all stakeholders- processes and results are openly reported through regular feedback loops with the aim of quality assurance and improvement.

- An appreciative focus of effort cultivates a healthy work environment and positive regard for staff and participants- builds strength, respect and upholds dignity.

Priority given to establish inter-departmental vision and cultivate collaborative facility work environments in order to achieve collective goals- reduce recidivism through the application of evidenced-based corrections approaches while ensuring safety, public interest and legal requirements.

The implementation of custody-based programs calls for a cooperative collaboration between treatment and corrections. As both treatment and sanctions are equally important for offenders with mental health issues, they function from separate philosophies. Specifically, the philosophy of the juvenile justice system is that of rehabilitative and reunification of families. In terms of adult, youth and transitional age youth offenders with co-occurring disorders, treatment and corrections both prioritize safety and security- corrections tends to primarily view drug use as a crime, and focus on punishment and incarceration, and treatment views substance use as a chronic debilitating disease that is treatable. Efforts to conduct treatment-oriented services that operate in a correctional facility can result in the subordination of the treatment programs toward traditional correctional methods. Thus, the treatment program's ability to provide effective methods may become restricted by unequal power distributions. In order for treatment services to be effective in correctional institutions, the organization needs to maintain an appropriate culture supportive to inmates- with open communication, strong collaboration, and respectful working relationships between professional partners. Cross-functional training and development need to be conducted collaboratively with custody-staff and treatment-staff. The training sessions are conducted in unison to educate, inform, cultivate unity of vision and build cooperative teamwork.

The following goals and action steps are based on the committee's input and review of the body of knowledge regarding science-based recidivism reducing methods in adult and youth correctional settings. The body of knowledge was reviewed from, but not limited to:

- Dr. Edward Latessa, University of Cincinnati- Corrections Institute
- Dr. Igor Koutensok, MD, UC, San Diego- United Nations Office on Drugs and Crime, Forensic Addiction Specialist
- National Institute on Corrections- Best Practice Model for Transition-From-Jail-To-Community (TJC)
- US Department of Justice- BJA- Second Chance Act Best Practice Models
- Texas Christian University- Behavioral Research Institute- Criminal Thinking models

Objective 1. Increase collaborative programming among agencies involved in adult jails and youth detention activities: OCSD Inmate Services, HCA's Correctional Mental Health & Behavioral Health Divisions, Probation Department, Court Departments, and Community-Based Provider Agencies.

Timeline:

Short (1-6 months)

- Integrate Proxy (risk-to-recidivate screening tool) and Mental Health assessments between Inmate Services (ISD) and Correctional Health Services (CHS) staffs. The CHS will receive risk scores from ISD to use with programming decisions. CHS will explore ways to implement into the new Electronic Medical Record (EMR) in the future.
- Establish policies to facilitate continuity of care: i.e. MOU between ISD & CHS to address information sharing of aggregate data, HIPPA documents between ISD/CHS for collaborative programming and treatment services for in-custody programs.
- Begin Cognitive-Behavioral Therapy (CBT) Program Pilot: include inmates who score as high-risk-to-recidivate from the Housing Mods at the Theo Lacy facility into Mental Health clinician groups- using a CBT curriculum.
- Begin Pilot: develop collaborative programming for high-risk-to-recidivate inmates to include county partnerships (pilot began at IRC with females on 3/6)
- Increase adult, youth and transitional age youth (TAY) pre-enrollments into applicable Public Benefit Programs, conducted by the Social Services Agency (SSA) for post-custody participation, i.e. SSI, Medi-Cal, CalWorks, CalFresh

Midterm (1 to 3 years)

- Integrate CHS/Inmate Programs into existing Classification process for housing decisions- with aim to group inmates into risk/need cohorts for targeted programming
- Expand CBT Program Pilot to include male inmates and increased numbers of clients
- Expand/Add Evidence-Based Treatment (EBT) programs for specialized populations: to include but not limited to, Women's Issues, Substance Use Dependence, Co-Occurring disorders, Domestic Violence, Sex Offenders. (Fig. 1) CHS clinical staff will be trained in the following evidenced-based treatment modalities utilized by probation to provide easy transition the community programs and outpatient treatment: Moral Reconation Therapy (MRT), Trauma-Informed Care and Seeking Safety. Efficacy of treatment will be assessed using validated pre/post screening tools.
- Once inmate has been screened in triage area utilizing the risk and needs assessment, inmates will be placed in appropriate in-custody program housing module for continued treatment.

- Expand discharge and re-entry planning: Utilize Case Managers from multi-agencies based on need (Fig. 1 below) CHS clinical staff will coordinate continued discharge planning, release, pick-up, appointments with Probation, AB 109, Correctional Programs, Public Defender, and HCA's Behavioral Health Services staffs. Standardize data collection of discharge referrals/linkage.

Long term (3 to 5 years)

- Integrate data and reporting systems in order to measure outcomes, to include post-custody behavior that links to other public services
- Develop alternative jail worker assignments for High-Risk/Mental Health inmates to provide emphasis on programming time.
- Further develop programs in order to be prepared for expansion into new James Musick Jail treatment units.
- Maintain and evaluate programs for improvement and quality assurance-measure outcomes.
- Revalidate standardized screening tool- such as LSI-R or ORAS.
- Expand the limited medication formularies: Inmates in-custody (with ongoing outpatient treatment) can continue their current medications (excluding benzodiazepines and high street value medication. (Lugwig)[8]
- Increased community integrated treatment: provide ongoing training to modify traditional mental health and substance abuse treatment programs to offer specialized services for Co-Occurring Disorders to address the complex needs of those offenders such as interventions to reduce "criminal thinking" (Osher)[9]

Figure 1: Projected staffing and supplies needed for Correctional Health Services:

STAFFING	3 CLINICIANS, 1 PSYCHOLOGIST	280,000
TRAINING/SUPPLIES	T4C, MRT, LSI-R, ORAS, SEEKING SAFETY	20,000
DATA COLLECTION/RESEARCH	RESEARCH ANALYST	46,000

[8] Lugwig, A. S., & Peters, R. H. (2014). Medication-assisted treatment for opioid use disorders in correctional settings: an ethics review. *The international Journal on Drug Policy, 25,* 1041-1046. http://dx.doi.org/10.1016/j.drugpo.2014.08.015

[9] Osher, F. C. (2008). Integrated mental health/substance abuse responses to justice involved persons with co-occurring disorders. *Journal of Dual Diagnosis, 4,* 3-33. http://dx.doi.org/10.1300/1374v04n01_02

Anticipated funding sources:

- HCA- Whole Person Care funding; Mental Health Services Act (MHSA)
- AB 109- allocation funds
- Net County Cost- TBD

Objective 2 - Background

Adult Jails

The Committee recommended the addition of new appropriate programming provided to the adult and transitional age youth inmates based on gaps of services for inmates with co-occurring disorders. The existing paradigm consists of a two-fold approach: Correctional Health Services provides an array of mental health services targeted predominately toward inmates who assess with more significant mental health disorders who are clustered in specific housing units or housed with the general population and receive clinical visits from clinicians on a rotating basis. Secondarily, the Sheriff's Department Inmate Programs target outreach and an array of general rehabilitative programs toward those who screen as 'high-risk-to-recidivate' and wish to volunteer to participate rather than accept a work assignment.

Gaps have been identified as a lack of formal substance use disorder treatment program services inside the custody facilities, as well as including the largest sector of population- inmates experiencing co-occurring disorders- or a combination of both symptoms of mental health and substance use disorders. The current combined program services methods are negatively affected by eligibility, housing/work assignment and other security risk factors. As such, the voluntary program participants tend to reflect low-security risk inmate profiles and others with mental health symptoms. Unfortunately, the percentage of low-security risk inmates has decreased- with the majority assigned work assignments. Therefore, in order to provide responsive programming options during incarceration, additional approaches to the delivery of services are recommended.

In the past, the Sheriff's Department in partnership with the Health Care Agency contracted with a community-based treatment provider to provide full-time in-custody and post-custody programming for substance use disorder services, coupled with comprehensive community case management. The committee recommends considering the reinstatement of such a program as the prior program demonstrated a reduction in recidivism as measured by an independent researcher.

Three main gaps were identified in the planning process:

1. Lack of full-time dedicated programming for the high-risk and high-need inmates with co-occurring disorders. The committee recommends a segregated housing unit specific to full-time programming where inmates do not interact with other jailed inmates. The programming would be provided seven days a week and address each of the risk and responsively principals needed to impact recidivism.

2. Lack of comprehensive community case management services that begin in-custody and follow post-custody to ensure continuity of care. The current level of case management is limited to clinical release plans by Correctional Health Services or release plans provided to small targeted voluntary inmates who participated in general programming. The committee recommends expanding and integrating case management practices to engage a larger group of high-risk inmates and connecting services directly following release.

3. Lack of programming opportunities for higher security risk inmates. The percentage of inmates who are eligible to participate in large group programming has decreases as a result of safety risk classification. As a result, the higher security risk inmates need alternative methods in order to address risks and needs. The implementation of tablet-based services would provide learning and treatment opportunities that are not currently served. Many custody facility across the nation, including California have implemented tablet-based services without incident and have filled a gap in services utilizing this technology-enhanced approach. Services that can be delivered through a tablet device include education, mental health and drug treatment services, religious programs, library and legal library, vocational certificate programs, job readiness, and among others.

Objective 3 - Create and implement programming to address high-risk-to-reoffend adult and transitional age youth inmates with high needs for co-occurring disorder treatment services: 1) full-time segregated co-occurring disorder treatment program; 2) comprehensive case management program; and 3) tablet-based programming.

Timeline:

Short (1-6 months)

- Develop program model and identify funding method: 1) full-service treatment programming in-custody; 2) Case Management services; and tablet-based programming. The Committee is planning to develop the framework for the proposed program services. (see sample outlines in Appendix)

Midterm (1 to 3 years)

- Implement programming- to include drug treatment/co-occurring disorder programming, case management and tablet-based care services.

Long term (3 to 5 years)

- Maintain and evaluate programs for improvement and quality assurance-measure outcomes

Anticipated funding sources:

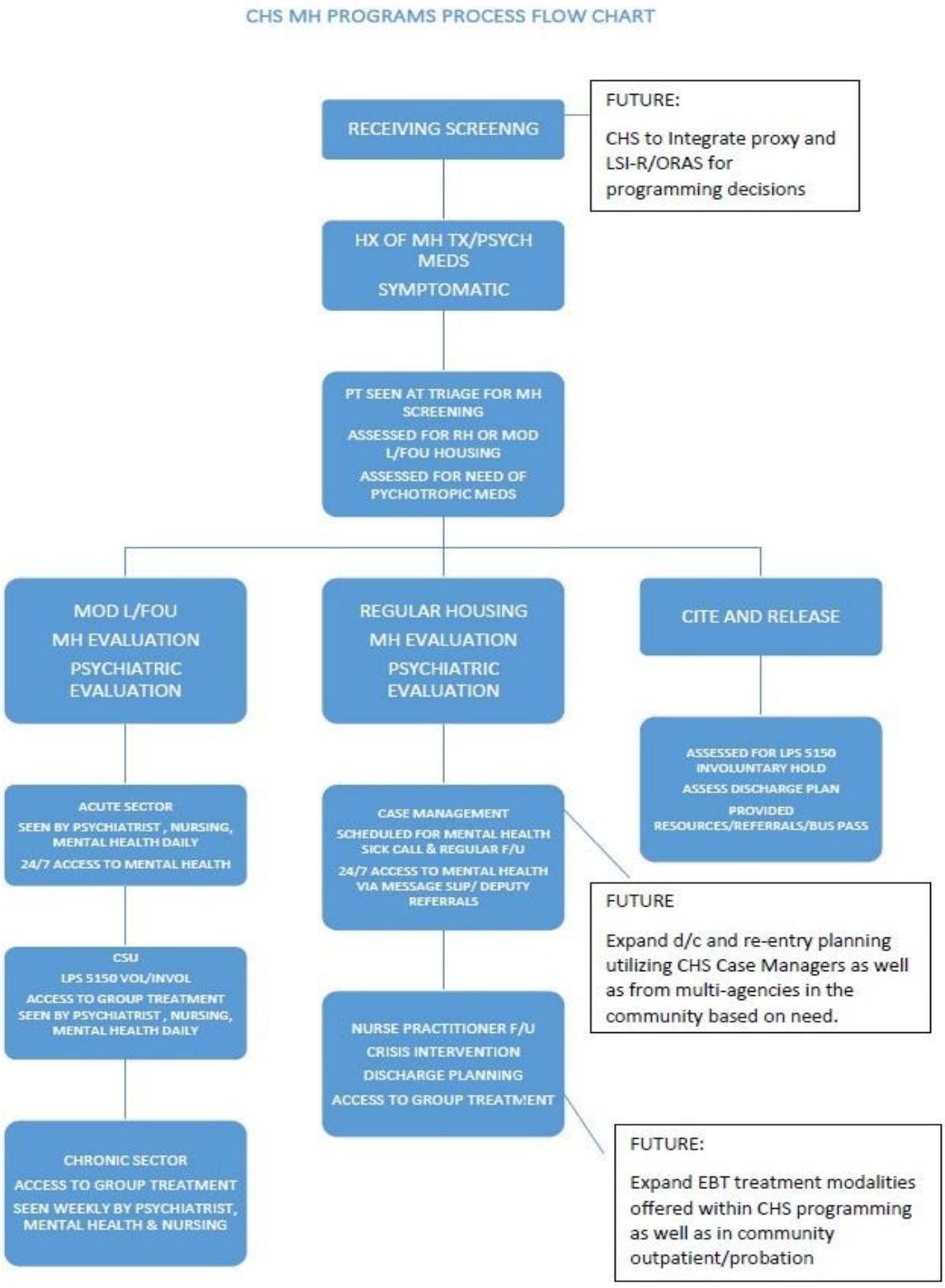
- JAG funding cycle RFP to BSCC- 2018

- AB 109- allocation funds
- Net County Cost- TBD

ATTACHMENT

ATTACHMENT 1 - SAMPLE FLOWCHART- CORRECTIONAL MENTAL HEALTH

Attachment 1



New Programming

Sample Program Framework

Behavioral Health- Co-Occurring Treatment Programming

The following description is proposed for the implementation of the following services with the aim to reduce recidivism- with collaboration among county partner agencies. The service descriptions herein represent programmatic gaps identified as best-practices during the county consultation grant known as Transition-From-Jail-to-Community (TJC) as prescribed by the National Institute on Corrections (NIC) from 2009-2011. Following the TJC Training/Consultation Grant, the county experienced recessionary pressures and resulted in significant reductions to programs- marking the need to restore evidence-based services and fulfill identified recidivism-reducing goals. The proposed services include:

1. In-Custody/Post-Custody- Co-Occurring Treatment/Cognitive-Behavioral Therapy Program (CBT) • In-Custody • Post-Custody Community Tx • Community Case Management	$4,000,000 annual
2. Consultation & Training	$200,000 annual
3. Reentry Case Management	$2,000,000 annual
4. Software- Reentry Referral & Tracking	$100,000 annual

Stage	**Model**	**Summary**
In-Custody	CBT/Modified-Therapeutic Community Treatment Model	Contracted provider- services both in-custody and post-release services- as per Scope of Work
Reentry Transition	Community Case Management	Assessment, linkage, monitoring from pre-release through reentry- up to 6 months
Community Treatment	Individualized Treatment levels of service- Day-Reporting Center, Residential, Outpatient, Sober Living, Recovery/Case Management	Network of community service providers across continuum of care

Consultation & Training	TJC-focused environmental assessment of criminal justice service system	Provide scholarly assessment and recommendations to county partner agencies to fully realize evidence-based service system
Software- Tracking & Referral	Social Solutions	Provide common technical capability to coordinate referral tracking and outcome measures across county agency partners

Service Descriptions

Co-Occurring Disorder In-Custody/Post-Custody- Drug Treatment/Cognitive-Behavioral Therapy Program (CBT)

The program will consist of two cross-functional teams providing evidence-based programming, targeting high-risk-to-recidivate with co-occurring disordered inmates. The program will consist of two locations with 64 male participants and 40 females.

The Program will contain components addressing each stage- from incarceration through community reentry.

Staffing:

- Counselors- Provide group and one-on-one counseling, facilitate group curriculum, and clinical documentation
- Case Managers- Provide in-custody recruitment & outreach, clinical assessments, linkage, monitoring and referrals beginning in-custody and continuing care for six months post-release.
- Clinical Supervisor- Provide mental health assessments, individual client therapies, referrals and clinical supervision to Counseling staffs.
- Administration- Provide Program oversight and management, quality assurance, tracking & reporting and liaison with custody operations.
- OCSD Inmate Services Program Technicians/Supervisors- Support Program recruitment to inmates, coordinate collateral services (i.e. education, materials and equipment)
- Deputy Probation Officer- Provide engagement activities to community supervision, co-facilitate specific curriculum, post-custody transition

- HCA Case Manager/Clinician- Provide assessment, referrals and linkage to appropriate community treatments, tracking and reporting.
- Public Defender- provide Social Worker-level staff to aid with resource and reentry development

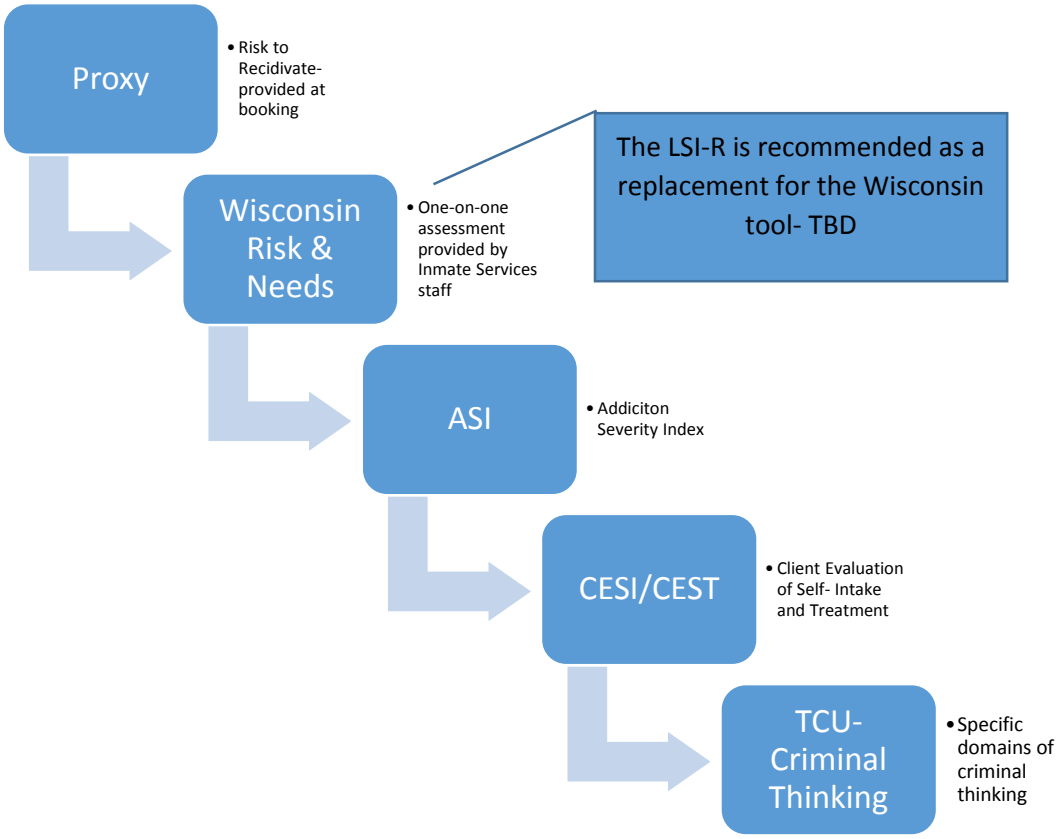
The Program curriculum will consist of a combination of evidence-based practices- with a minimum of 200+ hours of Cognitive-Behavioral Therapy (CBT)

- Moral Reconation Therapy (MRT) - The MRT curriculum will be delivered via contracted staff. In the event that a participant does not complete the prescribed 'steps', the program progress will transfer seamlessly into the Probation-led Day Reporting Center.
- Anger Management- the SAMHSA-developed curriculum will be utilized
- TCU- Texas Christian University- Criminal Thinking Curriculum
- Female program- Women's Recovery
- Male program- Time Out for Men
- Co-Occurring topics- Seeking Safety, Double Trouble/Dual-Recovery groups

The **Clinical Assessments** to be utilized consist of:

- ASI (Addiction Severity Index)- provides level of severity of reported addiction behaviors and risks
- CEST/CESI- (Client Evaluation of Self at Treatment/Intake)- provides readiness to change and treatment willingness- CESI is provided upon Intake and CEST is provided as progress monitor each 30 days in-custody and 90 days post-release.
- TCU Criminal Thinking Scales (Texas Christian University) - provides assessment of specific domains of participant's criminal thinking patterns and resulting behaviors- provides for clinical treatment planning, engagement tool and progress monitoring.
- ASAM (American Society of Addiction Medicine)- provides level of care assessment for community treatment: for example- determines residential versus outpatient
- Bio psychosocial History

Program Eligibility and Admissions: The Program staff will recruit specifically to pre-determined inmates who have scored as high-risk-to-recidivate upon facility booking. The participants will not permit sex offenders or individuals with high levels of violence. The Screening and Assessment process in summary:



Program Phases

The following describes the three phases of development during the program:

Phase One – "Orientation" (2-6 weeks)

The focus of orientation is to help implement healthy living patterns and to provide knowledge of various recovery issues. One of the primary goals of this phase is to help the participant take an interest in a healthy life post-custody.

The participants live in a monitored module and participate in a variety of groups, individual sessions, specialty programs, coping skills classes, Twelve-Step meetings, and a personalized goal-setting program.

Participants are assigned a job that entails various responsibilities. These job functions teach specific work skills and foster broad social and psychological competencies such as self-confidence, interpersonal communication, and leadership. They will help to address a broad spectrum of work-related challenges, including work habits, organizational skills, following directions, working effectively with authority, and impulse control.

Phase Two – "Primary" (6 weeks)

In this phase, the participant begins to develop an in-depth understanding of self-sufficiency and learn to balance daily activities with personal growth while under supervision. Participants are allowed to practice handling more responsibility, including responsibility for others- as well as continuing to develop assertiveness and increase self-confidence.

Phase Three – "Re-Entry" (4 weeks)

Re-entry, the final phase of this program, is where participants actively work toward the long term goals established in the individualized transition plan. With help from Re-Entry staff, participants make plans for release, which might include further treatment, securing housing, obtaining necessary basic resources, and seeking sustainable employment. We encourage participants to seek community based support services upon leaving jail in order to ensure a smooth transition to living independently as well as to prevent relapse.

A major goal during Re-entry is to strengthen personal identity and the internalization of the community's values and norms, which comes as a direct result of enforcing community rules. The demands in this phase require greater responsibility, coping skills, accountability, and ability to withstand negative peer pressure.

Program Incentives

The program is designed to encourage participation inside the jail environment. During recruitment, the participants will be informed of the incentives made available as a result of admission. The incentives will include, but not limited to:

- Good time credits for early release at the same level of accrual as other work credits and educational programming- based on Sheriff's approval
- Additional access to recreational areas- to include specially planned recreation activities not available to other inmates
- Ability to receive access to special rewards- access to entertainment media, additional open dayroom privileges- based on behavior plans and custodial approval
- Access to community services following release- specifically-funded services and referrals to support

Participant Rewards

The program will involve a combination of evidence-based models, including the Modified-Therapeutic Community, which employs a variety of behavioral modification principals. The program structure, culture and staff interventions aim to focus on positive reinforcement as a primary tool for encouraging behavior change. The use of positive reinforcement involves the introduction of a reward as a result of a participant displaying desired behavior.

Motivational Enhancement Approaches and Stages of Change: The program staff will be trained and supervised in Motivational Interviewing techniques and strategies. Consistent with Motivational Interviewing strategy, Motivational Enhancement Techniques are to be utilized in services by creating a therapeutic alliance with the client through empathy, help clients appreciate the value of change by exploring the discrepancy between how clients want their lives to be vs. how they currently are; accepting client reluctance to change as natural rather than pathological; embrace client autonomy (even when clients choose to not change) and helping clients move toward change successfully and with confidence.

According to SAMHSA's Treatment Improvement Protocol (TIP) Series 35, Enhancing Motivation for Change in Substance Abuse Treatment (1999), positive reinforcement through praise, recognition and acknowledgement of milestones are important factors for maintaining a motivated self. TIP 35 also provides a recommended framework for aiding the individual to transition from one stage of readiness to change to another. Building on therapeutic gains, program staff utilize strategies such as these to assist clients in identifying their individual strengths, needs, abilities and preferences; recognizing their ties to negative influences that led them down a path of delinquent and criminal behavior in the past; and connecting them with supports to provide for a healthier and positive way of life. This approach is based on the *best-practice* philosophy of Stages of Change theory.

Participant Sanctions

Program sanctions are to be utilized as a behavioral shaping tool as a discourager to demonstrated behavior and primary focus of individual and peer group accountability. Sanctions are to be presented as a result of infractions of program rules and expectations. Behavioral infractions are to be shared with custodial staff as required, with participant safety as a guiding priority with regards to consequences. The sanctions may involve a range of interventions: verbal disapproval- staff and peer; controlled ignoring; assigned tasks- related to the undesired behavior, such as writing assignments, chores and other assignments; formal written warning behavior contracts; program expulsion. Any participants expelled from the program due to behavioral problems may re-apply for admission after 30 days and dependent on management approval.

Case Management: Case Management begins upon admission into the program, through case assignment by the Supervisor. The Case Managers will aim to build initial client rapport through the completion of assessments and the bio-psych-social history. The Case Manager will meet with the client to support the on-going Discharge Planning process and serve as a resource in recommending community linkages. During the Re-Entry Phase of the program, the Case Manager reviews the Discharge Plan with the client to support motivation and ensure commitment from the participant to follow-up appropriately with community resources. The staff will hold regular Re-Entry Group sessions with the clients who are near release, to cultivate peer support, address reentry concerns and motivate for change.

During the Reentry Phase, the Case Managers will create a file for each client in order to track services and contacts made for each individual. The tracking sheets will be maintained for the duration of services. The tracking of case management services include:

- Contacts: each contact, including attempted contacts, via in-person, telephone, email, and collateral persons, such as family, employer, counselor, housing support, etc.
- Referrals: each formal referral provided, such as housing, employment, community resource, etc.
    - Factors: Referral provided to whom, successful or unsuccessful linkage, contact follow-up information, any barriers/strengths are noted
- Status changes: all changes in status, to include program changes, academics, housing placement/status, significant relationship (marital status change), achievements
- Legal issues: court issues, special probation issues needing to be tracked or communicated
- Drug testing: testing schedule, test results
- Special Occurrences: any unusual circumstances, such as victim, serious incidents of significant persons in the client's life, environmental issues of significance

Following jail release, the Case Managers are to be expected to be in contact with each client in the following frequencies (dependent on client need):

- Minimally 1 time per month to review any status changes, assess needs, recognize milestones and provide drug test.

Program Fidelity

Clinical Supervisor will provide oversight to ensure the prescribed program curriculum and model are implemented according the intended design. The fidelity measures will include direct observation, group supervision face-to-face individual sessions and survey techniques. The measure of program fidelity will

Community Treatment

The proposed program will provide funding to Health Care Agency to ensure treatment availability as nearly 'on-demand' as possible. The levels of care services will include Residential, Outpatient, Sober Living and Recovery Management. The participants will receive concurrent Community Case Management services from providers to support successful program outcome, provide alternative placement services as needed and provide drug screening services. All services, activities, and outcomes will be documented and coordinated through the Social Solutions software package.

SUBCOMMITTEE 7

Expand collaborative court efforts to divert mentally ill offenders and those with co-occurring substance use disorders from the criminal justice system

Executive Summary

Orange County is a nationally recognized leader in the implementation of highly successful collaborative courts since 1995. These courts provide the highest level of supervision and accountability with rigorously monitored rehabilitative services. The target population for these courts include: Veterans, homeless, people suffering from mental illness, drug addicts and people with multiple driving under the influence charges.

The following committee objectives were made after conducting a multi-agency data analysis of services and potential populations to determine how collaborative courts can more effectively "divert mentally ill offenders and those with co-occurring substance use disorders from the criminal justice system".

Objectives

1. Expand the Mental Health Courts

The Community Court (CCB1) currently has 5 separate Mental Health Courts. As of July 2017, these programs were serving 190 participants with moderate to severe mental illness and co-occurring disorders. These courts accept and treat participants with histories of violence, prior strike convictions and open strike charges who are found suitable for the programs. These programs have existed for over 10 years in Orange County.

The success of these programs have been measured in reduction of recidivism and potential jail beds. These measures do not calculate the collateral benefits to children, the reduction of homelessness, reductions in law enforcement contacts and potential hospitalizations, and the ability of the successful graduates to be productive in our community. While not part of the actual measure of success, current participants have 109 children who benefit from family treatment in these programs. The success measure of these program is significant in light of the types of charges and histories which are accepted.

Expansion of existing mental health courts and/or creating additional mental health courts is supported by data. As of April, 2017, there were nearly 1,600 inmates in the Orange County jail who had been diagnosed with mental illness, nearly 600 of whom, *not including* those with co-occurring mental health and substance abuse disorders, were assessed as having moderate to severe mental illness. It is anticipated that, as a result of

the early mental health assessment of criminal offenders and increased coordination with jail staff, potential Mental Health Court participants will be identified earlier.

It is recommended that the capacity of the Mental Health Courts be expanded incrementally. The Community Court location can absorb a 20% (40 participant) increase in the current CCB1 location with additional support from the court and all stakeholders. Subsequent incremental increase would require an additional court room in the Community Court location at CCB1. This recommendation includes a reassessment of data every six months.

2. Expand the Drug Court

Drug Courts have been in operation in Orange County for over 20 years, and presently are offered at each of the four justice centers serving adult criminal offenders. As of June 2017, there were over 320 active participants: however, prior to the passage of Proposition 47, there were about 30% more participants. Drug Court is designed to give priority to those facing felony criminal charges who meet the criteria of having a substance abuse disorder and have the highest risk of recidivism. Data indicates that, if the following changes were made, the OC Drug Court participant population would see substantial increases beyond the pre-Proposition 47 maximums.

Presently, in a majority of cases, the applicants are not identified or remain in custody pending evaluation for over 90 actual days prior to entering treatment. This delay is both contraindicated by treatment and gives the applicant more than 180 days towards a sentence which might then be completed by another 30 to 60 days in custody. These applicants will often decline the program and opt for jail time with no treatment – increasing both costs and recidivism. The first recommendation is to identify and evaluate potential applicants within the first two weeks of incarceration. This recommended change requires data collection and analysis to project increases in program capacity.

Research has shown that, because Drug Courts involve both the highest level of supervision and the highest level of required treatment, they can have the highest rate of success with violent offenders. The second recommendation is to expand existing eligibility criteria of Drug Court to include crimes of violence, strike offenses and violent criminal history. The Orange County Drug Court Oversight Committee will evaluate the potential criteria expansion to ensure that all changes are consistent with known evidence based practices. As the applicant criteria expands, priority will be given to highest risk and highest need offenders. Additional lower need and lower risk tracks may be developed as the courts absorb these new populations.

3. Expand the DUI Court

DUI (Driving Under the Influence) Courts are located at each of the four justice centers in Orange County. There are currently 300 participants in the OC DUI Courts. DUI Courts are a collaborative court based on the Drug Court model. The participant population includes repeat offense impaired drivers whose substance abuse disorder poses a grave risk to public safety. This criteria includes both misdemeanor and felony charges. Existing OC DUI Courts have shown outstanding success rates and reductions of recidivism.

Participants are currently exceeding the original estimated capacity in all of the OC DUI Courts by over 20%.

It is recommended that the capacity of the OC DUI Court programs be increased by 20% at all locations. Further incremental increases would be evaluated every six months until the applicant population coincides with the number of spaces available.

4. Establish an SB 8 Mental Health Diversion Calendar

Presently pending in the California legislature is SB 8 – a bill that would offer pre-plea diversion, with treatment for up to two years, for defendants charged with misdemeanors or with felonies punishable in the county jail if the defendant suffers from mental illness that played a significant role in the commission of the charged offense. If SB 8 becomes law, it can be anticipated that a very large number of eligible defendants will request this diversion. Based on the results of existing drug diversion programs, as well as the results of the PC 1001.80 pre-plea misdemeanor military diversion program, it appears that incorporating accountability through close judicial monitoring is a key to the success of the program.

It is recommended that planning begin soon for a report-back calendar for offenders suffering from mental illness who are diverted from prosecution through SB 8, in the event it becomes law; and that such a calendar be implemented immediately upon the effective date of the legislation. As set forth more specifically in Recommendation 13, this high-volume calendar may need to be held at one or more locations with co-located services on the Community Court model.

5. Establish a Re-Entry Court

Presently post-conviction supervision of convicted felons is monitored by probation. If these offenders violate probation they are then brought to court and sentenced on a violation. At this time, there are more than 1,500 felony probationers supervised under Post-Release Community Supervision and more than 600 who are supervised under Mandatory Supervision (MS.) Many have been assessed as having a high risk of recidivating and high needs regarding treatment for mental illness, or for co-occurring mental health and substance abuse problems. This population also has needs for educational, vocational and other social supports. It is anticipated that a significant

number of these offenders will re-offend or violate the terms of their supervision. The success of the mental health courts in reducing recidivism has demonstrated that providing intensive treatment and other support instead of incarceration for such offenders can stop the revolving door of recidivism.

It is recommended that a Re-Entry Court, based on the Drug Court model, be established for appropriate high risk / high needs offenders who have re-offended or violated the terms of their supervision. This will enable the Court and its justice partners to structure and monitor the intensive, supervision, treatment and other Wrap-around services, and so reduce the recidivism of this target population.

6. Modify the Felony Probation Violation Calendar to a Monitored Reporting Calendar.

As of April 2017, there were more than 600 offenders who, having been incarcerated pursuant to a "split sentence", were serving the balance of that sentence under Mandatory Supervision (MS). In addition, there are more than 1,500 offenders who, having been convicted of a prison-qualifying offense, were incarcerated locally under AB109 and, upon their release, are now under Post-Release Community Supervision (PCS) by the Probation Department. It has been found that a large number of incarcerated offenders suffer from mental illness or co-occurring mental health and substance abuse problems.

It is recommended that a report-back calendar be established for all offenders on Mandatory Supervision and Post Release Community Supervision. This preemptive monitoring of the re-integration of these offenders will allow a higher level of supervision and focused treatment services to be ordered.

7. Establish a Juvenile Mental Health Court

In 2016, more than 1,160 youth entering the Orange County Juvenile Hall had identifiable mental health issues. In addition, at least 1 in 10 of our youth between the ages of 12 and 17 suffer from mental health problems severe enough to impair how they function at home, in school and in the community.

The Orange County Juvenile Court does not presently have a dedicated court to handle the specific issues and needs presented by youth with serious mental health conditions, many of whom also suffer from co-occurring substance abuse issues. As a result, the identification of mental health issues is often delayed and the implementation of treatment plans, including family-involved treatment, is often lacking. A collaborative mental health court for juveniles would enable appropriate youth to be referred to a highly-structured, judicially monitored alternative to incarceration that would provide intensive treatment as well as supportive services to the youth and the family.

It is recommended that a Juvenile Mental Health Court be established to serve youthful offenders assessed as having serious mental health issues or co-occurring mental health and substance abuse issues.

8. Re-establish the Dependency Drug Court

Orange County's Dependency Drug Court ("DDC") operated from 2005 until its discontinuation in 2013 due to funding issues. Prior to its closures, DDC provided drug and mental health treatment for parents whose children were removed from the home because of the parents' abuse of alcohol or drugs. Up until its closure, DDC had reunified 463 children an average of 143 days earlier than children whose parents did not go through the program, resulting in a cumulative out-of-pocket cost savings to the County of more than $6,580,000. Since the inception of the program, 96.7% of the children whose parents had graduated were returned to their homes, compared with only 64% of the children whose parents did not complete the program. Of these children, just 9.8% re-entered foster care, compared with 22.5% of the children whose parents did not complete the program.

It is recommended that the DDC be re-implemented through the collaboration of the Court, Health Care Agency, Social Services Agency, County Counsel, and appointed counsel for the children and parents. In order to accomplish this, the program will require funding for the appointed counsel in the Orange County Dependency Courts.

9. Continue the CSEC (Commercially Sexually Exploited Children) Court

The CSEC (Commercially Sexually Exploited Children) Court in Orange County serves the ever-increasing number of children who are victims of human trafficking – which is not only a county and state issue, but also a national and global concern. Many human trafficking victims are young boys, girls and transgender youth, with California being identified as a magnet for cases involving the trafficking of children. Most CSEC victims are at high risk for medical and psychiatric problems and have challenging psychosocial histories, with many having experienced multi-layered trauma, childhood abuse, homelessness and foster care placement. The CSEC Court provides intensive services with the goal of "breaking the cycle" in which most of the participants finds themselves. The Court, in collaboration with the participating agencies, works to provide each youth a safe placement/home and intensive treatment as well as individual therapy to allow the youth an opportunity to transition out of the youth justice and/or dependency system.

The services provided by CSEC may no longer be viable due to a lack of funding for Dependency Court Appointed Counsel. Therefore, it is recommended that appropriate funding be provided for appointed counsel in order to retain this vital program. Additionally, funding for the Health Care Agency/Full Service Partnership is recommended to ensure complete mental health/substance abuse services for the CSEC participants.

10. Continue the Boys Court and the Girls Court

Boys Court and Girls Court provide much-needed services to high-risk youth in the dependency system whose lives are being derailed by mental health issues, substance abuse, or academic failure. The participants in these programs are typically long-term foster care youth who are dependents of the court due to abuse and neglect by their parents, and most have mental health issues or co-occurring mental health and substance abuse issues. These children are also at risk for entry into the youth justice courts and may have pending delinquency allegations as a result. Program participants receive appropriate treatment and counseling with the goal of providing each youth the skills necessary to deal with trust, safety and relationship issues. Ultimately, the Boys and Girls Courts strive to provide the participants with the competencies necessary for successful independent living.

The services provided by Boys and Girls Courts are at risk due to the lack of funding for appointed counsel in the Dependency Courts. Therefore, it is recommended that appropriate funding be provided for Dependency Court Appointed Counsel in order to maintain these vital programs.

SUBCOMMITTEE 8

Expand post-custody mental health and/or co-occurring outpatient services, increase post-custody housing opportunities, and expand intensive care treatment services for mentally ill offenders

Executive Summary

Although individual attendees varied, the following agencies were represented throughout:

Office of the Public Defender (PD)

Orange County Department of Education (OCDE)

Orange County Health Care Agency (HCA)

Orange County Probation Department

Orange County Re-entry Partnership (OCREP)

Orange County Sheriff's Department (OCSD)

Orange County Superior Court

Chief Executive Officer (CEO) Budget

The subcommittee's recommendations include addressing gaps in post-custody out-patient services for both the juvenile and adult population. Due to the distinct variances between the adult and juvenile systems, the recommendations have been divided into independent sections. Further, the subcommittee acknowledged the increased vulnerability of the Transitional Age Population (TAY) capturing youth between the ages of eighteen (18) and twenty-five (25). As the committee discussed, this time period represents an important developmental period often coupled with transitional relationships and events. TAY represents approximately eighteen percent (18%) of the adults on probation and is eligible for all available adult services, but may require additional support.

Adult System Needs Overview:

According to OCSD records, the average daily inmate headcount in March 2017 was six thousand one hundred and sixty one (6,161). Information from Correctional Mental Health (dated April 6, 2017) indicates that approximately twenty-six percent (26%) of the inmates have an identified mental health disorder ranging from Substance Abuse Disorder (SUD) to psychosis. Clearly, this

is the targeted population for this subcommittee. Ultimately, the subcommittee determined the gaps in service to fall into three categories:

- Housing Instability: According to the Point in Time Count and Survey conducted in January 2017, there were four thousand seven hundred and ninety two (4,792) homeless people living in Orange County. More specific to this subcommittee targeted population, between October 2016 and January 2017, there was an average of one thousand one hundred and twenty-nine (1,129) inmates released from the Orange County Jail system per month. According to records from Correction Mental Health, an average of two hundred thirty-five (235) inmates reported they would be homeless upon release. This does not represent the additional inmates that indicated they would be residing at a Sober Living Home, Board and Care, and/or Shelter upon release.

- Community-Based Treatment: Experience tells us that inmates with untreated mental health issues and those with substance abuse disorders who do not participate in post-custody community-based treatment are significantly more likely to recidivate. Linking offenders with mental health issues and substance abuse services, upon release, is critical in helping close the revolving door of recidivism.

- Transportation: An identified barrier to individuals accessing treatment was transportation to and from critical services.

Juvenile System Needs Overview:

According to the National Alliance on Mental Illness, seventy percent (70%) of youth in local or state institutions have a mental illness. The statistics vary depending on the study, but unaddressed mental health issues are consistently cited as contributing to high recidivism rates and poor outcomes for juvenile justice-involved youth. The subcommittee identified two primary gaps in service for juveniles being released from custody.

- Linkage to appropriate behavioral health services due to existing family engagement barriers.
- A designated navigator to provide support, coordination, and case monitoring.

Timeline for Implementation (Juvenile and Adult)

The timeline for addressing the gaps in services is difficult to estimate. Therefore, all indicated timelines are considered a “best guess,” based on projected funding sources.

Potential Funding Sources (Juvenile and Adult)

- AB 109 (2011 Public Safety Realignment): Funding currently provides for a referral team to conduct screenings at probation area offices for individuals under the supervision of the department. It is hoped to expand services to a wider consumer group.
- Board of State and Community Corrections (BSCC) funded grants: The state frequently releases re-entry grant opportunities for targeted populations.
- Bureau of Justice Assistance (BJA)/U.S. Department of Justice: Grant opportunities and timelines vary.
- Community-Based Transitional Housing (anticipated $2 million for the county): This probable funding source, although still in the discussion phase with CEO and county agencies, will be primarily used for transitional housing and support services.
- Continuum of Care (formerly known as Shelter Plus Care): Low income affordable permanent supportive housing. Funding is through HUD and is distributed by OC Community Resources.
- Drug Medi-Cal Organized Delivery System (DMC-ODS): Enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidence-based practices in substance abuse treatment and coordinates with other systems of care. In December 2016, the state approved HCA's Continuum of Care plan. It is anticipated that implementation will occur in the fall of 2017.
- Health Homes Program: Funding will serve eligible Medi-Cal beneficiaries with multiple chronic conditions who are frequent utilizers and may benefit from enhanced care management and coordination. The agency responsible for applying for this fund is yet to be determined as the state is implementing in phases (i.e. phase I is set for July 2017; phase II in January 2018); Orange County is in phase II.
- Housing and Urban Development (HUD): This federal government program assists very low-income families, the elderly, and the disabled afford decent, safe, and sanitary housing.
- Mental Health Services Act (MHSA): Currently provides services (treatment, housing, medication, and transportation) to MHSA-linked consumers. It is hoped to leverage addition MHSA funds to expand services to a wider consumer group
- No Place Like Home (NPLH): On July 1, 2016, Governor Brown signed a landmark legislation enacting the "No Place Like Home" program to dedicate $2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA). As noted, the initiative seeks to divert MHSA funds annually to construct permanent supportive housing for chronically homeless persons with mental illness. CSAC is now working with the Department of Housing and Community Development on initial implementation efforts.

- Prop 47 grant revenue (anticipated $2 million award for the county): If awarded, this grant will assist with housing, post-custody behavioral health services for persons suffering from mild to moderate mental illness and a portion of the transportation contract. The state will present their funding recommendations to their Board on June 2017; new grants are set to begin July 2017.
- Second Chance Act Smart on Juvenile Justice: Community Supervision Reform Program (five awards of $650K each to Probation): Funding would be primarily used to develop and implement comprehensive juvenile community supervision improvement plans, reduce recidivism, and improve outcomes for juveniles under community supervision.
- Substance Abuse Prevention Treatment Block Grant (SAPT): Mandated by Congress, SAMHSA's block grants are noncompetitive grants that provide funding for substance abuse and mental health services. Currently, this is HCA's primary source of funding for substance abuse treatment and prevention.
- Whole Person Care (WPC): HCA uses this funding source for infrastructure developments and data sharing, as well as other costs not currently covered by Medi-Cal.
- Youthful Offender Block Grant (YOBG): Program provides state funding to deliver custody and care to youthful offenders who previously would have been committed to the CA Department of Corrections & Rehabilitation, Division of Juvenile Justice.

Agencies Required for Successful Implementation

- Community-based organizations
- Mental Health/Substance Abuse treatment providers
- System partners (i.e. HCA, Orange County Community Resources, OCSD, Probation, SSA, etc.)

I. Adult Objectives

Objective 1: Housing

The Subcommittee identified four categories of needed housing:

1. Emergency Housing: The need is for short term housing lasting anywhere from one day to several weeks. Typically, this would include motel vouchers (ideal for individuals with clearly defined plans to obtain secure housing) and referrals to homeless shelters. A motel room can cost from $75.00 to $100.00 per night and is beyond the resources of many being released from custody.

Current Resources/ Expansion of Services

Homeless Shelters: The Courtyard opened in the fall of 2016 and is a homeless shelter located at the former Santa Ana bus terminal. It has a capacity of 400 and is generally at or near capacity. The Bridges at Kraemer Place in Anaheim, Orange County's first year-round homeless shelter and comprehensive service center, opened on May 5, 2017, providing temporary housing for 100 men and women. When phase II opens, it will provide an additional 100 beds. Despite these two recent facilities openings, there continues to be a need for additional year-round shelters and service centers in other parts of the county. Specifically, there continues to be a need for housing and services for individuals with mental illness and/or substance abuse disorders.

HCA's Outreach and Engagement (O&E) Team: In February 2017, The HCA's Outreach and Engagement Team started a motel assistance program for up to seven (7) days with approximately ten (10) participants. The outreach team provides transportation to the identified motel and maintains daily contact with the clients who cannot exceed three (3) stays per year. The clients must have an identified housing need and a plan to secure more permanent housing. Additional services provided through the motel assistance program include linkage to behavioral health services (BHS) and completion of the Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT) assessment. The current contracted provider for the motel assistance program is the Illumination Foundation. A Request for Application (RFA) has been released for motel assistance and it is expected that three additional providers who will be participating in the program with a $50,000 maximum obligation per year. In total, the approximate cost to run the program is $200,000 per year.

Recommendation: Assess the need for additional shelters in other areas of Orange County and increase bed capacity. Increase ability to link individuals to motels.

Possible Funding Sources: BJA, BSCC, HUD, MHSA, Prop. 47, SAPT, and WPC.

Estimated Cost: Motel Assistance - $200,000 per year. Homeless Shelter operating cost of $1.8 million

Timeline:

O&E/Motel – Identify provider(s) through RFA in 3 months; review and fund annually.

Shelters – Identify possible locations in the next 3 months, start construction or set up in 6 months. Long Term create add 100 beds each year until reach 300 new beds after four years.

2. Transitional/Sober Living**:** Transitional housing is defined as housing for up to two years and is usually congregate living. Generally, these are sober living or recovery residences. City ordinances allow for up to six unrelated individuals to be housed together without a conditional use permit. These homes are not regulated, but may voluntarily be certified by the Orange County Sheriff's Department. Currently, there are 14 certified sober livings throughout Orange County.

Transitional living is tremendously beneficial to many individuals being released from custody or those in the process of securing employment or permanent housing. It is often the most appropriate placement for individuals dealing with substance abuse issues who are concurrently enrolled in outpatient treatment. In fact, many individuals do not require or need residential treatment. Rather, they would benefit from housing and outpatient treatment. Additional sober living residences with outpatient or intensive outpatient services could reduce the burden of residential treatment programs and reduce waitlists.

<u>Current Resources/ Expansion of Services</u>

An Orange County ordinance exists that states the county can only do business with certified sober living homes. Currently, the County contracts with five sober living homes, specifically, for individuals supervised under AB 109. Most of the residents have completed residential treatment and all are required to actively participate in outpatient Substance Abuse Disorder (SUD) treatment. The primary source for funding is the Substance Abuse Prevention and Treatment (SAPT) Block Grant, which does not allow for profit organizations to receive funding. This prohibition further limits the selection of sober living homes.

The current daily rate for transitional housing is $40. It is estimated that we need an additional eighty (80) funded sober living beds. This represents twenty-five (25) percent of the existing contracted residential drug and alcohol beds and may address the need of clients transitioning from residential treatment or clients in need of housing and engaged in outpatient services. The estimated cost per year to fund eighty (80) additional sober living beds would be $1,168,000. With the implementation of Drug Medi-Cal (DMC) by the County, existing SAPT funds may become available.

Recommendation: Identify funding for eighty (80) additional sober living beds per year.

Possible Funding Sources: BJA, BSCC, Prop 47, SAPT, and WPC.

Estimated Cost: Sober Living Housing - $1,168,000

Timeline: Short term create a solicitation for additional sober living beds (at least 20) within 6 months. Identify and contract with providers within one year. Increase beds as funding becomes available. Add 20 sober living beds in the second year, and increase to 80 after three years (long term).

3. Housing for persons with a severe and persistent mental illness (SPMI): Housing for persons with SPMI in transitional environments is fairly common. Some of these homes are regulated by Community Care Licensing (CCL) and others are not regulated at all.

Current Resources/ Expansion of Services

Short Term Housing: Orange County currently contracts for mental health Short-Term Housing with three providers. Residents may stay up to 120 days and are paid with AB 109 and Mental Health Realignment funds. Additional funding through the Mental Health Services Act (MHSA) may be used to fund this service in the next contracting round. Shelter housing is similar to sober living and does not require any special permits or licensure. Current providers are also sober environments. It is too early to assess how the increased funds will impact need. It is anticipated that an additional 5 beds will be needed.

Residential Rehabilitation Programs: The Residential Rehabilitation program's providers are licensed by Community Care Licensing (CCL). This housing has a special focus on teaching residents to discover and use their talents and skills to maximize their potential for living at lower levels of care. There is a strong emphasis on socialization activities. The facilities provide a very nurturing environment for the lower functioning residents with an emphasis on developing sufficient independent living skills to enable the residents to move to a less acute environment.

The County contracts with five providers and 168 beds are available to County clients. Last year, the County lost its only Residential Facility for the Elderly (RFE) and, currently, is in the process of identifying an RFE provider in the next six months. Residential Rehabilitations are reimbursed at $15 per day, and subsidized by residents' Social Security Income (SSI). Current providers are meeting the existing need, but lower level care, such as room and board, is

needed. Board and Care homes are not considered transitional housing as clients may stay longer than two years.

Recommendation: Increase mental health short term housing bed capacity by five beds

Possible Funding Sources: BJA, SAMSHA, MHSA, Prop 47, Mental Health Realignment, SAPT, and WPC.

Estimated Cost: Short Term Housing $73,000 for five beds annually.

Timeline: Assess the need for additional short term housing beds within 6 months. If needed, add funding for five beds during the first year and maintain for the next year two years. Funds can be added to existing Short term housing agreements based on need and funding by June 2018.

4. Permanent Supportive Housing: Transitional housing is beneficial on a short-term basis; however, the goal is to secure permanent housing or permanent supportive housing, depending on the needs of the client. Permanent housing is considered any housing that allows a resident to stay past two years and in which the resident has a lease with all the privileges and corresponding responsibilities.

Current Resources/ Expansion of Services

Section 8 Housing (Housing Choice Vouchers or HCVs) is a mechanism that can be used by qualifying clients to procure permanent housing. Permanent supportive housing is long- term housing that is linked to an agency, which provides a variety of supportive services on and off site. These services usually include case management to assist residents to maintain their housing. Clients are required to pay one-third of their income, and the rest of the rent is subsidized by HUD. Many of these residents have a difficult time with basic daily living skills, such as cleaning, respecting neighbors, shopping, and cooking. Examples of permanent supportive housing include: Continuum of Care (formerly Shelter Plus Care) and MHSA Housing projects. There are nine (9) MHSA housing projects in Orange County, which were developed with MHSA Housing Program funds, and there are three (3) more in various stages of construction. Currently, there are 155 operating one- and two-bedroom apartments and 48 more in development. The demand for admission to these projects is high, all have lengthy waitlists.

Based on recent projects' total development costs, the cost for creating new affordable housing in Orange County is approximately $450,000 per unit. The California Legislative Analysts' Office has estimated that approximately 100,000 newly created affordable housing units are needed, per year, to meet

demand and control costs. A 2015 estimate reported in the OC Register stated that Orange County needs nearly 120,000 affordable units. In additional, once a developer finds and secures a site, it can take five years, on average, to secure the funding needed, develop the property, and begin leasing.

Historically, OC Community Resources (OCCR) has been the conduit for funding dedicated to these types of projects. While they continue to do so, many of their funding streams have been cut (Redevelopment) or substantially reduced (HOME funds) in recent years. The OC Housing Authority continues to provide low income families with HUD-funded Housing Choice Vouchers and Continuum of Care Certificates. OCCR has been an invaluable partner with the Health Care Agency in assisting to develop affordable housing units for SPMI residents with MHSA Housing Program funding. While the initial allocation of MHSA Housing Program funding has been spent in Orange County, funding remains under the Special Needs Housing Program. In addition, the "No Place Like Home" bond program is expected to generate a substantial amount of revenue for which counties will be competing. While many factors have contributed to the current crisis in affordable housing around the country, they are particularly acute in California and, specifically, Orange County. Currently, OC has a vacancy rate, which is less than 3.5%. The most recent reports indicate average rents are over $1,800 per month. In an effort to help resolve this issue, OC Housing Authority has just announced that as of June 1, 2017 they are lifting the Fair Market Rate cap on eligible units to help assisted applicants to be able to compete successfully. It is suggested that funding be obtained in order to partner with developers to include units for the SPMI and dually diagnosed residents into projects under consideration. Investors do not have to fully fund units; participation for this purpose could be limited to 30% of total development costs, or approximately $150,000 per unit, or less. Additional funds should be invested per unit to ensure residential success in the form of a Capitalized Operating Subsidy Reserve or similar concept.

Recommendation: Identify funding for 10 to 15 housing units per year.

Possible Funding Sources: BJA, HUD, MHSA, NPLH, Prop 47, and SAPT.

Estimated Cost: $1.5M – $2.4M per year for PSH

Timeline: Explore funding options by December 2017. Determine mechanism to utilize funding (SNHP or RFP) by June 2018. Implement housing option by the end of 2019.

Objective 2: Increase capacity to address behavioral issues post-custody

The Subcommittee identified three categories of individuals being released from custody, each with individual treatment needs, which are discussed below.

Current Resources/ Expansion of Services

1. Severely Persistent Mentally Ill (SPMI): The current system of care in the Orange County jails addressing the SPMI population is strong. To ensure SPMI inmates receive appropriate post custody care, a number of services and systems have been set up.

    - Normally, SPMI inmates are released shortly after midnight. Inmates who are being released to a facility are often offered a later release from custody. Late releases can be arranged so the inmate can successfully transition to their destination. Releases at 7:00 a.m. or 8:00 a.m., allow for more reliable transportation options and ensure facility staff are able to process the client.
    - During the week, SPMI individuals can report to a location in Anaheim or Mission Viejo to receive their medications the same day they are released from custody or a hospital. This assists the SPMI population with maintaining their medication regime until they can be seen by their psychiatrist.

2. Mild to moderate mental illness: There is an identified service gap for inmates with Substance Abuse Disorders and/or mild to moderate mental illness. While there are various programs that may address medication and counseling concerns (i.e. the County's Prevention and Intervention program and Community Counseling Program), it may take days or weeks to obtain an appointment. This can create possible gaps in medication adherence. The County has proposed expanding this service with Prop 47 funds if our grant application is accepted.

3. Substance Use Disorder (SUD) Treatment: Approximately 85% of inmates in custody have some type of behavioral health issue. Although not this committee's role, SUD treatment in custody would have a major impact on possible post custody outcomes. Post custody treatment services, currently available through County contracts, are residential, outpatient, detox (social and medical model), medication-assisted treatment (methadone, Naltrexone and its various forms, Suboxone, Antabuse) and specialized services for women, persons living with HIV and those with opiate addictions. Currently, inmates in custody have the ability to link to residential treatment upon their release. Ideally, inmates are referred to treatment with enough time in custody to try and link directly from custody to treatment. Through AB 109, a Vivitrol program is available for inmates to get their first injection in custody prior to being released. The individual is linked to a treatment program in the community who will continue their injections and provide ongoing counseling

and case management. The County contracts with seven (7) residential treatment, two (2) outpatient, and two (2) Methadone providers. The County-contracted programs make up a small portion of SUD treatment providers. Most providers are self-pay and/or insurance-based. Currently, there is a shortage of affordable residential treatment beds.

Orange County has opted in to be a Drug Medi-Cal (DMC) provider. Once approved by the State Department of Health Care Services, the County will be able to offer new services previously not covered by Medi-Cal, such as residential treatment, medical and social model detox, case management and recovery support services. DMC currently covers outpatient treatment and methadone. Providers must be DMC- certified to be able to bill for DMC services.

Recommendation: Create re-entry facility for persons recently incarcerated. Identify new residential treatment and detox providers to be DMC- certified. Establish a health care team similar to the existing AB 109 team to include full time case workers and psychiatrists at Probation. Approximate cost for health care team is $2.5 million.

Possible Funding Sources: BJA, DMC, Prop 47, AB 109 and SAPT.

Estimated Cost: Re-Entry facility – $4.5M; Health Care Team $2.5M.

Timeline: Identify funding for re-entry (proposed in Prop 47 grant) by December 2017. Solicitation of services to be released by January 2018. Services start by July 1, 2018. Identify Health Care team funding during the first year. Once funding is identified, start recruitment of staff. As staff are hired, train with AB 109 staff. Team should be fully operational by the third year. HCA will release a solicitation for DMC services by December 2017. Residential services will remain open to allow providers to participate in services as they become DMC certified.

Objective 3: Increase affordable transportation to/from critical services

1. A key component in making all systems work is transportation. Orange County's rapid transit system lacks easy access and low cost travel needed by the targeted population. Transportation to doctors, Probation offices, jobs, and housing can be difficult. Often, these services are spread out across the County. Transportation comes up as one of the highest service requests by clients. Many programs offer bus passes, primarily daily passes, and some provide transportation in a vehicle, such as a large passenger van or staff vehicle.

   Current Resources/ Expansion of Services

   The MHSA Steering Committee has approved a million dollars per year to set up a transportation network to meet the demand of the SPMI population. A Request for Proposal (RFP) is being developed and should be released by the

summer of 2017. Additionally, transportation has been proposed as a service in the County's Prop 47 grant application. The later grant will allow for a system that will pick up individuals being released from the Intake Release Center (IRC) after midnight and take them to a housing or treatment provider.

Additional funding resources need to be identified to meet the needs of the SUD and non-SPMI population. These funds could be combined with existing funding sources providing transportation services.

Recommendation: Leverage transportation services by utilizing multi-funding sources to meet the needs of the target population.

Possible Funding Sources: BJA, MHSA, Prop 47, AB 109 and SAPT.

Estimated Cost: $1M per year

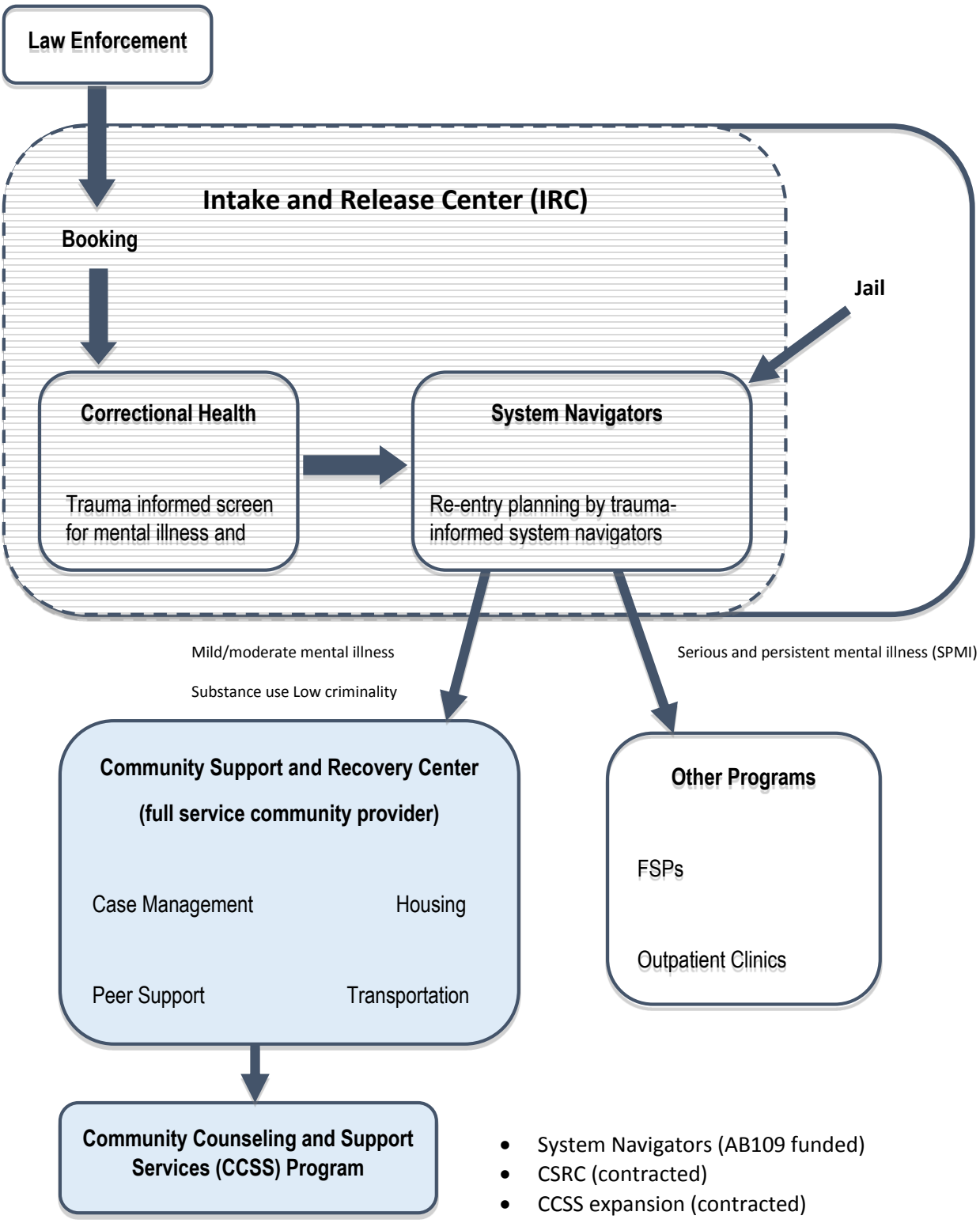
Timeline: Identify funding within 6 months for transportation services. Assess MHSA and Prop 47 transportation provider(s) within one year. Augment transportation services to existing transportation agreement to expand target population within 3 years.

ATTACHMENTS

ATTACHMENT 1 – SYSTEM NAVIGATORS FLOW CHART

ATTACHMENT 1

I.



- System Navigators (AB109 funded)
- CSRC (contracted)
- CCSS expansion (contracted)

II. Juvenile Objectives

The overarching objective of the Stepping Up Initiative, specifically Committee 8, was to identify post-custody and out-of-custody outpatient services, increase housing opportunities, expand intensive care treatment and improve post release supervision services and programs through the Probation Department. This committee, specific to the juvenile justice system, discussed the various barriers of engagement for the youth and their families as it relates to behavioral health services.

One of the predominant challenges in the juvenile justice system is post-custody, out-of-custody, and post-court engagement of youth and their families in behavioral health services. Research has shown that family engagement in the behavioral health treatment of children and youth has a significant positive impact on treatment outcomes. In Orange County, youth placed in Juvenile Hall are assessed for behavioral health needs resulting in the identification of a mental health or substance use issue. While behavioral health services are begun upon admission to Juvenile Hall, progress in treatment is often not continued due to lack of engagement by the youth and their families with the recommended post-custody and post-court behavioral health services.

The Committee's proposals for bridging the gaps of youth and family engagement with the goal of reducing further involvement in the juvenile justice system include: 1) availability of behavioral health services (clinicians) at all the Probation field offices; and, 2) availability of outreach and engagement "Navigators" in the juvenile justice courtrooms and beyond.

Both of the proposals directly respond to the following objectives outlined in *Recommendation #8*:

- Provide assertive follow-up with Probation Department
- Building operational relationships that strengthen coordination of services

<u>Juvenile Objective #1 - Provide assertive follow-up with Probation Department:</u>

The Committee proposes the co-locating of behavioral health services (clinicians) at Probation field offices, for purposes of increasing post-custody, out-of-custody and post-court engagement in behavioral health services. Housing mandatory probation services with behavioral health services provides an ideal opportunity to engage youth and their families in behavioral health treatment. Ideally, behavioral health services staffing should coincide with the hours of operation of the Probation field offices or at the times when youth and their families are most likely to make their required visits to Probation. Service model expectations should include, but are not limited to:

- Behavioral health staff shall be trained, equipped, and prepared to conduct home visits, during and outside of regular business hours, in order to engage difficult-to-engage youth and/or their families.
- Behavioral health staff may partner with Probation to determine the youth's needs and develop case plans. When needed, behavioral health staff and Probation will conduct home visits together. This approach would serve as a conduit for increased insight into family dynamics and challenges, as well as reduce barriers to treatment.
- Behavioral health staff will be attentive and responsive to the issues presented with some hard-to-serve families. These issues often include parents who have their own mental health, drug, or alcohol issues and families with multi-generational criminal justice system involvement.
- Parent/family groups held at Probation sites with incentives for families attending (i.e. dinner, gift cards, child care, etc.). Similar to parent groups Probation has historically made available, but with more of a focus on behavioral health.
- Behavioral health staff located at Probation area field offices will be trauma informed and utilize evidence based practices.
- Behavioral health staff will be linguistically and culturally relevant to the clients/population.
- We recommend Probation and behavioral health staff measure effectiveness of enhanced engagement techniques. The data analytics will provide the opportunity to measure effectiveness of program, as well as changes with engagement.

<u>Objective 2- Building operational relationships that strengthen coordination of services:</u>

The Committee proposes placement of outreach and engagement "Navigators" in the juvenile justice courtrooms. The "Navigators" would serve the Court, youth and their families by supporting, connecting, following up and building relationships with the youth and their families for purposes of improving and sustaining engagement in the recommended services and programs. The "Navigators" service model expectations should include, but are not limited to:

- A navigator will be present in the courtroom and assist the Court with determining behavioral health needs, as well as assist with linkage to the recommended services and program follow-up to ensure successful linkage. The navigator will also complete a brief behavioral health screening for the youth and family to determine the best behavioral health services to link them to. Tracking of referrals and successful linkages will also be maintained by the navigator to measure effectiveness of services.
- Navigators should be equipped with bus passes and other resources and incentives to facilitate engagement by youth and their families.

Estimated costs associated with these recommendations include the following:

- Behavioral Health Services: Four Full-Time-Equivalent (FTE) clinicians estimated at $150,000 each or $600,000 total. (i.e. one for each Probation field office)

- Outreach and Engagement Navigators: Two Full-Time-Equivalent (FTE) estimated at $150,000 each or $300,000 total. The classifications recommended include Clinical Social Worker II or Marriage Family Therapist II

Implementation of this recommendation could be accomplished within 90 days post approval and is position-/funding-contingent. The committee would, upon approval, convene with Probation, Juvenile Court, Health Care Agency, and other impacted stakeholders, to develop processes, procedures, and guidelines associated with the implementation of these programs, including handling of confidential juvenile information. This group should also establish methods for measuring effectiveness of these proposed programs (i.e. data analytics).

SUBCOMMITTEE 9

Develop a comprehensive data collection and analysis plan to determine the efficacy of diversion services and measure recidivism

Executive Summary

Description of the Problem: On average, the County jails accommodate over 6,000 inmates per day; each of them generating their own data trail based on their individual needs. This data is then transmitted to a variety of stakeholders to collect and maintain. The Data Collection and Analysis Subcommittee (DCAS) identified at least six to seven County departments that could potentially touch such data and at least 40 outside entities such as the Collaborative Courts, Orange County Re-Entry Partnership (OCREP), Integrated Law and Justice Information Agency for OC (ILJAOC), and local law enforcement agencies from the 34 cities in Orange County that do as well. The DCAS also acknowledged that there could be additional stakeholders outside of the County such as the federal or state government, service providers, and other entities that could also own relevant data. Therefore, the DCAS focused on how to (1) identify relevant data related to mental health in the County's jail system and (2) build a system for seamless information flow between all interested stakeholders.

Given the enormity of the situation, the DCAS decided to narrow the scope, for now, to focus only on what is available within Orange County. In doing so, the DCAS successfully identified a *Vision of Success* for what a seamless data collection system would look like:

The ability to collect data efficiently into a central repository that could be shared seamlessly amongst the relevant stakeholders so as to allow the County to measure effectiveness of treatment and services and identify gaps, needs, and opportunities.

The DCAS further determined that in order for the data to be meaningful, the initiative must focus on data at the individual level.

Objectives: The DCAS would like to stress that the undertaking of achieving the vision is immense and essentially requires the County and its stakeholders to re-envision how it collects, stores, and shares data. Therefore, the following objectives are designed to focus on developing the necessary infrastructure to support such a system until further analysis can be completed:

(1) Establishment of a technical working group to function as the governance body in overseeing implementation and quality control. Estimated timeline: to be completed end of FY 2017-18.

(2) Completion of a Gaps or Requirements Assessment. Estimated timeline: to be completed FY 2017-18.

(3) Initiate implementation either through OCIT's internal services or external consultant. Estimated timeline: TBD; based on BOS approval.

Based on the outcome of the assessment and the priority setting of the governance group, the initial phase of development could begin as early as FY 2019-20 with the issuance of Request for Proposals.

Objective 1: Establishment of a technical working group to function as the governance body in overseeing implementation and quality control.

One thing that was apparent throughout the subcommittee's many discussions was the enormity of the problem and the need of a much larger effort to fully dive into the problem and identify solutions to be executed. Having a strong governance body is essential to developing a data collection and sharing system that is conducive to the needs of the County departments and stakeholders involved in the Stepping Up Initiative. Around eight entities are represented in the DCAS, including ILJAOC, OCREP, and the Collaborative Courts. Since January 2017, the subcommittee has worked to identify the following major challenges to implementation:

- Every department/entity collected, stored, and maintained data differently. Most of this was due to requirements imposed on the entity through funding sources or regulations, as well as operational needs and/or existing system structures.
- There were nomenclature issues that needed resolving. Absent every stakeholder using the same nomenclature, there was a heightened risk of collecting incompatible data.
- Data gaps were identified along with the lack of resources or tools to collect that data.
- In terms of implementation, there are varying systems and platforms that require an in depth analysis by information technology experts to determine whether or not they are compatible.
- There exists regulations such as Health Information Portability and Accountability Act (HIPPA) that require legal analysis to determine how to share information while respecting the confidentiality of the individual.
- The data system must be centralized and therefore, needs a steward.

In order to fully explore and address these challenges, the DCAS recommends that the subcommittee continue, however it should evolve into a technical working group consisting of both information technology and program experts from the County departments and stakeholders currently represented on the DCAS. There is also a recommendation to include County Counsel, UC Irvine and/other education institutions as needed, the County's Social Services Agency, and OC Information Technology (OCIT). The group's composition takes into consideration the fact that the intended users of the data system could be both internal County of Orange employees and external stakeholders such as service providers.

One of the primary responsibilities of this technical working group is determining implementation. Therefore, the group would focus on implementation in phases:

- Phase One: Develop the governance structure and charter and determine priorities.
- Phase Two: Conduct Gaps Assessment.
- Phase Three: Build a framework for implementation.
- Phase Four: Determine a maintenance approach.

***It should be noted that identifying funding for implementation will be a priority for this group and will most likely be addressed at the inception of the group and throughout.**

It is anticipated that this objective would be a short term goal and should be completed by the end of FY 2017-18 at the latest. It would be best to have the technical working group set up within 2nd quarter FY 2017-18. Cost is yet to be determined. Currently, The DCAS anticipates that majority of cost will be in the staff time allocated to attending meetings and perhaps for staff time associated with stewarding the group.

***Objective 2*:** Completion of a Gaps or Requirements Assessment.

The first major undertaking of the technical working group will be to initiate and complete a Gaps Assessment to identify needs and opportunities amongst the currently existing systems. The specific requirements for the assessment will be determined by the working group.

This is a recommendation/objective driven by the DCAS's recognition that it needs more time to evaluate the current systems' abilities from a technical standpoint and match that against the programs anticipated use of the data. The hope is that this assessment will address the aforementioned challenges.

DCAS anticipates that this assessment can be done within FY 2017-18 and potentially in-house by OCIT along, with the potential of some assistance from UC Irvine or other education institutions in Orange County that specialize in Criminology and/or Correctional Health. OCIT indicated it has experience in conducting such assessments and would require the addition of a project manager to manage the assessment. Cost of this assessment will be determined at a later date.

Objective 3: Initiate implementation either through OCIT's internal services or external consultant.

At its core, this effort will most likely result in a countywide case management system (CMS) that can be accessed by internal and external stakeholders who work with the target groups under the Stepping Up Initiative. The County has two options on how to move forward in developing a CMS for Stepping Up: (1) internally through OCIT or (2) hiring external consultants. Both would essentially engage the County and stakeholders with data relevant to Stepping Up in the agile methodology to develop a CMS that accurately meets the needs

of everyone. The Agile methodology is a method commonly used to manage projects. In software development, the Agile methodology involves the developers and client(s) working together to build small parts of the software and secure client approval of those parts before moving forward. Under the Agile methodology, the client(s) have the benefit of being involved in the process at every step, which allows for immediate error corrections before the development progresses as opposed to just receiving the product at the end of development and then making post-development corrections.

The methodology can either be initiated at the same time as the governance body or it can wait until the governance body completes its GAP assessment. The subcommittee's recommendation would be to wait until the GAP assessment is completed, the results of which, could be instrumental in determining the scope of work for OCIT or the external consultant leading development.

SUBCOMMITTEE 10

Create an Office of Integrated Services that extends beyond the Stepping Up Initiative to synergize cross-system re-entry services for former offenders, the mentally ill and the homeless. Similar systems currently exist in Los Angeles (Office of Diversion and Reentry), and Santa Clara County (Office of Reentry Services)

Executive Summary

1. **Executive Summary**

Description of the Problem: The County of Orange's Stepping Up Initiative (Initiative) included 10 subcommittees seeking to make an impact on a correctional system that serve an estimated 6,000 individuals per day. Of those 6,000 individuals, 20% are identified as having mental health needs and 70% are identified as having substance abuse needs. At any time, about seven to eight County departments provide services to this population along with the various number of non-County government agencies such as the Collaborative Courts and local law enforcement agencies. In addition, there are a number of service providers that collaborate with the County to round out the system of care for these individuals. Before the Initiative, the relationships between these departments, agencies, and providers developed organically out of the need to work together to provide services; however, with the Initiative, all stakeholders have been asked to re-evaluate how to integrate these efforts, strengthen these relationships and use them strategically to effect measureable change.

When the Stepping Up Initiative first began, many noted an integration between this effort and the County's homelessness efforts, both in terms of clientele and resources. However, as the subcommittees dove into their respective recommendations, it was apparent that while both efforts do address this specialized population's needs and some of the County's homelessness population does include former jail inmates, homelessness was very much its own separate effort. Similar to the homelessness effort, the subcommittee saw a need to prevent duplication of services for the Stepping Up population by strategically combining resources where appropriate.

The Office of Integrated Services is designed to be an office with a 30,000 foot vantage point of the County. It would then use that advantage to coordinate and facilitate progress on the Stepping Up Initiative. This subcommittee was asked to identify what the functions of the Office of Integrated Services would include. In identifying the functions and making recommendations, it was apparent that **the CEO's Office (CEO) is essentially the Office of Integrated Services and is already performing some of these functions.** CEO has the advantage of seeing how each of the County's departments function individually and collaboratively with its sister departments on interdepartmental efforts. It also has the ability to convene and facilitate progress on each of these separate efforts such as homelessness and Stepping Up. Therefore, this work is already being done from the CEO.

Objectives: The subcommittee determined that the following objectives below would have to be met in order to truly successfully integrate the County's efforts under the Stepping Up Initiative:

(4) CEO must become a "one-stop shop" for Board offices and others regarding questions about County-wide services and policy resources related to Stepping Up. Estimated timeline: TBD – The primary coordination duties of the Initiative is currently done by Assistant Sheriff Steve Kea. It is anticipated that once the Board makes a decision on the future of the Initiative that the management responsibilities of Initiative will formally shift to CEO.

(5) CEO will act as a coordinator of services by keeping an inventory of Stepping Up-related services, identifying service gaps, potential funding sources and connecting services. Estimated Timeline: TBD – The primary coordination duties of the Initiative is currently done by Assistant Sheriff Steve Kea. It is anticipated that once the Board makes a decision on the future of the Initiative that the management responsibilities of Initiative will formally shift to CEO.

(6) If a larger County-wide strategy for the Stepping Up Initiative is created, the strategy would reside in CEO. Estimated Timeline: TBD – The primary coordination duties of the Initiative is currently done by Assistant Sheriff Steve Kea. It is anticipated that once the Board makes a decision on the future of the Initiative that the management responsibilities of Initiative will formally shift to CEO.

2. Objectives

Objective 1: CEO is a "one-stop shop" for Board offices and others regarding questions about County-wide services and policy resources related to Stepping Up. Estimated timeline: TBD – The primary coordination duties of the Initiative is currently done by Assistant Sheriff Steve Kea. It is anticipated that once the Board makes a decision on the future of the Initiative, the management responsibilities of Initiative will formally shift to CEO.

Under this objective, CEO would become an information clearinghouse for both the County and external stakeholders. Internally, CEO will have the ability to integrate new opportunities into the existing strategy by identifying departments and stakeholders to bring to the table. Furthermore, CEO will help inform the Board of Supervisors about the current state of implementation and/or help set policy. Externally, it will serve as a point-of-contact for community based organizations seeking to collaborate with the County on Stepping Up efforts.

CEO has been providing financial and strategic support for the Initiative since its inception and will continue to act as the lead agency on exploring implementation.

***Objective 2*:** CEO will coordinate services by keeping an inventory of Stepping Up- related services, identifying service gaps, potential funding sources and connecting services. TBD – The primary coordination duties of the Initiative is currently done by Assistant Sheriff Steve Kea. It is anticipated that once the Board makes a decision on the future of the Initiative, the management responsibilities of the Initiative will formally shift to CEO.

Many of those involved in the Initiative identified hearing from other departments about the work each is already doing in this area as a major highlight of being a part of the Initiative. More importantly, many felt that these conversations helped identify work that is already being done and therefore, does not need to be duplicated. Instead, the focus should be on how each department or organization can support each other to fill in the gaps. The subcommittee feels that this is a role CEO can fill.

In addition to coordinating efforts and breaking down silos, CEO can also keep a running inventory of what services are already being provided and by whom. It can further that effort by engaging in connecting departments and other entities, when necessary, to ensure that all available resources are being used.

Aside from coordinating and maintaining inventory of services, CEO can also take on a facilitator role and act as a convener between departments and other stakeholders to catalyze progress.

An example of this is the Stepping Up Grants Matrix currently managed by CEO/Budget. CEO/Budget consistently keeps the matrix updated and departments are encouraged to forward any grants information to CEO/Budget. Since departments are best equipped at identifying grants and which projects are most appropriate, CEO is only involved if the department's request assistance. In the meantime, CEO/Budget also keeps an inventory of which grants the County has applied to, partners involved, and whether the proposal was successful. In addition, CEO/ Government and Community Relations' Grants Team provides support where necessary including identifying advocacy strategies for certain grants.

***Objective 3*:** If a larger County-wide strategy for the Stepping Up Initiative is created, the strategy would reside in CEO. TBD – The primary coordination duties of the Initiative is currently done by Assistant Sheriff Steve Kea. It is anticipated that once the Board makes a decision on the future of the Initiative, the management responsibilities of Initiative will formally shift to CEO.

Although this objective would require a Stepping Up strategy to be in place before it can be implemented, CEO can certainly monitor progress on the individual objectives and/or recommendations put forth by the subcommittees.

3. Attachments/Appendices

None

ACKNOWLEDGEMENTS

Developing Orange County's Stepping Up plan was an extremely ambitious and truly collaborative effort, involving dozens of dedicated individuals from throughout Orange County. This project would not have been possible without their tireless efforts. Below, the individuals and organizations participating in this endeavor are acknowledged for their contributions. Given the many people and organizations involved, this list may not pay heed to all who contributed throughout the life of the project. Any omission is inadvertent and deeply regretted.

Chairpersons Hutchens and Spitzer would also like to acknowledge the support of the Council of State Governments Justice Center for their leadership and guidance. This report and the national Stepping Up Initiative would not be possible without their assistance.

Subcommittee Chairpersons (Recommendations 1-10)

1.	**Mary Hale**	Behavioral Health Director	Health Care Agency
2.	**Nora Sanchez**	Director of Operations	Superior Court
3.	**Brett O'Brien**	Director, Behavioral Health	Health Care Agency
	Annette Mugrditchian	Director, Behavioral Health	Health Care Agency
4.	**Robert Beaver**	Senior Director	Sheriff's Department
	Mark Lawrenz	Division Manager	Health Care Agency
	Jeff Nagel	Director of Operations	Health Care Agency
5.	**Robert Beaver**	Senior Director	Sheriff's Department
6.	**Geoffrey Henderson**	Programs Manager	Sheriff's Department
7.	**Hon. Mary Kreber-Varipapa**	Judicial Officer	Superior Court
8.	**Chris Bieber**	Chief Deputy	Probation Department
9.	**Mike McHenry**	Lieutenant	Sheriff's Department
	Lilly Simmering	Deputy Chief, Operations	County Executive Office
10.	**Lilly Simmering**	Deputy Chief, Operations	County Executive Office
	Susan Price	Director, Care Coordination	County Executive Office

Orange County Executive Office

Frank Kim	Chief Executive Officer
Michelle Aguirre	Chief Financial Officer
Lisa Bohan-Johnston	County Budget Director
Lilly Simmering	Deputy Chief Operating Officer
Susan Price	Director of Care Coordination
Kimberly Engelby	Public Protection & Community Services Team Lead
Cynthia Shintaku	Legislation and Grants Administration Manager
Scott Price	Budget Analyst, Community Services
Theresa Stanberry	Budget Analyst
Oana Cosma	Budget Analyst-Public Protection
Zulima Pelayo	Staff Specialist-Care Coordination

Orange County Health Care Agency

Richard Sanchez	Department Director
Mary Hale	Behavioral Health Director
Kimberly Pearson	Deputy Agency Director
Jeff Nagel	Director of Operations
Annette Mugrditchian	Director, Adult and Older Adult Behavioral Health
Brett O'Brien	Director, Children, Youth and Prevention Behavioral Health
Erin Winger	Chief of Operations-Correctional Health Services
Dave Horner	Director, Authority & Quality Improvement Services
Dr. Hsien Chiang	Medical Director-Correctional Health Services
Sharon Ishikawa	PhD, Mental Health Services Act Coordinator
David Horner	PhD, Director, Authority and Quality Improvement
Linda Molina	Division Manager, Adult and Older Adult Behavioral Health
Mark Lawrenz	Division Manager, Prevention and Intervention Behavioral Health
Marcy Garfias	Division Manager, Children and Youth, LCSW
Adil Siddiqui	Chief Information Officer, Information Management
Jenny Hudson	Program Manager II
Alicia Lemire	Program Manager
Diane Holley	Program Manager
Sheryl Wamsley-Goldsmith	Mental Health Program Manager
Adelene Tsujiuchi	Mental Health Program Manager
Sharon Ishikawa	Manager, MHSA
Jason Austin	Administrative Manager II
Mitch Cherness	Administrative Manager II
Kerri Musgrave	Administrative Manager II
Sheri Curl	Administrative Manager II
James Harte	Administrative Manager II
Annette Tran	Service Chief II-Patients' Rights Advocacy
Janel Albert	Administrative Manager
Greg Masters	Service Chief II
Terri Williams	Service Chief II

Lance Lindgren	Service Chief I
Coletta Franciscus	Service Chief I

Superior Court

Hon. Maria Hernandez	Juvenile Presiding Judge
Hon. Joanne Motoike	Judicial Officer-Juvenile
Hon. Mary Kreber-Varipapa	Judicial Officer-Collaborative Courts
Hon. Lewis Clapp	Judicial Officer-Juvenile
Hon. Gary Pohlson	Judicial Officer-Adult
Hon. Craig E. Arthur	Judicial Officer-Juvenile
Hon. Fred W. Slaughter	Judicial Officer-Juvenile
Hon. Desiree Bruce-Lyle	Judicial Officer-San Diego County/Collaborative Court Team
Nora Sanchez	Director of Operations-Criminal
Anabel Romero	Director of Operations-Juvenile
Baltazar De La Riva	Manager, Pretrial Court Services
Kelli Beltran	Court Operations Manager-Juvenile
Michelle Norhausen	Court Operations Manager, Probate and Mental Health
Sherry Clifford	Branch Manager
Kristal Valencia	Deputy Manager-Criminal Operations
Paul Shapiro	Senior Analyst
Courtney Fretwell	Administrative Assistant

Orange County Probation Department

Steven Sentman	Chief Probation Officer
Chris Bieber	Chief Deputy Probation Officer
Doug Sanger	Chief Deputy Probation Officer
Sue DeLacy	Division Director-Strategic Support
Erik Wadsworth	Division Director-Adult Field Services
Brian Johnson	Division Director-Adult Court Services
Catherine E. Stiver	Division Director-Juvenile Court Services
Stacey McCoy	Division Director-AB109
Daniel Hernandez	Division Director-Juvenile
Dana Schulz	Finance Director
Scott Chandler	Assistant Division Director
Tawnya Medina	Assistant Division Director
Sanford Rose	Assistant Division Director-Adult Court Services
Marya Forster	Administrative Manager-Research
Evelyn Davis	Administrative Manager-Research

Orange County Public Defender

Sharon Petrosino	Public Defender
Daniel Cook	Chief Deputy
Martin Schwarz	Senior Assistant Public Defender
Tracy Lesage	Senior Assistant Public Defender
Mick Hill	Assistant Public Defender

Orange County District Attorney

Jana Hoffman	Senior Assistant District Attorney
Jaime Coulter	Senior Assistant District Attorney

Orange County Information Technology

Alex Thomas	Senior IT Application Developer
Seenivasan Gopal	Administrative Manager for Data Architecture and Business Intelligence

Orange County Sheriff's Department

Steve Kea	Assistant Sheriff, Professional Services Command
Robert Beaver	Senior Director, Administrative Services Command
Andy Ferguson	Captain, SAFE Division
Jim Rudy	Captain, Court Operations
Greg Boston	Administrative Manager III, Inmate Services Division
Michael McHenry	Lieutenant, Court Services Division
Sharon Tabata	Assistant Director, Financial Services Division
Geoffrey Henderson	Administrative Manager II, Inmate Services Division
Bill Fountas	Sergeant, Custody Operations Command
Randy Taylor	Sergeant, Court Operations
Dominic Mejico	Administrative Manager, Inmate Services Division
Ed Lee	Administrative Manager, Information Systems Bureau
Crystal Null	Research Analyst III, Inmate Services Division
Eleanore Coplan	Secretary III, Sheriff's Administration

Orange County Social Services Agency

Dr. Anna Light	Medical Director
Denise Churchill	Administrative Manager

Orange County Community Resources

Julia Bidwell	Director, Housing and Community Development/Homeless Prevention
Maggie Lopez	Community Services

Municipal Police Departments

Laura Farinella	Chief, Laguna Beach Police Department
Jason Farris	Corporal, Laguna Beach Police Department
Glenn Hollingshead	Police Officer, Tustin Police Department
Travis Whitman	Captain, Garden Grove Police Department

Integrated Law and Justice Association of Orange County

Mike James	Executive Director, ILJAOC

Orange County Reentry Partnership

Meghan Medlin	Project Director
Brendan Kavanaugh	OCREP Board Member, Sr. Director Phoenix House

Hope Builders/Orange County Mental Health Board

Karyn Mendoza	Senior Director of Programs

Community Volunteers

Jennifer Hoff	Family Member
Bradley Bartos	Doctoral Candidate, Criminology, Law & Society, UC Irvine

Council of State Governments Justice Center

Hallie Fader-Towe	Senior Policy Advisor, CSGJC-San Diego

Regional Center of Orange County

Jeremy Martin	Risk Manager
Christina Petteruto	General Counsel
Leslie Walker	Custodian of Records