Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: September 15, 2022

Documents Pertaining to 9/22/22 Agenda items:

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4.	Community Presentation - Diversion of Berkeley People Living with Mental Illness and Substance Use in Alameda County. L.D Louis and Brian Bloom	6
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6.	Manager Report – Jeffery Buell	
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Email Correspondence	**Memo:** Upcoming Pacific Center LGBTQIA+ Didactic Training - 9/22, 1-3 pm **Memo**: The WAVR-21 & TRAP-18: Two Effective Tools for Threat Assessment Professionals **Memo:** FASMI Meeting Sat Sept. 10, at 1:30 PM **Memo:** Resources for MHC & Public Re: CARE Court Legislation (to Be Signed by Governor) **Memo**: We need your endorsement for the BCSC event on the 17th. **Memo:** September Public Program and Welcoming Diverse Perspectives **Memo**: MHSOAC Update: Alameda County Innovation Plan for Review **Attachment:** Alameda County_INN Project Plan_Peer-Led Continuum for Forensic and Reentry Services_Draft_08162022.pdf **Attachment:** Alameda County INN Project Plan_Alternatives to Confinement_Draft_08162022.pdf **Memo**: 9/23/22 - Virtual Conference: Towards A More Responsive Crisis System - Alameda County **Memo:** FW: Response to Attached Proposed Recommendation on Harm Reduction as Recovery for PPl who use substances	34 37 41 44 45 47 50 53 74 98 104

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Berkeley/ Albany Mental Health Commission

Regular Meeting
Thursday, September 22, 2022

Time: 7:00 p.m. - 9:00 p.m. **Zoom meeting** https://us06web.zoom.us/j/83719253558

Public Advisory: Pursuant to Government Code Section 54953(e) and the state declared emergency, this meeting of the City Council will be conducted exclusively through teleconference and Zoom videoconference. The COVID-19 state of emergency continues to directly impact the ability of the members to meet safely in person and presents imminent risks to the health of attendees. Therefore, no physical meeting location will be available.

To access the meeting remotely: Join from a PC, Mac, and IPad, IPhone or Android device: Please use the URL: https://us06web.zoom.us/j/83719253558. If you do not wish for your name to appear on the screen, then use the drop-down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon by rolling over the bottom of the screen.

To Join by phone: Dial 1-669-900-9128 and enter the meeting ID 837 1925 3558. If you wish to comment during the public comment portion of the agenda, Press *9 and wait to be recognized by the Chair.

Please be mindful that the teleconference will be recorded, and all other rules of procedure and decorum will apply for Council meetings conducted by teleconference or videoconference.

All agenda items are for discussion and possible action

Public Comment Policy: *Members of the public may speak on any items on the Agenda and items not on the Agenda during the initial Public Comment period. Members of the public may also comment on any item listed on the agenda as the item is taken up. Members of the public may not speak more than once on any given item. The Chair may limit public comment to 3 minutes or less.*

AGENDA

7:00pm

1. **Roll Call**
2. **Preliminary Matters**
    a. Action Item: Approval of the September 22, 2022 agenda
    b. Action Item: Approval of the August 23, 2022 minutes

3. **Bridge to SCU and SCU Update – Dr. Lisa Warhuus, Director Health, Housing & Community Services**

4. **Community Presentation - Diversion of Berkeley People Living with Mental Illness and Substance Use in Alameda County. L.D Louis and Brian Bloom**

   The Alameda County District Attorney for the Mental Health Unit, L.D. Louis (22+ years), and the Public Defender, Brian Bloom (25+ years recently retired), will speak on different stages of diversion from pre-charging to avoiding deeper involvement in the criminal legal and incarceration systems for Berkeley people living with mental illness and/or substance use disorders and issues. The presentation will conclude with future trends, including comments on how CARE Courts may impact diversion processes.

5. **Public Comment (non-agenda items)**

6. **Mental Health Manger's Report**
   a. MHC Manager report September 2022
   b. MH Caseload stats August 2022
   c. FY 23 HHCS

7. **Discussion and possible action for subcommittees**

   a. **Crisis Stabilization**
   b. **Site Visit**
   c. **Youth Mental Health**
   d. **Education**
   e. **Santa Rita Jail**

8. **Adjournment**

Communications to Berkeley boards, commissions or committees are public record and will become part of the City's electronic records, which are accessible through the City's website. **Please note: Email addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record.** If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the secretary to the relevant

board, commission or committee for further information. The Health, Housing and Community Services Department does not take a position as to the content.

Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or Jworks-wright@cityofberkeley.info

Communication Access Information: This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. ***Please refrain from wearing scented products to this meeting. Attendees at trainings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs.*** *Thank you.*

SB 343 Disclaimer

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Adult Clinic at 2640 MLK Jr. Way, Berkeley, CA 9470

Department of Health,
Housing & Community Services
Mental Health Commission

Berkeley/Albany Mental Health Commission
Draft Minutes

7:00pm
Zoom Webinar

Special Meeting
August 23, 2022

Members of the Public Present: Carole Marasovic, Kellyhammargen, Shirley Posey, Katie Hawn, Ryan Wythe, Moni Law, boona cheema, Elana, Paul Kealoha-Blake, Andrew Phelps, Cheryl Davila
Staff Present: Lisa Warhuus, Jeff Buell, Jamie Works-Wright

1) **Call to Order at 7:03pm –**
   Commissioners Present: Tommy Escarcega (7:57), Margaret Fine, Monica Jones, Edward Opton, Andrea Prichett, Mary Lee Kimber-Smith, Glenn Turner
   Absent: Terry Taplin

2) **Preliminary Matters**
   a. **Approval of the August 23, 2022 Agenda**
      M/S/C (Jones, Fine) Make a motion to approve the agenda for August
      PASSED
      Ayes: Fine, Jones, Kimber- Smith,Turner **Noes:** None; **Abstentions:** Opton, Prichett, **Absent:** Escarcega, Taplin

   b. **Public Comment-** 3 Public Comments

   c. **Approval of the July 28, 2022 Minutes**
      M/S/C (Opton, Jones) Move that we approve the minutes
      PASSED
      Ayes: Fine, Jones, Opton, Kimber- Smith, Turner **Noes:** None; **Abstentions:** Prichett; **Absent:** Escarcega, Taplin

3) **SCU, Bridge & SCU public education and community engagement plan update– Dr. Lisa Warhuus**
   No Motion Made

4) **Re-Appoint Andrea Prichett to the Mental Health Commission**
   M/S/C (Opton, Turner) Make a motion to re-nominate

PASSED
Ayes: Escarcega, Fine, Jones, Opton, Kimber- Smith, Turner **Noes:** None; **Abstentions:** Prichett
Absent: Taplin

5) **Re-Appoint Edward Opton to the Mental Health Commission**
M/S/C (Kimber-Smith, Prichett) Make a motion for the re-appointment of Ned (Edward Opton)
PASSED
Ayes: Escarcega, Fine, Jones, Prichett, Kimber- Smith, Turner **Noes:** None; **Abstentions:** Opton
Absent: Taplin

6) **Discussion and possible action for subcommittees**

a. **Crisis Stabilization - Margaret, Tommy**
No Motion Made

***8:57 Motion to extend the meeting for another 15 minutes to 9:15**
M/S/C (Jones, Kimber-Smith)
PASSED
Ayes: Fine, Jones, Opton, Kimber- Smith, Prichett, Turner **Noes:** Escarcega; **Abstentions:** None;
Absent: Taplin

b. **Site Visit - Monica, Margaret**
No Motion Made

c. **Youth Mental Health - Monica, Mary-Lee**
No Motion Made

d. **Education - Monica, Andrea**
No Motion Made

e. **Santa Rita Jail - Andrea, Ned**
No Motion Made

7) **Adjournment – Motion to adjourn the meeting 9:14pm**
M/S/C (Jones, Kimber-Smith)
PASSED
Ayes: Escarcega, Fine, Jones, Opton, Kimber- Smith, Prichett, Turner **Noes:** None; **Abstentions:** None; **Absent:** Taplin

Minutes submitted by: _____
Jamie Works-Wright, Commission Secretary

Works-Wright, Jamie

From: Margaret Fine <margaretcarolfine@gmail.com>
Sent: Wednesday, September 14, 2022 2:01 PM
To: Works-Wright, Jamie
Subject: Fwd: Incompetent to Stand Trial Wait List

Hi Jamie - Here are 2 articles recommended by Brian Bloom. I do not have any further info. L.D. said she had weblinks but has not sent them. So we will circulate via email if she sends. Thank you!!

He gave us this article during the meeting:

https://calmatters.org/housing/2022/09/california-lawmakers-approved-care-court-what-comes-next/

He sent this article this morning:

https://www.latimes.com/california/story/2022-09-14/you-cant-get-out-mentally-ill-languish-in-california-jails-without-trials-or-proper-care

‘You can’t get out’: Mentally ill languish in California jails without trial or treatment

John Haasjes, who has schizoaffective disorder, is one of many mentally ill people who have languished in California jails long after being declared incompetent to stand trial.
(Dania Maxwell/Los Angeles Times)

BY KEVIN RECTORSTAFF WRITER

SEPT. 14, 2022 5 AM PT

John Haasjes was having a bad Christmas.

It was 2020, and he thought his downstairs neighbor was spying on him. They exchanged words, and she called the cops. He was arrested on suspicion of making a verbal threat and booked into a Kern County jail.

Haasjes has a developmental delay and schizoaffective disorder. The 58-year-old Tehachapi man has been in and out of mental health facilities most of his life. But he had never been convicted of a crime, and he said he didn't really understand the felony charge against him.

Authorities soon acknowledged the same. In March 2021, Haasjes was declared "incompetent to stand trial."

The legal designation meant Haasjes could not understand the court process for determining his guilt or innocence. It meant he was entitled to mental health treatment before he could stand trial. It also should have meant his prompt transfer to a state hospital or treatment program to receive care — but it did not.

Like thousands of other mentally ill detainees incarcerated across California in recent years, Haasjes instead languished in jail, where he was denied trial or proper treatment from the Department of State Hospitals for more than a year. He was only transferred to a hospital in February, after his cousin, a retired social worker, testified about his lack of care before state lawmakers, and his case was suddenly fast-tracked.

Others have fared much worse.

According to a decade of legal filings reviewed by The Times and interviews with mental health advocates, public defenders, family members of the mentally ill and former detainees, Haasjes' experience fits within a much larger pattern of neglect involving some of the most vulnerable people in state custody.

At the heart of the problem is a persistent failure by state officials to sufficiently expand state hospitals or other community-based care options despite surging numbers of incompetent criminal detainees and a string of court orders mandating the state transfer such defendants out of jails faster.

Without the needed beds, mentally ill defendants are being left behind bars and without substantive care for far longer than the courts have said is constitutional. While their criminal cases and rights

to a speedy trial are put on hold based on their illnesses, they are denied the services that might restore them to competency and allow their cases to proceed.

In other words, they and their advocates say, they are trapped in the criminal justice system with no access to justice.

“You can’t get out,” said Haasjes. “They just declare you incompetent. There’s no bail. There’s nothing.”

A persistent problem

The state has been getting sued for failing to properly treat mentally incompetent detainees for more than a decade, both within local jurisdictions and as part of a statewide lawsuit brought in 2015 by the American Civil Liberties Union and the families of several incompetent detainees.

In the ACLU case, known as Stiavetti vs. Clendenin, the families have lambasted state officials for allowing the mistreatment to persist for years despite claiming mental health as a legislative and budgetary priority. They have accused the state and some of its local counterparts not only of violating detainees’ constitutional rights, but exacerbating their mental health issues by denying them care.

State judges have largely agreed.

In March 2019, Alameda County Superior Court Judge Winifred Smith gave the state a year to reduce the statewide average wait time in jail for incompetent felony detainees to 60 days. She gave the state three years to bring the wait time down to 28 days and set several benchmarks in between.

The state appealed Smith’s order, but a state appellate court upheld it last year. The California Supreme Court declined to review that decision — leaving the order intact.

The state kept fighting, however. In November, lawyers for the Department of State Hospitals asked for a “pause” on the order’s requirements given the COVID-19 pandemic, which they said had forced the state to reduce admissions into its hospitals even as referrals of incompetent detainees were increasing “dramatically.”

In December, Alameda County Superior Court Judge Evelio Grillo granted the state an extension, requiring the average wait time to be reduced instead to 60 days by last month, 45 days by February, 33 days by August and 28 days by February 2024.

State officials did not meet last month's deadline, and they have told the court it will be "impossible" to meet the other intermediary deadlines because the pandemic is "catastrophically frustrating its ability to provide services to its patient population."

In a motion opposed by the ACLU, the state asked the court in June to do away with all but the final, 28-day deadline in 2024.

As the state has fought the order, conditions have only gotten worse.

According to the Department of State Hospitals, the state had 1,768 incompetent detainees in jail and awaiting transfer to a state hospital or other care facility as of June, which was a substantial increase from the 1,443 it had in July 2021. The average wait time for those detainees stood at 141 days, up from an average of 63 in September 2019.

The state has said it is trying to reduce the wait times, but needs more time — in part so newly allocated funding can be put to use. Officials say they have been increasing the number of beds for incompetent detainees, especially in jails, in what are called "jail-based competency treatment" programs. But they acknowledge there still are not enough for the influx of detainees.

Attorneys for the ACLU and other advocates say the state's arguments ring hollow — or worse, raise additional concerns.

They point to the state's history of violating court orders mandating better care for the mentally ill. They note the problem of unconstitutional wait times predated the pandemic. They say the state's suggestion that it will somehow meet the 28-day requirement in 2024 without hitting the intermediate benchmarks is nonsensical. And they have criticized the state's "jail-based" competency programs as a poor alternative to hospitals or community placements.

With so much in dispute, Judge Grillo issued a new order on Aug. 30 that reopened discovery — or evidence gathering — around the impact of COVID-19 or other fresh issues on the state's ability to comply with the existing deadlines. And he set a date in March for hearing the state's request to do away with most of them.

Serious ramifications

Stephanie Stiavetti, the lead plaintiff in the ACLU case, decided to sue the state after learning that her mentally ill brother — identified only as "N" in court filings to protect his identity — had suffered abuse in a Contra Costa County jail while awaiting an overdue transfer to a state mental health facility.

"N," who had been arrested on suspicion of resisting sheriff's deputies, remained in jail for a month after he was ordered committed to a state hospital, according to court records. There, he became "confused, depressed and agitated," got into fights with correctional staff and other inmates, and ended up segregated and deteriorating further in a solitary cell that he was only allowed out of "once every several days," the records say.

In an interview with The Times, Stiavetti said what her brother went through amounted to torture and deeply riled her as a protective older sister who happens to work in the mental health field. She said the state's continued resistance to making improvements eight years later also angered her.

"While they make excuses, people are getting hurt," she said.

The toll incarceration takes on mentally ill detainees, who cannot always effectively advocate for themselves or articulate their own concerns, is devastating, said former detainees, their families and other mental health experts and advocates in interviews with The Times.

Kim Pederson, a senior attorney with Disability Rights California, said leaving mentally ill people behind bars without treatment does not simply delay their care, but will "exacerbate any preexisting mental health condition" they have.

Many incompetent detainees struggle with being confined to small or shared spaces, such as jail cells, Pederson said. Many struggle to follow the strict rules that define life in jail. They end up facing additional punishments — including solitary confinement, which can be traumatizing for any inmate but especially those with mental illness. Mentally ill detainees are also more prone to abuse from other inmates.

Demetria Simpson's son Kevron Harris, who she said has multiple diagnoses of mental illness and was declared incompetent to stand trial, spent nearly a year in jail before finally being transferred to a jail-based treatment program last month.

He was far worse off for having languished in jail so long, his mother said.

Harris, 26, was arrested on two misdemeanor charges in Fresno last September. Within weeks of being jailed, he was charged with felony battery of a custodial officer. His mother said she believes the incident was the result of Harris suffering a mental crisis in a setting where no one — including the correctional officers — knew how to respond.

Simpson said her son was placed in solitary confinement afterward. They didn't speak for 30 days. When she saw him next in court via a video stream, she said, he had injuries to his head — including big knots and bruising — which have never been explained to her.

According to court records, Harris had his first competency hearing in October, was declared incompetent by the court in March, and was ordered to take antipsychotic medication and be committed to a state hospital in April.

In May, Harris was still in jail. He called his mother to say he couldn't handle it anymore and would prefer to die, she said.

"I was telling him not to give up," she said.

Simpson said she was grateful when she learned her son had finally been transferred into a jail-based treatment program last month, but she remains concerned about his future.

The last time Harris was arrested, jailed and then released without receiving the mental health treatment he needed, she said, he quickly landed back in jail.

"It's like a revolving door," she said.

Compliance issues

This is not the first time the state has been in violation of a court order mandating better treatment of mentally ill defendants in jail.

Stephanie Regular is an assistant public defender in Contra Costa County who helped connect Stiavetti to the ACLU after representing her brother. She has been fighting the Department of State Hospitals over the issue for a decade, and she helped win a court order in 2014 requiring incompetent detainees there be transferred into care settings within 60 days.

Since then, however, the state has routinely violated that order, which is "crushing" for her clients, Regular said. "I see them as they're waiting for treatment in the jail just getting sicker and sicker."

Los Angeles County — home to the nation's largest county jail system — has been criticized by the U.S. Department of Justice for providing inadequate and dangerous care for mentally ill detainees in its jails since at least 1997. In 2015, the county and the Justice Department entered into a settlement agreement mandating sweeping reforms.

However, the county has not complied with that agreement, and thousands still aren't getting the care they should in a system where about 40% of inmates have been diagnosed with mental illness. In separate litigation last week, the ACLU alleged "barbaric" and unconstitutional conditions for defendants at an inmate reception center in downtown L.A.

Hundreds of incompetent detainees are awaiting transfer out of jails in L.A. County, which state officials have said accounts for 30% of all incompetence referrals to the state hospital system.

The order in the ACLU case mandating faster transfer times statewide was issued and upheld by the courts with some of those past failings in mind. State officials have acknowledged past failures but said they are taking the issue seriously now and working hard to improve the system overall, with the help of the counties.

In a statement to The Times, the Department of State Hospitals said it has already added hundreds of new beds for incompetent detainees, including through diversion programs in 21 counties, a community-based treatment program in L.A. County and jail-based treatment programs across the state.

It said it launched a new "reevaluation program" to reassess detained individuals who might have been restored to competency while in jail, in order to remove them from the waiting list if so. Advocates allege the process is already being misused to artificially reduce the waiting list by removing people who still need care.

The state also pointed to $535 million in the latest fiscal year budget — and more in coming years — to improve jail-based services and expand community-based restoration and diversion programs by some 5,000 beds over the next four years.

The Department of State Hospitals said it will continue working to meet the 2024 deadline for 28-day wait times statewide. The offices of Gov. Gavin Newsom and California Atty. Gen. Rob Bonta referred all questions to the Department of State Hospitals.

Stiavetti said her family is "heartbroken and incredibly angry" about the state's efforts to wriggle free from the existing deadlines, and "won't stop fighting" until the state proves it is taking "the care of every mental health patient in jail seriously."

Getting John out

By the time Sandra Siedenburg sat down before a state Senate subcommittee in February to testify about Haasjes, her cousin, it had been more than 400 days since Haasjes' arrest, and nearly 340 since he was declared incompetent. Still, he was locked up in a pretrial jail facility in Bakersfield.

John Haasjes at home in Tehachapi. After being declared incompetent to stand trial, Haasjes remained in jail for longer than state courts have said is constitutional.
(Dania Maxwell/Los Angeles Times)

In part because of COVID-19 protocols, Siedenburg said, Haasjes was locked in his cell for more than 23 hours a day. Every day during his free hour, she said, he would shower and then call her to ask the same question: “When am I going to get out?”

Siedenburg said Haasjes has lost his subsidized housing. His mother, who was “his rock,” died while he was in jail. And he suffered abuse at the hands of other inmates, though a few took him under their wing.

Rather than the robust mental health care Haasjes was entitled to by law, he was only seen by a “telepsychiatrist once every three months for 15 minutes,” and had “a very occasional cursory social worker visit his cell door,” Siedenburg said.

Siedenberg told the lawmakers that her cousin’s treatment wasn’t right, that Haasjes deserved to come home with her.

The same day, Stephanie Clendenin, director of the Department of State Hospitals, emailed Siedenburg directly, saying she was looking into Haasjes’ case. Soon after, Haasjes was transferred into a state hospital. Officials blamed the delay on his paperwork not being filed correctly in Kern County.

He spent three months there before Siedenburg helped work out a deal with prosecutors in which Haasjes was released after pleading guilty to misdemeanor charges.

Today, Haasjes said he’s doing much better living with Siedenburg. He doesn’t have a perfect memory of his time in jail, but he remembers he was denied medical care even when he filled out special slips of paper asking for it.

“I was in the jail too long,” he said in a recent interview. “They should not put people in jail.”

‘You can’t get out’: Mentally ill languish in California jails without trial or treatment

John Haasjes, who has schizoaffective disorder, is one of many mentally ill people who have languished in California jails long after being declared incompetent to stand trial.
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“While they make excuses, people are getting hurt,” she said.

The toll incarceration takes on mentally ill detainees, who cannot always effectively advocate for themselves or articulate their own concerns, is devastating, said former detainees, their families and other mental health experts and advocates in interviews with The Times.

Kim Pederson, a senior attorney with Disability Rights California, said leaving mentally ill people behind bars without treatment does not simply delay their care, but will “exacerbate any preexisting mental health condition” they have.

Many incompetent detainees struggle with being confined to small or shared spaces, such as jail cells, Pederson said. Many struggle to follow the strict rules that define life in jail. They end up facing additional punishments — including solitary confinement, which can be traumatizing for any inmate but especially those with mental illness. Mentally ill detainees are also more prone to abuse from other inmates.

Demetria Simpson’s son Kevron Harris, who she said has multiple diagnoses of mental illness and was declared incompetent to stand trial, spent nearly a year in jail before finally being transferred to a jail-based treatment program last month.

He was far worse off for having languished in jail so long, his mother said.

Harris, 26, was arrested on two misdemeanor charges in Fresno last September. Within weeks of being jailed, he was charged with felony battery of a custodial officer. His mother said she believes the incident was the result of Harris suffering a mental crisis in a setting where no one — including the correctional officers — knew how to respond.

Simpson said her son was placed in solitary confinement afterward. They didn't speak for 30 days. When she saw him next in court via a video stream, she said, he had injuries to his head — including big knots and bruising — which have never been explained to her.

According to court records, Harris had his first competency hearing in October, was declared incompetent by the court in March, and was ordered to take antipsychotic medication and be committed to a state hospital in April.

In May, Harris was still in jail. He called his mother to say he couldn't handle it anymore and would prefer to die, she said.

"I was telling him not to give up," she said.

Simpson said she was grateful when she learned her son had finally been transferred into a jail-based treatment program last month, but she remains concerned about his future.

The last time Harris was arrested, jailed and then released without receiving the mental health treatment he needed, she said, he quickly landed back in jail.

"It's like a revolving door," she said.

Compliance issues

This is not the first time the state has been in violation of a court order mandating better treatment of mentally ill defendants in jail.

Stephanie Regular is an assistant public defender in Contra Costa County who helped connect Stiavetti to the ACLU after representing her brother. She has been fighting the Department of State Hospitals over the issue for a decade, and she helped win a court order in 2014 requiring incompetent detainees there be transferred into care settings within 60 days.

Since then, however, the state has routinely violated that order, which is "crushing" for her clients, Regular said. "I see them as they're waiting for treatment in the jail just getting sicker and sicker."

Los Angeles County — home to the nation's largest county jail system — has been criticized by the U.S. Department of Justice for providing inadequate and dangerous care for mentally ill detainees in its jails since at least 1997. In 2015, the county and the Justice Department entered into a settlement agreement mandating sweeping reforms.

However, the county has not complied with that agreement, and thousands still aren't getting the care they should in a system where about 40% of inmates have been diagnosed with mental illness. In separate litigation last week, the ACLU alleged "barbaric" and unconstitutional conditions for defendants at an inmate reception center in downtown L.A.

Hundreds of incompetent detainees are awaiting transfer out of jails in L.A. County, which state officials have said accounts for 30% of all incompetence referrals to the state hospital system.

The order in the ACLU case mandating faster transfer times statewide was issued and upheld by the courts with some of those past failings in mind. State officials have acknowledged past failures but said they are taking the issue seriously now and working hard to improve the system overall, with the help of the counties.

In a statement to The Times, the Department of State Hospitals said it has already added hundreds of new beds for incompetent detainees, including through diversion programs in 21 counties, a community-based treatment program in L.A. County and jail-based treatment programs across the state.

It said it launched a new "reevaluation program" to reassess detained individuals who might have been restored to competency while in jail, in order to remove them from the waiting list if so. Advocates allege the process is already being misused to artificially reduce the waiting list by removing people who still need care.

The state also pointed to $535 million in the latest fiscal year budget — and more in coming years — to improve jail-based services and expand community-based restoration and diversion programs by some 5,000 beds over the next four years.

The Department of State Hospitals said it will continue working to meet the 2024 deadline for 28-day wait times statewide. The offices of Gov. Gavin Newsom and California Atty. Gen. Rob Bonta referred all questions to the Department of State Hospitals.

Stiavetti said her family is “heartbroken and incredibly angry” about the state’s efforts to wriggle free from the existing deadlines, and “won’t stop fighting” until the state proves it is taking “the care of every mental health patient in jail seriously.”

Getting John out

By the time Sandra Siedenburg sat down before a state Senate subcommittee in February to testify about Haasjes, her cousin, it had been more than 400 days since Haasjes’ arrest, and nearly 340 since he was declared incompetent. Still, he was locked up in a pretrial jail facility in Bakersfield.

John Haasjes at home in Tehachapi. After being declared incompetent to stand trial, Haasjes remained in jail for longer than state courts have said is constitutional.
(Dania Maxwell/Los Angeles Times)

In part because of COVID-19 protocols, Siedenburg said, Haasjes was locked in his cell for more than 23 hours a day. Every day during his free hour, she said, he would shower and then call her to ask the same question: “When am I going to get out?”

Siedenburg said Haasjes has lost his subsidized housing. His mother, who was “his rock,” died while he was in jail. And he suffered abuse at the hands of other inmates, though a few took him under their wing.

Rather than the robust mental health care Haasjes was entitled to by law, he was only seen by a “telepsychiatrist once every three months for 15 minutes,” and had “a very occasional cursory social worker visit his cell door,” Siedenburg said.

Siedenberg told the lawmakers that her cousin’s treatment wasn’t right, that Haasjes deserved to come home with her.

The same day, Stephanie Clendenin, director of the Department of State Hospitals, emailed Siedenburg directly, saying she was looking into Haasjes’ case. Soon after, Haasjes was transferred into a state hospital. Officials blamed the delay on his paperwork not being filed correctly in Kern County.

He spent three months there before Siedenburg helped work out a deal with prosecutors in which Haasjes was released after pleading guilty to misdemeanor charges.

Today, Haasjes said he's doing much better living with Siedenburg. He doesn't have a perfect memory of his time in jail, but he remembers he was denied medical care even when he filled out special slips of paper asking for it.

"I was in the jail too long," he said in a recent interview. "They should not put people in jail."

Kevin Rector

- Twitter
- Instagram
- Email
- Facebook

Kevin Rector is a legal affairs reporter for the Los Angeles Times covering the California Supreme Court, the 9th Circuit Court of Appeals and other legal trends and issues. He started with The Times in 2020 and previously covered the Los Angeles Police Department for the paper. Before that, Rector worked at the Baltimore Sun for eight years, where he was a police and investigative reporter and part of a team that won the 2020 Pulitzer Prize in local reporting. He is from Maryland.

MEMORANDUM

To: Mental Health Commission
From: Jeffrey Buell, Mental Health Division Manager
Date: 9/13/2022
Subject: Mental Health Manager Report

Mental Health Services Report

Please find the attached report on Mental Health Services for September 2022.

Information Requested by MHC

The MHC Co-Chairs requested the following information/updates:

1. 5-year Strategic Plan for the Division of Mental Health including budget for operating costs and previous year (2021) revenue and expenditures, staffing level and optimum staffing, what organizational chart looks like and where it needs to go to serve clients

There has not yet been an official 5-year strategic plan for the Mental Health Division. In order to align with the whole HHCS Department, we will look to discuss the development of a strategic plan for the entire Department first before plans for individual Divisions are derived from that overarching plan. The current organizational chart for the Mental Health Division is available and appended to this report. There may be necessary short-term structural adjustments to make in order to address the high vacancy rate (32 FTE out of 84) and continued provision of core services to the community.

2. The timeline for implementing the Community Health Records at the Division of Mental Health (attached is the signed 12/21 data sharing contract between the City of Berkeley and Alameda County that is fully executed), and plan to ensure clinicians, targeted case managers, and other staff can access information across multiple systems.

Currently, we are attempting to onboard BMH with the CHR by finalizing the Program Readiness and Workflow Assessment for each participating program. Then we can take next steps to train staff in use of the CHR system. There is not a concrete timeline for this process right now, but it appears that these are the final steps before BMH is able to access and participate in the CHR.

3. The break-down of the Homeless and other FSP monthly costs, what they represent, how they are derived from different databases (discussed at the 7/21 meeting--Epic, Community Health Records, LifeLong, Clarity, Clinician's Gateway by Program Manager LifeLong Street Medicine Team) and by Commissioners.

Note: costs can relate to primary / specialist medical care (e.g. LifeLong, Alta Bates Sutter, Alameda County Highland), ongoing mental health and substance use services under Medi-Cal in Berkeley and Alameda County (previously specialty mental health services, now CalAIM), crisis response / law enforcement / mobile crisis costs (including 5150s, arrest etc) costs, Faulk and other transport, medical and psychiatric emergency room visits and stays including healthcare, mental health, SUD charges (billed separately); jail stays including healthcare, mental health, SUD jail costs (billed separately), criminal legal case processing and involvement (judge, lawyers, etc).

I had reached out to Alameda County's Yellowfin staff and the most recent response was this:

"The monthly system costs you find in several Yellowfin reports are system costs within the MHS system as recorded in Clinician's Gateway (CG).

We are not currently reporting costs from OCHIN-EPIC, Community Health Records, Clarity, or LifeLong Street Medicine Team."

The county's previous response had also included:
"Our Yellowfin reports on "system costs" include all charges provided by County and CBO MHS behavioral health providers. Yes, it does include costs for specialty mental health services including services within ACSO Santa Rita Jail provided by our County operated Adult Forensic Behavioral Health provider. Mobile Crisis Teams costs are also included. However, law enforcement costs are not included."

From available Yellowfin reports, system cost sources include: Hospital cost, Crisis Stabilization cost, FSP cost, Service Team cost, SubAcute Cost, and "Other" cost.

4. How are clients screened from the outset for mental health, substance use, housing, social services, and other needs and follow-up for clinical, targeted case management, and related care to address all? How do Division staff partner to address overdose

emergencies, substance use clinics, and MAT treatment for substance use under CalAIM? Who are partners in Berkeley and Alameda County for substance use?

Adults (21 years old and older) are offered a screening by mental health clinical staff to gather information about the mental health, substance use, housing, medical, current and historic strengths, and current needs. From this screening, staff utilizes the ACBHCS Adult Behavioral Health Screening From to ascertain if the individual meets the access criteria for the county mental health plan (for individuals in Berkeley, this would be BMH). In addition, youth from 18 – until their 21st birthday have additional access criteria that will utilize a trauma screening tool approved by DHCS (this is currently pending) or if the youth is experiencing homelessness, involvement in child welfare, or the juvenile justice system that would make them eligible for the county mental health plan. All individuals who meet the access criteria will be offered a comprehensive assessment that will continue to gather more in depth info about the areas that were previously covered in the screening and may also include additional areas that the individual wants to discuss.

With regards to overdose emergencies and other SUD needs, BMH has reached out to HEPPAC over the last several years and received naloxone trainings for adult teams, though this resource is harder to access recently. Trained clinical staff are able to administer nasal naloxone, and all BMH medical staff are trained on administration of naloxone (whether nasal or injection). BMH has recently entered into a new contract with Options Recovery services to co-locate an SUD provider at the Berkeley Mental Health Adult Services Clinic. The services provided in this partnership will include individual/group meetings, outreach, and cross agency referrals and collaboration. Options has stated that these services will have basis in harm reduction and client-centered models. BMH also collaborates with Alameda County SUD ACCESS, including Centerpoint. Mental Health is developing a focused strategy in partnering with client primary care providers (including Lifelong Medical Care) when working with mutual clients to improve coordination of care and whole person care philosophy.

Adult Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Previous 12 Months	Fiscal Year 2023 (August '22-June '23) Demographics as of August 2022
Adult, Older Adult and TAY Full Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	5 Clinicians, 1 Clinical Supervisor	57	$6,672	Clients: 54 American Indian: 0 Black or African-American: 28 Hispanic or Latino: 1 Other/Unknown: 0 API: 1 White: 24 Male: 30 Female: 22 Missing Gender ID: 1 Multiple Gender ID: 0 Prefer Not to Answer Gen ID: 1 Heterosexual: 41 Missing Sex Orient: 6 Bisexual: 2 Gay: 1 Multiple Sex Orient: 2 Lesbian: 1 Prefer Not to Answer Sex Orient: 1
Adult FSP Psychiatry (August Stats)	1-100	.75 FTE	48		
AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)				$2,037,600	
Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-8 for clinical staff	4 Clinicians, 1 Clinical Supervisor	32	$6,539	Clients: 28 API: 2 Black or African-American: 12 Hispanic or Latino: 0 Other/Unknown: 1 White: 13 Male: 20 Female: 6 Missing Gender ID: 2 Prefer No to Answer: 0

					Multiple Gender Identities: 0 Heterosexual: 22 Missing Sex Orient: 3 Bisexual: 2 Gay: 1 Multiple Sex Orient: 0 Prefer Not to Answer: 0 Lesbian: 0
HFPS Psychiatry (August Stats)	1-100	.0 FTE	33		
HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			TBD		
Comprehensive Community Treatment (CCT) **(High level outpatient clinical case management and treatment)**	1-20	7 Clinicians 1 Team Lead 0 Clinical Supervisor	162	$2,243	Clients: 155 American Indian: 4 API: 15 Black or African-American: 58 Hispanic or Latino: 1 Other/Unknown: 7 White: 70 Male: 78 Female: 71 Female to Male: 0 Missing Gender ID: 2 Multiple Gender Identities: 2 Non-Conforming Gender ID: 1 Other Gender ID: 0 Prefer Not to Answer Gender ID: 1 Queer Gender ID: 0 Heterosexual Sex Orient: 124 Missing Sexual Orient: 14 Bisexual Sex Orient: 6 Gay Sex Orient: 4 Lesbian Sex Orient: 4 Multiple Sexual Orient: 0 Prefer Not to Answer Sex Orient: 3 Queer Sexual Orient: 0 Other Sexual Orient: 0
CCT Psychiatry (August Stats)	1-200	1 FTE	121		

CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			$2,617,010		
Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	1 Licensed Clinician 1 CHW Sp./ Non-Degreed Clinical, 1 Clinical Supervisor	91	$1,117	Clients: 88 API: 7 Black or African American: 32 Hispanic or Latino: 2 Other/Unknown: 2 White: 45 Male: 50 Female: 35 Missing Gender ID: 2 Other Gender ID: 1 Heterosexual: 73 Missing Sexual Orient: 10 Prefer Not to Answer Sexual Orient: 2 Gay: 1 Multiple Sexual Orient: 1 Questioning: 1
FIT Psychiatry (August Stats)	1-200	.5	82		
FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			$900,451		

Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Last 12 months	Fiscal Year 2023 (July '22-June '23) Demographics as of July 2022
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinician	4	$7,044	Clients: 5 American Indian: 0 API: 0 Black or African-American: 2 Hispanic or Latino: 3 Other/Unknown: 0 White: 0 Male: 1 Female: 3 Missing Gender ID: 1 Non-Conforming Gender ID: 0 Heterosexual: 4 Missing Sexual Orient: 1 Gay: 0 Other Sexual Orient: 0 Questioning Sexual Orient: 0
CFSP Psychiatry (August Stats)	1-100	0	3		
CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$489,235		
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	1 Clinician 1 Clinical Supervisor	48	$2,239	Clients: 40 American Indian: 1 API: 2 Black or African-American: 14 Hispanic or Latino: 10 Other/Unknown: 2 White: 11 Male: 14 Female: 16 Missing Gender ID: 7 Multiple Gender ID: 3 Non-Conforming Gender ID: 0 Female to Male: 0 Other Gender ID: 0 Heterosexual: 18 Missing Sexual Orient: 15 Gay: 3

					Bisexual: 1 Multiple Sexual Orient: 2 Other Sexual Orient: 0 Prefer Not to Answer: 1 Queer Sexual Orient: 0 Questioning Sexual Orient: 0
ERMHS/EPSDT Psychiatry (August Stats)	1-100	0	8		
EPSDT/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$1,062,409		
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	3 Clinicians, 1 Clinical Supervisor	Drop-in: 23 Externally referred: 19 Ongoing tx: 10 Groups: 0/0		N/A
HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$396,106		

Crisis and ACCESS Services	Staff Ratio	Clinical Staff Positions Filled	Total # of Clients/Incidents	MCT Incidents Detail	Calendar Year 2022 (Jan '22- Dec '22) Demographics – From Mobile Crisis Incident Log (through July 2022)
Mobile Crisis (MCT)	N/A	2 Clinicians filled at this time	• 107 - Incidents • 12- 5150 Evals • 2 - 5150 Evals leading to involuntary transport	• 83 - Incidents: Location - Phone • 20 - Incidents: Location - Field • 0 - Incidents: Location - Home	502 - Clients API: 27 Black or African-American: 94 Hispanic or Latino: 16 Other/Unknown: 261 White: 104 Male: 244 Female: 233 Transgender: 7 Unknown: 51
MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$771,623		
Transitional Outreach Team (TOT)	N/A	.5 Licensed Clinician, (TOT and CAT have been recently merged)	• 7 – Incident(s)	N/A	24- Clients API: 2 Black or African-American: 8 Hispanic or Latino: 2 Other/Unknown: 3 White: 9 Male: 10 Female: 14 Transgender: 0 Unknown: 0
TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$272,323		
Community Assessment Team (CAT)	N/A	3 Non-Licensed Clinicians, .5 Licensed Clinician, 1 Clinical Supervisor	• 155 - Incidents	N/A	440- Clients API: 18 Black or African-American: 96 Hispanic or Latino: 25 Other/Unknown: 197 White: 104 Male: 159 Female: 218 Transgender: 0 Unknown: 63

CAT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)	$735,075

Not reflected in above chart is Early Childhood Consultation, Wellness and Recovery Programming, or Family Support.
In demographics, other/unknown is used both when a client indicates that they are multi-racial and when demographic info is not known.

*Average System Costs come from Yellowfin, and per ACBH include all costs to mental health programs, sub-acute residential programs, hospitals, and jail mental health costs.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, September 12, 2022 3:19 PM
To: Works-Wright, Jamie
Cc: Warhuus, Lisa; Buell, Jeffrey
Subject: FW: Upcoming Pacific Center LGBTQIA+ Didactic Training - 9/22, 1-3 pm
Attachments: PC Didactics 2022-23.pdf

Please see the message below from Margaret Fine

The Director of Community Programs for the Pacific Center sent along the training details and registration so people who have an interest and/or know clinicians and additional behavioral health staff who would benefit can share and/or attend. Thank you so much!

Pacific Center for Human Growth (PC) Presents
-- Didactic Training, Training Year, 2022-2023 –
Thursday, September 22nd, 2022, 1-3pm

Please join us for the next Didactic Training!

PC Clinicians: The event is on your calendars.
All other attendees must register at the link provided in order to access the training.

See you there!
Didactic Training: Working with LGBQT2SIA+ (Lesbian, Gay, Bisexual, Queer or Questioning, Trans, Two Spirit, Intersex, Asexual+) Populations 101

Instructor Bio: Jay Tzvia Helfand, they/them pronouns

Jay comes from a lineage of revolutionary queers, anti-Zionist Jews, and sick and disabled people. They honor the complex ways their ancestors have survived and carried culture to make their life possible. Jay is a white, trans nonbinary, queer, disabled, mixed class, Ashkenazi Jew raised on Dakhóta and Anishinaabeg lands in Minneapolis. They learned from their elders who survived the Nazi genocide that never again must mean never again for anyone. Jay holds their work as a therapist and mediator as expressions of this deep call to align their life with movements for justice and transformation. Jay's politicized somatic therapy practice centers the dignity, wholeness and power of trans and queer people as an innate part of work for collective liberation. The lands where they live are the unceded territories of the Chocheyno speaking Ohlone people, also known as Oakland, CA.

Course Description:
This course offers key definitions, context and best practices for working with Lesbian, Gay, Bisexual, Queer or Questioning, Trans, Two Spirit, Intersex, Asexual + (LGBQT2SIA+) populations. Using a combination of experiential and lecture formats, we will explore common clinical issues specific to LGBQT2SIA+ communities through an intersectional lens. This course is intended to be a "101", meaning any level of knowledge is welcome, including those who identify as non-LGBQT2SIA+ alongside those of us who do. We will explore tools to challenge and transform the impacts of the medical industrial complex (MIC) in our roles as therapists, and specific considerations for LGBQT2SIA+ communities.

Pre-Work (full citations under 'References'):

- Understanding the Medical Industrial Complex
- Kimberlé Crenshaw on Intersectionality, More than Two Decades Later

Educational Goals:

- Clinicians will increase their awareness and competency in working with LGBQT2SIA+ clients.
- Clinicians will learn practices to address the contemporary needs of the clients and the community we serve through an intersectional lens.
- Clinicians will learn how to navigate clinical issues related to identity and environment, and mental health symptoms through a somatic, relational and intersectional feminist perspective.

Learning Objectives:

- Understand key definitions to situate LGBQT2SIA+ clients in a broader context.
- Gain greater understanding of social and cultural histories informing LGBQT2SIA+ community experiences accessing mental healthcare.
- Identify tools, resources and best practices to approach LGBQT2SIA+ clients and ourselves within the frame of the medical industrial complex.

References:

Anti-Oppression Resource and Training Alliance (AORTA). (2022). *Facilitate for Freedom*
https://aorta.coop/work-with-us

Center for LGBTQ & Gender Studies in Religion (CLGS). (2020). An LGBTQIA Vocabulary Resource
https://www.clgs.org/multimedia-archive/an-lgbtqia-vocabulary-resource-for-faith-communities-2/

Crenshaw, K. (2017). *Intersectionality two decades later.*
https://www.law.columbia.edu/news/archive/kimberle-crenshaw-intersectionality-more-two-decades-later

Mingus, M. (2018). *Medical Industrial Complex Visual. Leaving Evidence*. https://leavingevidence.wordpress.com/2015/02/06/medical-industrial-complex-visual/

Trans Student Educational Resources. (2020). *The Gender Unicorn*. https://transstudent.org/gender/

Question & Answer / Feedback:

Following the presentation, there will be an opportunity for discussion and Q&A.

Participants are invited and encouraged to complete the Course Evaluation for this course following their participation in this workshop.

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

From: Margaret Fine <margaretcarolfine@gmail.com>
Sent: Monday, September 12, 2022 1:30 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Upcoming Pacific Center LGBTQIA+ Didactic Training - 9/22, 1-3 pm

Works-Wright, Jamie

From: Specialized Training Services <info@specializedtraining.com>
Sent: Tuesday, September 6, 2022 12:23 PM
To: Berkeley/Albany Mental Health Commission
Subject: The WAVR-21 & TRAP-18: Two Effective Tools for Threat Assessment Professionals

The WAVR-21 and TRAP-18
Two effective tools for threat assessors

The **WAVR-21** (**W**orkplace **A**ssessment of **V**iolence **R**isk) now in its 3rd edition, was developed by noted threat assessment experts, Dr. Reid Meloy and Dr. Stephen White. The WAVR-21 provides threat assessors a roadmap to investigate and analyze threats in community settings, on campus, in the workplace. The instrument helps to determine risk and advise appropriate interventions. Inexpensive to purchase and reasonably priced training allows threat personnel to truly enact crime/violence prevention activities at minimal expense. Training on the WAVR-21 will be conducted by WAVR-21 co-author, Dr. White, on Nov. 1, 2022.

The **TRAP-18** (**T**errorist **R**adicalization **A**ssessment **P**rotocol) was recently developed by WAVR-21 co-author, Dr. Reid Meloy. The TRAP-18 is a structured professional judgment instrument to identify and assess potential risk of a lone-actor terrorist. It is a tool which should be used when a subject is suspected of having adopted a terrorist ideology and in today's environment, it is a tool which should be in every threat professional's arsenal. The TRAP-18 will be taught during a portion of Dr. Meloy's presentation on Advance Threat Assessment on Nov. 2-3, 2022

Attend in-person or real time webinar!

Training on these two instruments and more, Nov. 1-3, Hosted by Capital One Financial Services, McLean, VA

Law enforcement tuition discounted 10% off lowest price

Acts of targeted violence occur daily in our communities, schools, and workplaces. Active shooter training helps, but relying on it solely, without incorporating a well trained threat assessment/threat management component renders a violence prevention strategy less effective.

This event is intended for law enforcement, DHS, corporate security, investigators, crime prevention, campus behavioral intervention teams, mental health, HR and allied professionals.
Attend in-person or virtually in real time!

Early bird savings extended through 9/23. Register now!

Assessing Threats & Violence Risk on Campus, in the Workplace/Community with the WAVR-21, Stephen White, PhD

Nov. 1, 2022, 8:45 - 4:45 EST, 7 hours of CE's

Determining risk of violence is paramount to anyone doing threat assessments. Dr. Stephen White, co-author of the WAVR-21, will present a one-day training on violence risk and threat assessment in workplace, campus and community settings using the WAVR-21 (Workplace Assessment of Violence Risk). In this short, one day introduction to the instrument, the goal is to get participants up and running on the use of the WAVR-21. Attend in-person or virtually.

"**WAVR training was selected and provided on a systemwide basis to all ten University of California campuses**." UC Office of the President

---

Advanced Threat Assessment and Threat Management: Front Line Defense for Evolving Threats, Reid Meloy, PhD, ABPP

November 2-3, 2022, 8:45-4:45 EST, 14 hours of CE's

Many acts of targeted violence are preventable, making their eventual occurrence even more tragic. Some perpetrators who went on to commit violence were known to their respective communities as being a potential problem. Threat assessment and threat management have been shown to be effective processes which not only identify a subject at risk but can also provide a road map for successful interventions. Attend in-person or virtually.

- Important differences in modes of violence
- New research on threats, threats to public figures
- Pathway to violence, warning behaviors
- Update on stalking
- Assessing home grown terrorist radicalization, the TRAP-18
- The dark triad of targeted violence

The WAVR-21 has been the go to instrument for threat assessment since its introduction in 2007. Now in its third edition, the WAVR-21 is used at major universities, fortune 500 companies, law enforcement and security agencies and in government settings such as the DoD and VA. While comprehensive, users can learn its use in one day. The cost of the manual and five coding forms is just $199.95, thus for less than $500, an organization can help protect itself from targeted violence by the purchase of the instrument and having a staff person receive the training

necessary to use it. Moreover, participants will learn from the WAVR authors themselves!

Purchase the WAVR-21 now

Additional Upcoming Webinars

Assessment & Management of Violence Risk with Pre-Teens: Using the EARL-*V3*
(Early Assessment Risk List)
Leena Augimeri, PhD

The award winning author of the EARL-V3 (Early Assessment Risk List), now available in new Version 3 and creator of SNAP (Stop Now And Plan), will present an 8-hour webinar.
Nov. 9-10, 2022: 12:30-4:30 EST, 11:30-3:30 Central, 9:30-1:30 PST. 4 hours per day

Youth Violence Prevention
John van Dreal, M.Ed., Ed.S.

Noted former school psychologist and school district safety and risk management director, author of *Assessing Student Threats* and the newly released *Preventing Youth Violence* will present an 8-hour webinar.
Nov. 17-18, 2022: Noon-4:00pm EST, 11:00-3:00 Central, 9:00 - 1:00 PST. 4 hours per day

Essentials of the Personality Assessment Inventory
Leslie Morey, PhD

Dec. 1-2, 2022: 10 hours of CE's
Noon-5pm: EST, 11-4pm: Central Time, 9-2pm: PST

This workshop is taught by the author of the PAI, Dr. Leslie Morey. Those with limited knowledge/experience with the PAI will be brought up to speed with a fast but comprehensive introduction. The goal of this workshop is to give

users of the PAI the knowledge and skills necessary to use this instrument with confidence and accuracy.

Specialized Training Services is approved by the American Psychological Association to sponsor continuing education for psychologists. Specialized Training Services maintains responsibility for these programs and their content.

Typically, LCSW's, LMFT's, LPC's and LMHC's can receive continuing education from APA approved providers but there are a few exceptions. Please check with your licensing board if there is any question as to whether credit from an APA approved provider is valid for your license.

Specialized Training Services
858 675-0860, 800 848-1226
info@specializedtraining.com
www.specializedtraining.com

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, September 6, 2022 10:11 AM
To: Works-Wright, Jamie
Subject: FW: FASMI Meeting Sat Sept. 10, at 1:30 PM

Please see the email below for Edward Opton.

Jamie Works-Wright
Consumer Liaison
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510-423-8365 cl
510-981-7721 office

From: eopton1 <eopton1@gmail.com>
Sent: Friday, September 2, 2022 10:47 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>; Edward Opton <eopton1@gmai.com>
Subject: Fwd: FASMI Meeting Sat Sept. 10, at 1:30 PM

9.2.22

I'd appreciate it if you would forward the item below to the members of the Berkeley Mental Health Commission and to others who may be interested in its work.

Edward Opton
eopton1@gmail.com

To: Members, Berkeley Mental Health Commission
Jamie Works-Wright
Date: September 2, 2022

I have attached, below, an e-mail from Alison Monroe of FASMI, Families of the Seriously Mentally Ill, and other communications from and to the group. FASMI has been the public face of this year's successful legislative effort to require seriously mentally ill adults in California to submit to psychiatric treatment, including, and probably largely

limited to, administration of depot injections of "tranquilizers" such as Abilify, Seroquel, and Risperdal. The "depot" injections differ from traditional pills and injections in that they gradually release the drugs so that a single injection's effects last for an entire month. FASMI's program is usually called "medication-assisted treatment."

Implementation of legally mandated outpatient treatment may have major implications for the clients of Berkeley's municipal mental health efforts. I hope the Mental Health Commission will seek additional information from FASME and from those who oppose its efforts, for the "medication-assisted treatment" component of our city's program may become substantially enlarged as a consequence of the new legislation.

Edward Opton

---------- Forwarded message ---------
From: amonroe <Unknown>
Date: Friday, September 2, 2022 at 2:04:29 PM UTC-7
Subject: FASMI Meeting Sat Sept. 10, at 1:30 PM
To: Renewed FASMI Discussion Group <Unknown>

Hello,

We will meet Saturday next weekend, Sept. 10, at 1:30.

Agenda will include:

a report on what happened with CARE court and other legislation
a report on Incompetent to Stand Trial from Lindsay
a report from the provider's committee
a reason to participate in the county Care First Jails Last Task Force process
a discussion of membership: who should be a member? What does membership mean? Do we think of ourselves as Alameda County FASMI or Northern California FASMI or what?
what's going on with the website; what people wish it could do for us
a possible speaker

See you there!

Alison

Alison M is inviting you to a scheduled Zoom meeting.

Topic: FASMI general meeting
Time: This is a recurring meeting Meet anytime

Join Zoom Meeting
https://us02web.zoom.us/j/84937723015?pwd=MG1ycEdqR2Y3dDd3T2tWSTZtZGd4QT09

Meeting ID: 849 3772 3015
Passcode: 701132
One tap mobile
+16699009128,,84937723015#,,,,*701132# US (San Jose)
+16694449171,,84937723015#,,,,*701132# US

Dial by your location
- +1 669 900 9128 US (San Jose)
- +1 669 444 9171 US
- +1 719 359 4580 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 312 626 6799 US (Chicago)
- +1 386 347 5053 US
- +1 564 217 2000 US
- +1 646 558 8656 US (New York)
- +1 646 931 3860 US
- +1 301 715 8592 US (Washington DC)
- +1 309 205 3325 US

Meeting ID: 849 3772 3015
Passcode: 701132
Find your local number: https://us02web.zoom.us/u/kWjZmZULq

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, September 6, 2022 8:34 AM
To: Works-Wright, Jamie
Subject: FW: Resources For MHC & Public Re: CARE Court Legislation (to Be Signed by Governor)

Internal

Please see the information below from Margaret Fine:

As you likely know, Governor Newsom has issued a statement about the passage of the CARE Court bill by the California legislature and shortly he plans to sign it.

Here are resources with multiple perspectives, including:
1. CARE Court opposition
2. California government materials re: implementation

Human Rights Watch Opposition to CARE Court
https://www.hrw.org/news/2022/07/22/human-rights-watchs-opposition-care-court-ca-sb-1338

ACLU Opposition to CARE Court, including link to 14 page opposition letter
https://aclucalaction.org/2022/06/why-oppose-care-court/

Disability Rights California - Information on CARE Courts
https://www.disabilityrightsca.org/latest-news/disability-rights-california-information-on-care-court

California Concern re: CARE Court as Forced Treatment
https://www.law360.com/articles/1487625/calif-care-courts-spark-concerns-over-forced-treatment

California Government Materials re: implementation

Governor Newsom Statement on CARE Court passage:
https://www.gov.ca.gov/2022/08/31/governor-newsom-statement-on-the-legislatures-passage-of-care-court/

California Dept HHS: CARE Court FAQ
A New Framework for Community Assistance, Recovery, and Empowerment
https://www.chhs.ca.gov/wp-content/uploads/2022/03/CARECourt_FAQ.pdf

California Department HHS - CARE Court website (also has FAQ):
https://www.chhs.ca.gov/care-court/

Works-Wright, Jamie

From: boona cheema <boonache@aol.com>
Sent: Wednesday, August 31, 2022 9:33 AM
To: george@igc.org
Subject: We need your endorsement for the BCSC event on the 17th.

Thank You To those who have sent donations helps pay for ASL.

Also Moni and I are waiting to hear from you with an endorsement/sponsor/costs no money.

We want you to spread the word and ask your communities to attend.

YSA,Gray Panthers, BYA, Consider The Homeless, Healthy Black Families have answered our call ..and YOUR Group...soon to be added.

PLEASE LET ME KNOW IF I CAN ADD YOU ON OUR FLIER WHICH WILL BE OUT ON THE 7th OF SEPTEMBER

Keep Scrolling the save the date flier with more information and zoom link is below.

Thank You for your support.

boona and moni

SAVE THE DATE: Saturday
September 17, 2022 from 3pm-5pm

Community Summit on Mental Health and Berkeley's Youth

Join Zoom Meeting
https://us02web.zoom.us/j/83194104918?pwd=MnFXZVZaVVJRc0h1SnZMQ3V0QzBTZz09

Meeting ID: 831 9410 4918

Passcode: 307107
One tap mobile
+16694449171,83194104918#,*307107# US
+16699009128,,83194104918#,,,,*307107# US (San Jose)
Dial by your location
+1 669 444 9171 US
Meeting ID: 831 9410 4918
Passcode: 307107
Find your local number: https://us02web.zoom.us/u/kUuTF74R4

Panelists include impacted youth, engaged therapists, dedicated school staff and administrators, and experts on suicide, crisis and violence prevention.. and You!

Following a Hiatus, BCSC is back to provide Black, Brown, Indigenous and AAPI Centered Leadership on holistic 'Community Safety'

Past Events: Panel Amplifying Black Voices; People's Budget Summit; Advocacy for Police Accountability; Summit to End Gun Violence, Memorial for Unhoused Persons, Panel of Domestic and International Activists For Peace; Contributed to Developing the Specialized Care Unit; and Co-Authors of Amicus Brief to Protect the Ohlone's Sacred West Berkeley Shellmound.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, August 29, 2022 9:12 AM
To: Works-Wright, Jamie
Subject: FW: September Public Program and Welcoming Diverse Perspectives

Internal

Hello Commissioner,

Please see the email from Margaret:

Dear Commissioners and the Public At-Large,

In September, we will have a public program to gain comprehensive, overarching knowledge from seasoned experts who work and have worked on diversion that impacts Berkeley people with serious mental illness (SMI) and substance use disorders (SUD) and issues.

While people with SMI and SUD may interact with first responders in Berkeley, there are a number of key stages of diversion for those become systems-involved from Berkeley in Alameda County, including stages of diversion regarding John George Psychiatric Hospital and Santa Rita Jail.

- The Alameda County District Attorney from the Mental Health Unit (overall 22+ years) and the former Public Defender (just retired 25+ years) will speak on the intersection of mental health (and SUD) with the crisis response, psychiatric and criminal enforcement, criminal legal, and incarcerations systems.

  This presentation will address different stages of diversion from pre-booking and pre-charging, and during criminal case processing and incarcerations involvement for Berkeley people with SMI, SUD or related issues. They will further address how 5150s, CARE Courts (if passed), and conservatorships are part of this landscape for Berkeley people with serious mental illness and substance use issues and disorders.

  These experts are pioneers in paving the path for mental health diversion in the enforcement, criminal legal, and incarcerations systems. The former Public Defender further has several years experience with the Justice Involved Mental Health Task Force for Alameda County, which includes a Diversion and Alternatives Working Group.

Again, it is noteworthy that Commissioners have a range of perspectives, for instance, from those who support CARE Courts and conservatorships to those members who oppose any form of forced treatment. Thus, it is important that everyone can share honestly on a range of perspectives including where individuals may be diametrically opposed. We are designed to offer opportunities for diverse positions.

As we have previously welcomed people to our presentations, we invite and share the agenda Zoom link about the presentation with the community at-large—including leaders and staff from government and from community-based organizations, as well as those who have experience with these systems across the board.

Audience members, including Commissioners, will likely include people from diverse perspectives from people who use the systems to those who advocate on behalf of them to those who have an enforcement role to those who are policy and law makers to those who have interest in this topic and would like to learn more about it.

The Mental Health Commission and Advising the Berkeley City Council

This presentation should offer comprehensive knowledge that is useful and beneficial for presenting positions and background information to the Berkeley City Council. As we know under the state statute, the composition of mental health boards includes people who use or have used the mental health system, family members of people who use or have used this system, general interest members, and other persons such as the Mayor's appointee. This presentation is designed to reach a range of Commissioners as well as a range of perspectives from the public.

Specifically the Commissioners' Manual states that the Berkeley City Council is seeking "high quality commission reports and recommendations that take into account the Council's need to view an issue from as many perspectives as possible." Thus this presentation presents an opportunity to gain knowledge of diverse perspectives and factual information, particularly on a topic—diversion—of keen interest to Commissioners and the public at-large, that have not yet been presented.

Further, the Commission Manual states that the Council "must fully understand the relevant background and implications, including costs, if possible, of each action it is asked to take. Submission of high quality reports will enable the City Council to act knowledgeably and expeditiously on commission recommendations and will reduce the likelihood of the Council referring the report back to the commission for clarification." This presentation offer an opportunity for gaining knowledge to develop positions and reports for the Berkeley City Council, including to present differing perspectives.

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

From: Margaret Fine <margaretcarolfine@gmail.com>
Sent: Sunday, August 28, 2022 1:35 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: September Public Program and Welcoming Diverse Perspectives

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, August 26, 2022 1:51 PM
To: Works-Wright, Jamie
Subject: FW: MHSOAC Update: Alameda County Innovation Plan for Review
Attachments: Alameda County_INN Project Plan_Peer-Led Continuum for Forensic and Reentry Services_Draft_08162022.pdf; Alameda County_INN Project Plan_Alternatives to Confinement_Draft_08162022.pdf

Internal

Commissioner,

Please see email below from Edward Opton.

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

From: Edward Opton <eopton1@gmail.com>
Sent: Friday, August 26, 2022 11:55 AM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Fwd: MHSOAC Update: Alameda County Innovation Plan for Review

8.26.22

To: Members, Berkeley Mental Health Commission

In a separate email I have attempted to attach a notice received today from MHOSAC, a state agency that distributes substantial funds for local innovation in mental health programs. Most of the funds go to counties, but Berkeley is one of two cities that are eligible to receive MHOSAC funding separately.

Today's MHOSAC announcement designates Alameda County as the intended recipient of more than $13 million of innovation funding.

* Will Berkeley participate in the Alameda County plan?
* Will some of the $13 million be spent in Berkeley?
* Would Berkeley's Mental Health Commission (MHC) like to learn more about the Alameda County MHOSAC grant?
* Does our MHC want to endorse MHOSAC funding of the prospective Alameda County grant, or urge its extension to the City of Berkeley, or both?

If any of our MHC members have relevant information, I suggest that they circulate it via email. MHOSAC may act on the Alameda County grant application in the near future. Let's inform one another asap.

Edward Opton

---------- Forwarded message ---------
From: **Edward Opton** <eopton1@gmail.com>
Date: Fri, Aug 26, 2022 at 11:18 AM
Subject: Fwd: MHSOAC Update: Alameda County Innovation Plan for Review
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>

8.26.22

I'd appreciate it if you would forward the attached item to the members of the Berkeley Mental Health Commission and to others who may be interested. I will follow up with a separate email to the Commission.

Edward Opton

---------- Forwarded message ---------
From: **MHSOAC Communications** <Communications@mhsoac.ca.gov>
Date: Fri, Aug 26, 2022 at 11:01 AM
Subject: MHSOAC Update: Alameda County Innovation Plan for Review
To: <MHSOAC_LISTSERV@listserv.state.ca.gov>

MHSOAC
Mental Health Services
Oversight & Accountability Commission

1. Below is information on the proposed Innovation Plan for Alameda County. A link to view the plan has been attached. Please submit comments by Friday, September 9, 2022.
   Project Name: **Peer-Led Continuum for Forensic and Reentry Services**
   County: **Alameda**
   Project Amount: **$8,631,732.17**
   Project Length: **5 years**

   The *Peer Led Continuum of Forensic Mental Health Services* is a collection of four (4) continuum of services, of which three are peer led and one is family focused. The continuum of services specifically seeks to:
   1. Support mental health consumers who are justice involved by helping them transition back into the community following an arrest or incarceration,
   2. Identify and address the issues that led up to their arrest and/or incarceration

3. Connect with mental health and other services to support them in their recovery and reentry journey, and

4. Build the capacity of family members to advocate on behalf of their loved one with a serious mental illness who has become justice involved.

A copy of the plan has been attached.

Comments/Feedback
To provide comment, please email the Commission directly at mhsoac@mhsoac.ca.gov or Commission staff: grace.reedy@mhsoac.ca.gov.
Comments due by: **Friday, September 9, 2022**

2. Below is information on the proposed Innovation Plan for Alameda County. A link to view the plan has been attached. Please submit comments by Friday, September 9, 2022.

Project Name: **Alternatives to Confinement**
County: **Alameda**
Project Amount: **$13,432,653**
Project Length: **5 years**

The *Alternatives to Incarceration* continuum of services is a collection of three co-located services that are working together intended to prevent incarceration and divert individuals from the criminal justice system into the mental health services. This continuum of services specifically seeks to divert individuals from incarceration in three primary ways:
1. When a mental health consumer who is forensically involved begins to exhibit early warning signs of a crisis with behaviors that may lead to police contact,

2. At the moment of police contact that may result in arrest, and

3. When the person has fallen out of compliance with their probation or parole and is subject to re-arrest.

A copy of the plan has been attached.

Comments/Feedback
To provide comment, please email the Commission directly at mhsoac@mhsoac.ca.gov or Commission staff: grace.reedy@mhsoac.ca.gov.
Comments due by: **Friday, September 9, 2022**

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alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Peer-Led Continuum
Forensic and Reentry Services
MHSA Innovation Project

Amount Requested: $8,631,732.17

Project Duration: 5 Years

Submitted by:
Alameda County Behavioral Health Care Services

Prepared by:
Roberta Chambers, PsyD
The Indigo Project

Date:
rev. 7/13/2022

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☐ Local Mental Health Board approval Approval Date:
☐ Completed 30 day public comment period Comment Period:
☐ BOS approval date Approval Date: If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: _____ ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

Introduction

Alameda County Behavioral Health Care Services has identified the significant need to support individuals with serious mental health challenges who are involved with the justice system. As discussed in the proceeding Project Overview section in more detail, this is a pervasive and complex issue in Alameda County as well as across the state and nation that requires multiple approaches to address. ACBH has developed a forensic and reentry plan that sets forth the myriad approaches to be implemented, including systems, collaborative, and program initiatives and interventions. The ACBH forensic and reentry plan includes the approaches identified and included in these two Innovation plans.

Alameda County is proposing to pilot two discrete Innovation plans. Each plan proposes a unique continuum of services to address the same problem and achieve the same goal of reducing criminal justice involvement for people with significant mental health challenges. While they are addressing the same problems and have similar expected outcomes, what they propose to do is unique.

The first project, entitled **Alternatives to Confinement,** includes three mental health services that are clinical in nature, led by clinical staff, and intended to reduce incarceration and increase participation in mental health services. This continuum includes:

- An Arrest Diversion/Triage Center where law enforcement can take someone in lieu of arrest in order to receive a mental health assessment and engage them in whatever mental health services they receive;
- A Forensic Crisis Residential Treatment program where individuals can stay for up to 30 days to address their mental health and criminogenic risk and need while in a voluntary service environment; and
- A Reducing Parole/Probation Violations program to support individuals with significant mental health issues who are at risk of re-incarceration because they have been unable to comply with the terms and conditions of their release.

The second project, entitled **Peer Led Continuum, Forensic and Reentry Services**, includes four programs, all led by people with lived experience, including certified forensic peer specialists and trained family members, and is intended to reduce incarceration and increase participation in mental health services. While certified forensic peer specialists are included in the interdisciplinary teams reflected in the Alternatives to Confinement

staffing plan[1], the Peer Led Continuum of Forensic and Reentry Services is designed to pilot a continuum of services where certified peer specialists provide peer support services independently. The Peer Led Continuum of Forensic and Reentry Services includes:

- Reentry Coaches that provide peer support to individuals with significant mental health challenges to exit the jail and transition back into the community;
- WRAP for Reentry that provides peer led WRAP groups facilitated by trained WRAP facilitators to support individuals to address their mental health and forensic needs and avoid future forensic involvement;
- Forensic Peer Respite program where individuals with significant mental health challenges who are justice involved can go for up to 30 days to receive peer support and address whatever issues may be affecting their recovery and reentry; and
- Family Navigation and Support program to develop materials, train family support specialists, and provide individual and group consultation directly to family members about the criminal justice system and how to best advocate on behalf of their loved one.

As previously mentioned, these two Innovation plans are a part of a larger set of strategies. ACBH has already received funding from the first round of the Behavioral Health Community Infrastructure Program (BHCIP) to certify peers as well as develop the curriculum for and train peers in the forensic specialization. One of ACBH's contracted providers, Telecare Corporation, applied for and received funding from Round 3 of the BHCIP to renovate an existing facility that they own for the Forensic Crisis Residential Treatment program, and two other ACBH providers are preparing applications for BHCIP Rounds 5 and/or 6 for the Arrest Diversion/Triage Center and the Forensic Peer Respite.

None of these projects would be possible without the longstanding collaboration from ACBH's justice partners, including the Sheriff's Office and Probation Department as well as local law enforcement agencies (LEA). ACBH has been co-leading a County-wide Multi-Disciplinary Forensic Team in partnership with the Oakland Police Department for over twenty years that includes participation from all city police and fire departments as well as Emergency Medical Services (EMS). ACBH has also sponsored and provided training for the Crisis Intervention Team (CIT) training for 20 years, as well, For local law enforcement agencies. Additionally, ACBH, local law enforcement, and other first

[1] Integrating peers within clinical programming is a standard in Alameda County Behavioral Health programs and is supported by the body of research surrounding mental health treatment for people with serious mental illness.

responders have longstanding history of joint response. ACBH currently provides mobile crisis across the County in partnership with LEAs, a joint response model through the Mobile Engagement Teams with Oakland and Fremont Police Departments, and a clinician/EMT response model in 4 of Alameda County's cities. We anticipate that these longstanding partnerships and practiced collaboration will support the development and implementation of these two Innovation plans.

It is also important to note that all of these services are voluntary mental health services that are intended to reduce the likelihood that justice-involved mental health consumers end up in jail or in other involuntary environments. Currently, many justice-involved mental health consumers have no choice available to them when interacting with law enforcement; law enforcement has voiced similar frustration that they have few options for someone with behavioral health and forensic needs. These two continuums, one clinician and one peer led, provide a choice that has been previously unavailable.

Section 1: Innovations Regulations Requirement Categories

General Requirement

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- X Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

Primary Purpose

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- X Increases access to mental health services to underserved groups
- X Increases the quality of mental health services, including measured outcomes
- ☐ Promotes interagency and community collaboration related to Mental

Health Services or supports or outcomes

☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

Primary Problem

The issue of people with serious mental illness (SMI) and/or substance use disorders (SUD) experiencing incarceration is one of the most prominent challenges facing the behavioral health and criminal justice communities. In many jurisdictions, individuals with mental illness are more likely to be booked into jail than engaged in treatment, and jails have become the largest mental health institutions. **This issue is exacerbated because the legal threshold to arrest and incarcerate someone is lower thanis the legal threshold to engage that same individual in treatment if they are unwilling or unable to participate on a voluntary basis.** Because the legal standard for incarceration is much lower than the threshold for involuntary treatment and jail beds are more readily available than treatment beds, either voluntary or involuntary, it has become increasingly common to incarcerate individuals in need of mental health services.[2] Despite intentional efforts to make the mental health system as accessible and recovery-oriented as possible, there remains a group of individuals who will not engage in voluntary services and are more likely to be incarcerated than treated by the community behavioral health system. **Once a person with SMI and/or SUD becomes justice-involved, they are more likely to remain involved and penetrate the justice system further[3], [4].** These individuals typically have minimal financial resources and are more likely to be held in jail awaiting trial or placement for treatment, including competency restoration. They may experience difficulty complying with the terms and conditions of probation or release, and they may be charged with a new criminal offense while confined in jail.

Within California and across the Nation, there is a concerted effort to identify diversion opportunities and to ensure a continuum of services for individuals with mental health issues who are involved with the criminal justice system. Alameda County, along with its

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[2] National Sheriff's Association and Treatment Advocacy Center. *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey.* Retrieved from: https://www.treatmentadvocacycenter.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf.

[3] Fellner J: (2006), A corrections quandary: mental illness and prison rules. Harv CR-CL L Rev 41:391–412,

[4] Abramsky & Fellner, supra note 3, at 59 (citing Letter from Keith R. Curry, Ph.D., to Donna Brorby, Atty. in the Ruiz v. Johnson litigation (Mar. 19, 2002)

partners and community of stakeholders, has invested substantial time and resources on a number of efforts that aim to strengthen forensic and reentry mental health services for people with mental health needs and/or substance use disorders by:

Safely diverting people from the justice system into treatment,	Stabilizing and connecting individuals in custody to community behavioral health services, and	Promoting service participation that reduces recidivism.

The department unveiled a Forensic and Reentry Services Plan[5] in May of 2021 and has been systematically working through the short, mid, and long terms actions set forth in the plan. Alameda County was interested in how Innovation funds could assist in addressing the forensic and reentry mental health needs in the County. This Innovation plan arose out of these concerted efforts to divert individuals with mental health challenges from the justice system into mental health services and was developed for and by community stakeholders, including the County's Justice Involved Mental Health Task Force.

Proposed Project

Project Description

The *Peer Led Continuum of Forensic Mental Health Services* is a collection of four (4) continuum of services, of which three are peer led and one is family focused. The continuum of services specifically seeks to:

1. Support mental health consumers who are justice involved by helping them transition back into the community following an arrest or incarceration,
2. Identify and address the issues that led up to their arrest and/or incarceration
3. Connect with mental health and other services to support them in their recovery and reentry journey, and
4. Build the capacity of family members to advocate on behalf of their loved one with a serious mental illness who has become justice involved.

[5] http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_5_10_21/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item__1_ACBH_Services_Forensic_sys_5_10_21.pdf

As a result of the continuum of services, we expect that individuals will experience fewer episodes of arrest and/or incarceration and will have increased participation in ongoing mental health and other services. The included services are described below.

Reentry Coaches. In Alameda and across the state, there have been strong outcomes associated with using people with lived experience to support individuals following a crisis or hospitalization to connect to follow-up mental health services. These individuals are sometimes referred to as peer mentors and have shown strong outcomes in increasing service linkage and reducing crisis and hospitalization in Alameda, Orange, and other counties. This project aims to employ forensic peer specialists who can serve as reentry coaches for individuals with serious mental illness to help them transition back into the community. Their role is to help the person with whatever they need, including tangible resources such as linkages for food and shelter or transportation to appointments, as well as encouragement and consciousness raising to actively participate in their own recovery and reentry journey. Referrals into the program may come from service providers supporting reentry planning at the Santa Rita jail, and ideally the reentry coach would be able to make contact with the individual before they are released from jail. However, their first contact may be upon release at the Safe Landing program, which is a drop in center on site at the jail that provides information and referrals to individuals leaving the jail, or at another community location. The reentry coach will work with the individual to develop a personalized reentry plan that addressed the needs and issues that the person feels are most pressing, and the coach can stay involved for up to 90 days providing direct peer support as well as support to engage with other services.

WRAP for Reentry. The Centers for Human Development have a number of curricula based on Wellness Recovery Action Planning (WRAP) for specialty populations, including individuals with mental health challenges who are involved with the criminal justice system. Existing WRAP facilitators as well as identified Forensic Peer Specialists will receive training in WRAP for Reentry. The WRAP for Reentry groups will be available at existing peer led programs as well as offered at the peer respite, Forensic CRT (included as a part of the Alternatives to Confinement continuum of services), and potentially at Santa Rita, if permitted.

Forensic Peer Respite. The Forensic Peer Respite will be available to adult mental health consumers who are justice involved who would benefit from a brief moment of pause to reflect on their recovery and reentry journey, address whatever issues are coming up for them, and receive peer support to connect them with whatever services may be most helpful to support their continued recovery and reentry. This program will provide 24/7 peer support services that address mental health, substance use, and criminogenic needs in an unlocked, peer-led environment. The average length of stay

based on other peer respites will span 5-14 days with the opportunity to extend up to 30 days with ACBH approval, and the total capacity will be 6. The Forensic Peer Respite would be available to consumers who are beginning to experience early warning signs of a crisis or other behaviors that place them at high likelihood of police contact.

The program will accept consumers ages 18-59 with mental health and criminal justice involvement who can be safely served in this environment. This program is intended to be a step up from the community as well as step down from the jail, and referrals may come from community mental health providers who are serving justice-involved mental health consumers as well as providers from jail mental health, psychiatric hospitals, psychiatric emergency services, local emergency departments, crisis stabilization units, sobering centers and detoxification units, and the reentry coaching program described above. It is also possible that the program will also accept consumers from the Forensic CRT if there is an individual that would be better served in a peer-led environment.

Family Navigation and Support. Family members of adult children with mental health issues are a critical component of supporting an individual to participate in mental health treatment and exit the justice system. However, family members have to quickly become experts in the justice system and relevant mental health law in order to understand and work within the justice system and process in support of their loved one. The family navigation and support service would develop and disseminate informational materials about the forensic mental health process. This program would collaborate and train existing warmlines, staffed by family partners, to educate and coach families on how to best advocate for their loved ones and would collaborate with ACBH partners to ensure information materials are translated and accessible for all Alameda County residents. The program would also provide individual and group consultation to families in order to increase knowledge of the justice mental health system and the legal process; the types of specific hearings, legal mechanisms, and appeals for individuals with mental health issues; how competency is determined, what incompetent to stand trial means, and what services may be available; how to provide medical and mental health information to the jail and other legal entities; and how to advocate on behalf of a loved one who has become involved with the criminal justice system.

<u>Project General Requirements</u>

The Peer Led Continuum of Forensic Mental Health Services both adapts an existing mental health practice for the forensic mental health population as well as adapts practices from other disciplines.

The Forensic Peer Respite, Reentry Coaches, and WRAP for Reentry take existing mental health practices and seeks to apply them to adult mental health consumers who

are involved with the criminal justice system. Specifically, this continuum of services is inspired by the Peer Respite model which exists in other jurisdictions and in Alameda County, the WRAP curriculum which has a strong evidence base and has been implemented for decades in Alameda County, and peer mentoring programs who support individuals post crisis or hospitalization that are available across the state. In each of these instances, they have been modified for a justice involved mental health population and seek to promote similar outcomes including reduced arrest and incarceration rather than crisis and hospitalization as well as increased service connectedness.

The Family Navigation and Support component is modeled after other disciplines, specifically the resources and consultation available through advokids[6] for the foster care system or Regional Centers for families with intellectual and/or developmental disabilities. These programs offer a combination of written resources, consultation, education, and support to educate families about the intricacies of the system and equip them to advocate on behalf of their family member.

Individuals to be Served

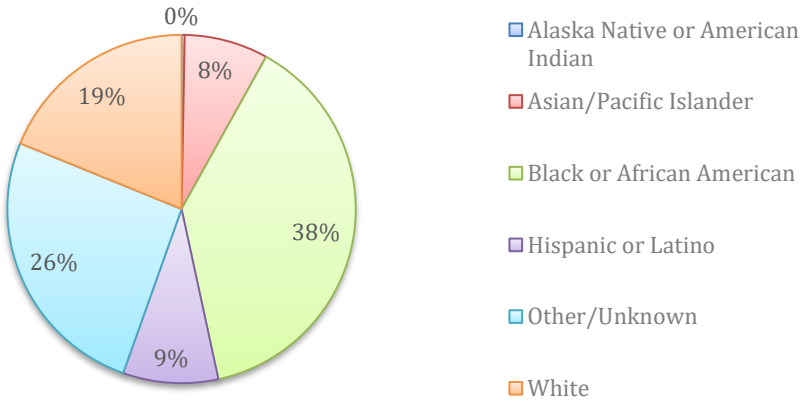
Overall, the Peer Led Continuum of Forensic Mental Health Services project will serve 2,279 individuals per year. We anticipate that the Reentry Coaches will serve approximately 480 individuals per year, which is 15 consumers per coach with an average engagement of 90 days and 8.0 FTE. The WRAP for Reentry program will serve approximately 960 individuals, or 20 unduplicated individuals per month per facilitator, of which there will be 4 facilitators. We expect to serve approximately 122 individuals in the Forensic Peer Respite per year. This assumes that the 6 bed Forensic Peer Respite will operate at 85% capacity with an average length of stay of two weeks. We also expect to reach about 800 families with the written resources through the Family Navigation and Support program, with about 25%, or 200 families, reaching out for consultation or other support. However, we anticipate that there is significant overlap between the programs.

This continuum of services will serve transition age youth ages 18-25 and adults ages 26 and up who have significant mental health issues and are involved with the criminal justice system; they may also have co-occurring substance use issues. They may be of any gender or gender identity as well as sexual orientation. We anticipate that consumers will be predominantly Black or African American with smaller percentages of people who are white, Latinx, or Asian, Pacific Islander, and American Indian. This is based on

[6] Advokids is a legal advocacy organization committed to protecting foster children across California and provides a variety of educational materials to support children and families who are navigating the dependency court process.

demographic data of consumers receiving services at Adult Forensic Behavioral Health, which is the outpatient clinic located inside the County jail, as demonstrated in Table 1. We also anticipate that a proportion of individuals will speak Spanish and other languages and will ensure language access is available. Additionally, the Family Navigation and Support project will work with culturally specific organizations to ensure that they have the capacity to support individuals to advocate on behalf of their family members.

Table 1. Consumers Served at Alameda County Forensic Behavioral Health (AFBH) (in-custody services)



Research on INN Project

The issue of individuals with serious mental illness who are involved with the justice system has become one of the largest problems facing communities across the nation, and the rate of individuals with serious mental illness is two to six times higher among incarcerated populations than it is in the general population.[7] Research clearly demonstrates that outcomes for people with mental illness who become justice involved have better outcomes when diverted into services than when in custody. Peer support

[7] Cloud, David, and Chelsea Davis. Treatment Alternatives to Incarceration for People with Mental Health Needs in the Criminal Justice System: The Cost-Savings Implications. Vera Institute, 2013. Retrieved from: https://www.vera.org/downloads/Publications/treatment-alternatives-to-incarceration-for-people-with-mental-health-needs-in-the-criminal-justice-system-the-cost-savings-implications/legacy_downloads/treatment-alternatives-to-incarceration.pdf.

has a strong evidence base for supporting individuals to reduce crisis and/or hospitalization as well as engage in mental health and other recovery based services.

The Peer Led Continuum of Forensic Mental Health Services provides three peer-led and one family-focused services that are intended to support individuals to transition from incarceration to the community and use peer support to address whatever issues may contribute to police contact, arrest, and/or incarceration. Using models from mental health and other disciplines, these four programs collectively provide an opportunity to support individuals to reenter the community and engage in services that reduce the likelihood of future arrests and/or incarceration.

These priorities for diversion arose out of the sequential intercept mapping process with Alameda County's Justice Involved Mental Health Task Force and focus on supporting reentry as well as promoting exit from the criminal justice system. They are based on the principles of peer support provided at opportunities identified through Alameda County's Sequential Intercept Mapping process.

At this time, no other jurisdiction has developed a singularly focused Forensic Peer Respite or applied a peer mentor approach to people with serious mental illness reentering from jail. While WRAP for Reentry is implemented in other jurisdictions, it does not yet have an evidence base supporting its use. People with forensic mental health needs may be served in Peer Respite, peer mentor, or WRAP programs, but none specialize in the intersection between behavioral health and justice system involvement and specifically target behavioral health and criminal justice involvement. While there are myriad versions of parental support, none are solely focused on supporting family members whose loved ones with serious mental illness have become justice involved. To this end, this project aims to explore the extent to which these programs are able to reduce criminal justice system involvement for people with serious mental illness (e.g., reduced jail bookings and jail days, increased service participation, increased exit from the criminal justice system).

Learning Goals/Project Aims

In Alameda County, 25% of ACBH consumers receive mental health services in the jail, and 10% of consumers only receive mental health services in the jail.[8] This highlights the need to address the over-incarceration of people with mental health issues and support them outside of a jail environment as a key County priority. This project, along

[8] http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_5_10_21/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item__1_ACBH_Services_Forensic_sys_5_10_21.pdf

with the other Innovation Plan entitled *Alternatives to Confinement,* is one element of a larger Forensic Mental Health and Reentry Plan and represents the service offerings that are relevant to and meet criteria for Innovation projects.

With this project, Alameda County Behavioral Health seeks to pilot these four services within a continuum of care to understand the extent to which these programs, separately and together, increase access to and participation in mental health services for adults with mental health and criminal justice involvement and improve outcomes, including reduced jail bookings, jail days, and exit from the criminal justice system.

Evaluation or Learning Plan

This Peer Led Continuum of Forensic Mental Health Services project evaluation will explore process and outcome measures related to the four included services. The overarching evaluation questions include:

1. What resources are being invested, by whom, and how much?
2. Who is being served, at what dosage, and in what ways, including participation in more than one INN-funded service?
3. To what extent do people who participate in INN-funded services experience reduced jail bookings, jail days, and are able to exit the criminal justice system?
4. To what extent do people who participate in INN-funded services experience increased service engagement and participation?
5. How does family education and consultation support individuals to move through the justice system?

The evaluation will explore the following types of quantitative data:

- Socio-demographics of individuals served, including race/ethnicity, age, gender identity, sexual orientation, zip code, income type and amount, housing status, level of education, and veteran status.
- Clinical and justice involved profile of individuals served, including mental health diagnoses and previous service participation; previous arrest, charge, and booking information; substance use and misuse; known trauma history; other clinically relevant information.
- Current program and service participation, including program, service type, procedure code, provider type, dates of service, length of encounter, length of episode, disposition. This includes for INN-funded programs as well as all other Mental Health Plan (MHP)-funded services, such as crisis and hospitalization as well as other residential and outpatient services.

- Current justice system interactions, including jail bookings and discharge dates, charges filed, court dispositions. If feasible, police contact and arrest data that did not result in a jail booking may also be included.
- Referrals, including referrals sources into the INN-funded programs as well as referrals and linkages provided from the INN-funded programs into other mental health services.
- Experience of services from consumers, family, behavioral health providers, and justice professionals.
- Perception of knowledge, understanding, and collaboration between behavioral health providers and justice professionals.

Quantitative data will be collected directly from the County's data services in collaboration with the Sheriff's Office via existing Memorandum of Understanding, the Community Health Record funded through the Whole Person Care Initiative, and via data request to the courts. Experience of services and perception of knowledge, understanding, and collaboration will be collected via interviews and focus groups; there may also be a brief survey developed for service recipients and their families or involved professionals.

Data will be collected on an ongoing basis and reported annually to providers and partners in order to support communications and continuous quality improvement as well as to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in order to meet INN reporting requirements.

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Process			Outcome	
Resources	**Activities**	**Outputs**	**Short-Term**	**Long-Term**
Office of Consumer Empowerment and Forensic Certified Peer Specialists ACBH Adult, Crisis, and Forensic Systems of Care Sheriff's Office Probation Department Contracted Providers MHSA Innovation Funds BHCIP Round 1 Funds BHCIP Round 5/6 Funds	Procure and contract with service providers, trainers, legal experts, and evaluator Formalize MOUs, procedures, and protocols with ACBH, contractors, and collaborative partners Develop and implement a Forensic Peer Respite Develop and implement Reentry Coaching Develop and implement WRAP for Reentry Develop and implement Family Navigation and Support	Contracts with providers, consultants, and evaluator MOU and program operations documentation # of clients served, including socio-demographics, clinical profile, and justice involvement by program # of families engaged # of direct services provided by program - # of admissions - # of discharges by discharge disposition and location - Length of episode - # of minutes of service per encounter - Admission and discharge dates - # of WRAP groups - # of types of referrals and linkages # of training and consultation services provided - Collateral materials - # of/type of trainings - # of providers trained	Increased collaboration amongst ACBH, providers, and partners Reduced jail bookings and jail bed days Increased mental health service engagement and participation Increased criminal justice system exits for mental health consumers Improved experience of justice and mental health system interactions Increased advocacy skills, knowledge, and confidence for family members to support their justice involved mental health family member	Increased skills, knowledge, and confidence to support justice involved mental health consumers Reduced criminal justice system involvement for mental health consumers

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Section 3: Additional Information for Regulatory Requirements

Contracting

The County expects to contract out all of the services included in this proposal. Additionally, the County intends to contract for an external evaluator for this project to work with our internal data support team in exploring the learning goals and evaluation questions listed above as well as complete required reporting for the project. The County will appoint a contract monitor for each of these contracts to ensure contract compliance as well as a portion of the County project/program manager to supervise the quality of work performed.

Community Project Planning

These projects arose out of a longer-term planning and system improvement process dedicated to improving services for justice involved mental health consumers. The Justice Involved Mental Health (JIMH) Task Force included representatives from the Health Care Services Agency, Alameda County Behavioral Health, Public Defender, District Attorney, provider and advocacy organizations, consumer and family representatives, faith based and other community leaders. After a more than year long process, the JIMH Task Force published a report in September 2020 with multiple stakeholder recommendations, including a focus on supporting reentry. Concurrently, ACBH published a Forensic Mental Health and Reentry Plan in October 2020 that was informed by JIMH and included additional actions informed by evidence-based practice and ACBH's strategic direction.

During 2021, ACBH systematically went through the Forensic Mental Health and Reentry Plan and identified aspects of the plan that either warranted further development and/or consideration or may meet criteria for INN funds. As a part of this process, ACBH contracted with the Indigo Project to engage in INN Project planning. The Indigo Project met with a number of internal and external stakeholders to gather information and workshop the ideas and concepts as they evolved, including:

- Consumer representatives and members of the Pool of Consumer Champions
- Family representatives and individuals from NAMI
- Providers who represent communities who are underrepresented because of cultural affiliation and language access
- Members of the African American subcommittee
- Members of the MHSA Stakeholder group
- Healthcare for the homeless providers

- System of Care Directors for Adult, Crisis, and Forensic Mental Health Services
- Consumer and Family Empowerment Managers

With each discussion, the concepts evolved and were further developed and clarified. These projects will be included in the MHSA Annual Update Community Program Planning (CPP) process in 2022 with the hopes of beginning implementation in FY2022.

MHSA General Standards

This project arose out of a community effort to address the needs of mental health consumers who are forensically involved. It was developed by consumers, family, and communities to support wellness and recovery and avoid incarceration. Community collaboration is exemplified in not only how this project was developed but also in how the project itself works to support individuals to return to and remain in their communities rather than in a jail environment. Cultural Competency is included as a foundational component in that this project seeks to address the overincarceration of people with mental illness, the majority of whom are BIPOC individuals, by supporting individuals to reenter their communities and successfully exit the justice system. Additionally, the services themselves will be informed by and primarily staffed by individuals who represent our County's diverse populations. Services will be client and family driven in that services aim to preserve a person's freedom, independence, and ability to consent to their own services by using person centered planning with family member input that respects an individual's needs and preferences and works in partnership with each individual and their family to discover how they understand the issues that they're facing and helps them develop a plan that they are willing to do to address what is most important to them. The services are wellness, recovery, and resiliency focused in that they are built upon the belief that participation in mental health services and supports are more productive and meaningful than incarceration and that services that respect an individual's ability to invest in their own recovery journey are more likely to result in sustained freedom than "rehabilitation" provided by the jails. Finally, services are intended to be integrated in that these programs seek to strengthen each person's ability to renter the community and successfully navigate the service system with peer support.

Cultural Competence and Stakeholder Participation in Evaluation

On a quarterly basis, ACBH will convene a stakeholder meeting with individuals who are invested in both forensic mental health INN projects, which include this project and the *Alternatives to Confinement* continuum of services. This meeting will serve dual purposes to gather information from stakeholders and partners about their perspectives on the project and its implementation as well as to provide data from the evaluation to support a

CQI process. As a part of this project, we will explore the extent to which the project is reaching its intended target population and that people receiving services are reflective of the jail population (i.e., the population receiving services is comparable to the Santa Rita population in terms of race/ethnicity and age). This will be one component of what is discussed in the quarterly meetings as well as overall feedback and evaluation data described in the preceding section.

Innovation Project Sustainability and Continuity of Care

This project with its continuum of services will primarily serve individuals with serious mental illness. If this project accomplishes its intended objectives of 1) reducing jail bookings and jail days and 2) increasing participation in ongoing mental health services, the County will continue to fund the project using a combination of MHSA Community Services and Supports funding and Federal Financial Participation (FFP). Most of the services described in this plan should be eligible for Medi-Cal reimbursement following completion of the INN project, assuming peer certification and billing for peer support continue implementation during this INN project.

Communication and Dissemination Plan

If this continuum of services is successful at 1) reducing jail bookings and jail days and 2) increasing participation in ongoing mental health services, ACBH will apply to present learnings at California-specific conferences, including the forensic mental health association, California Institute of Behavioral Health Services, and California Association of Counties (CSAC) conferences. Additionally, ACBH will request that the contracted evaluator prepare a white paper that can be distributed through the California Behavioral Health Directors Association, California Probation Officers Association, and the MHSOAC listserv.

Keywords include:

1. Mental health reentry
2. Forensic Peer Respite
3. WRAP for Reentry
4. Reentry Peer Support
5. Reentry Family Support

Timeline

ACBH proposes a 5 year Innovation project in which the first two years of the project allow for program start-up. While services may be able to be implemented more quickly, we

believe that it is important to have all elements available at the same time, particularly with a service model that requires significant coordination with partner agencies. To that end, ACBH will begin the site identification and procurement process upon MHSOAC approval. This may take up to nine months to facilitate a competitive bid process and then enter into contracts. The second year will focus on preparing the programs for opening, developing written materials, and outreaching and coordinating with our justice partners. Concurrently, the evaluators will be working with the department and stakeholders to develop the evaluation approach. Years 3-5 will focus on service provision as well as data collection and analysis to support learning. In the final year, ACBH will also develop an ongoing funding strategy using MHSA, realignment, and FFP dollars. In year 5, the evaluators will also draft the summative evaluation report and a white paper detailing project implementation, outcomes, and lessons learned.

Year 1	Project Start-up - County Procurement • Procure mental health provider and evaluator services • Execute INN service provider and evaluator contracts
Year 2	Project Start-up - Program Development Preparation • Site Identification • Written Materials Development • Staff Hiring and Training • Outreach to partner agencies Project Start-up - Project Evaluation • Evaluation planning, including stakeholder input Milestone: Services Commence Milestone: Evaluation Plan Complete
Year 3	Ongoing: Service provision Ongoing: Data collection Quarterly: Stakeholder convening to support CQI Annual: INN reporting
Year 4	Ongoing: Service provision Ongoing: Data collection Quarterly: Stakeholder convening to support CQI Annual: INN reporting

Year 5	Ongoing: Service provision Ongoing: Data collection Quarterly: Stakeholder convening to support CQI End of Project: Sustainability Plan End of Project: Summative INN report

Section 4: INN Project Budget and Source of Expenditures

INN Project Budget and Source of Expenditures

The next three sections identify how the MHSA funds are being utilized:

A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

Budget Narrative

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…”). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

Staffing				
Position	**Quantity**	**Salary**	**Start-up**	**Annual Cost**
Program Director/	1.00	$ 95,000.00	$ 71,250.00	$ 95,000.00
RC Reentry Coach	5.00	$ 72,000.00	$ 90,000.00	$ 360,000.00
WRAP Facilitator	3.00	$ 74,000.00	$ 55,500.00	$ 222,000.00
FPR Program Manager	1.00	$ 85,000.00	$ 42,500.00	$ 85,000.00
FPR Forensic Peer Specialist	10.00	$ 72,000.00	$ 180,000.00	$ 720,000.00
FNS Navigators	3.00	$ 74,000.00	$ 55,500.00	$ 222,000.00
Total Salaries			$ 494,750.00	$ 1,704,000.00
CBO Benefits @ 33%			$ 168,215.00	$ 579,360.00
Total Staffing	**26.00**		**$ 662,965.00**	**$ 2,283,360.00**
Operations				
Contractors and Other Staffing Needs				
FPR Relief Staff	3000 hours	$25/hour	$ -	$ 75,000.00
Consultant - Legal System			$ 40,000.00	$ 20,000.00
Consultant - Materials Dev't			$ 18,000.00	$ 8,000.00
Recruitment			$ 12,000.00	$ 4,000.00
Pre-employment Expenses			$ 7,500.00	$ 3,750.00
Training			$ 30,000.00	$ 18,000.00
Supplies				
Food			$ 8,000.00	$ 62,400.00
Household Supplies			$ 4,000.00	$ 4,800.00
Personal Hygeine Items			$ 6,000.00	$ 9,600.00
Medical and First Aid			$ 2,000.00	$ 3,000.00
Office Supplies			$ 48,000.00	$ 4,800.00
Program Supplies			$ 22,000.00	$ 7,200.00
Facilities/Utilities				
Lease Payment		$ 12,000.00		$ 144,000.00
Gas and Electric		$ 800.00	$ 4,800.00	$ 9,600.00
Water		$ 990.00	$ 5,940.00	$ 11,880.00
Garbage		$ 600.00	$ 3,600.00	$ 7,200.00
Comcast/Xfinity		$ 1,200.00	$ 7,200.00	$ 14,400.00
Maintenance (Furniture and Equipment)			$ 32,000.00	$ 12,000.00
Maintenance (Property)				$ 24,000.00
Housekeeping		$ 1,500.00	$ 9,000.00	$ 18,000.00
Laundy		$ 1,800.00	$ 10,800.00	$ 21,600.00
Landscaping		$ 1,000.00	$ 6,000.00	$ 12,000.00
Communications				
Telephone		$ 600.00	$ 3,600.00	$ 7,200.00
Cell Phones		$ 600.00	$ 1,500.00	$ 7,200.00
Microsoft 365		$ 2,376.00	$ 1,188.00	$ 2,376.00
Transportation				
Vehicle Lease and Fees		$ 800.00	$ 2,400.00	$ 16,800.00
Vehicle Maintenance (incl gas, oil, etc)			$ -	$ 4,000.00
Mileage			$ -	$ 2,800.00
Transportation Assistance			$ -	$ 4,160.00
Other Services				
Insurance			$ 2,250.00	$ 9,000.00
Total Operations			**$ 287,778.00**	**$ 548,766.00**
Total Staffing			$ 662,965.00	$ 2,283,360.00
Total Operations			$ 287,778.00	$ 548,766.00
Total Direct Costs (Staffing + Operations)			$ 950,743.00	$ 2,832,126.00
Total Indirect (15%)			$ 142,611.45	$ 424,818.90
Total Costs			**$ 1,093,354.45**	**$ 3,256,944.90**
Potential Medicaid Revenue				$ 1,107,361.27
Total INN Funds Needed			**$ 1,093,354.45**	**$ 2,149,583.63**

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Alternatives to Confinement

MHSA Innovation Project

Amount Requested: $13,432,653

Project Duration: 5 Years

Submitted by:
Alameda County Behavioral Health Care Services

Prepared by:
Roberta Chambers, PsyD
The Indigo Project

Date:
rev. 7/13/2022

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☐ Local Mental Health Board approval Approval Date:
☐ Completed 30 day public comment period Comment Period:
☐ BOS approval date Approval Date: If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: _____ ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

Introduction

Alameda County Behavioral Health Care Services has identified the significant need to support individuals with serious mental health challenges who are involved with the justice system. As discussed in the proceeding Project Overview section in more detail, this is a pervasive and complex issue in Alameda County as well as across the state and nation that requires multiple approaches to address. ACBH has developed a forensic and reentry plan that sets forth the myriad approaches to be implemented, including systems, collaborative, and program initiatives and interventions. The ACBH forensic and reentry plan includes the approaches identified and included in these two Innovation plans.

Alameda County is proposing to pilot two discrete Innovation plans. Each plan proposes a unique continuum of services to address the same problem and achieve the same goal of reducing criminal justice involvement for people with significant mental health challenges. While they are addressing the same problems and have similar expected outcomes, what they propose to do is unique.

The first project, entitled **Alternatives to Confinement,** includes three mental health services that are clinical in nature, led by clinical staff, and intended to reduce incarceration and increase participation in mental health services. This continuum includes:

- An Arrest Diversion/Triage Center where law enforcement can take someone in lieu of arrest in order to receive a mental health assessment and engage them in whatever mental health services they receive;
- A Forensic Crisis Residential Treatment program where individuals can stay for up to 30 days to address their mental health and criminogenic risk and need while in a voluntary service environment; and
- A Reducing Parole/Probation Violations program to support individuals with significant mental health issues who are at risk of re-incarceration because they have been unable to comply with the terms and conditions of their release.

The second project, entitled **Peer Led Continuum, Forensic and Reentry Services**, includes four programs, all led by people with lived experience, including certified forensic peer specialists and trained family members, and is intended to reduce incarceration and increase participation in mental health services. While certified forensic peer specialists are included in the interdisciplinary teams reflected in the Alternatives to Confinement

staffing plan[1], the Peer Led Continuum of Forensic and Reentry Services is designed to pilot a continuum of services where certified peer specialists provide peer support services independently. The Peer Led Continuum of Forensic and Reentry Services includes:

- Reentry Coaches that provide peer support to individuals with significant mental health challenges to exit the jail and transition back into the community;
- WRAP for Reentry that provides peer led WRAP groups facilitated by trained WRAP facilitators to support individuals to address their mental health and forensic needs and avoid future forensic involvement;
- Forensic Peer Respite program where individuals with significant mental health challenges who are justice involved can go for up to 30 days to receive peer support and address whatever issues may be affecting their recovery and reentry; and
- Family Navigation and Support program to develop materials, train family support specialists, and provide individual and group consultation directly to family members about the criminal justice system and how to best advocate on behalf of their loved one.

As previously mentioned, these two Innovation plans are a part of a larger set of strategies. ACBH has already received funding from the first round of the Behavioral Health Community Infrastructure Program (BHCIP) to certify peers as well as develop the curriculum for and train peers in the forensic specialization. One of ACBH's contracted providers, Telecare Corporation, applied for and received funding from Round 3 of the BHCIP to renovate an existing facility that they own for the Forensic Crisis Residential Treatment program, and two other ACBH providers are preparing applications for BHCIP Rounds 5 and/or 6 for the Arrest Diversion/Triage Center and the Forensic Peer Respite.

None of these projects would be possible without the longstanding collaboration from ACBH's justice partners, including the Sheriff's Office and Probation Department as well as local law enforcement agencies (LEA). ACBH has been co-leading a County-wide Multi-Disciplinary Forensic Team in partnership with the Oakland Police Department for over twenty years that includes participation from all city police and fire departments as well as Emergency Medical Services (EMS). ACBH has also sponsored and provided training for the Crisis Intervention Team (CIT) training for 20 years, as well, For local law enforcement agencies. Additionally, ACBH, local law enforcement, and other first

[1] Integrating peers within clinical programming is a standard in Alameda County Behavioral Health programs and is supported by the body of research surrounding mental health treatment for people with serious mental illness.

responders have longstanding history of joint response. ACBH currently provides mobile crisis across the County in partnership with LEAs, a joint response model through the Mobile Engagement Teams with Oakland and Fremont Police Departments, and a clinician/EMT response model in 4 of Alameda County's cities. We anticipate that these longstanding partnerships and practiced collaboration will support the development and implementation of these two Innovation plans.

It is also important to note that all of these services are voluntary mental health services that are intended to reduce the likelihood that justice-involved mental health consumers end up in jail or in other involuntary environments. Currently, many justice-involved mental health consumers have no choice available to them when interacting with law enforcement; law enforcement has voiced similar frustration that they have few options for someone with behavioral health and forensic needs. These two continuums, one clinician and one peer led, provide a choice that has been previously unavailable.

Section 1: Innovations Regulations Requirement Categories

General Requirement

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- X Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- X Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

Primary Purpose

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- X Increases access to mental health services to underserved groups
- X Increases the quality of mental health services, including measured outcomes
- X Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

Primary Problem

The issue of people with serious mental illness (SMI) and/or substance use disorders (SUD) experiencing incarceration is one of the most prominent challenges facing the behavioral health and criminal justice communities. In many jurisdictions, individuals with mental illness are more likely to be booked into jail than engaged in treatment, and jails have become the largest mental health institutions. **This issue is exacerbated because the legal threshold to arrest and incarcerate someone is lower than is the legal threshold to engage that same individual in treatment if they are unwilling or unable to participate on a voluntary basis.** Because the legal standard for incarceration is much lower than the threshold for involuntary treatment and jail beds are more readily available than treatment beds, either voluntary or involuntary, it has become increasingly common to incarcerate individuals in need of mental health services.[2] Despite intentional efforts to make the mental health system as accessible and recovery-oriented as possible, there remains a group of individuals who will not engage in voluntary services and are more likely to be incarcerated than treated by the community behavioral health system. **Once a person with SMI and/or SUD becomes justice-involved, they are more likely to remain involved and penetrate the justice system further[3], [4].** These individuals typically have minimal financial resources and are more likely to be held in jail awaiting trial or placement for treatment, including competency restoration. They may experience difficulty complying with the terms and conditions of probation or release, and they may be charged with a new criminal offense while confined in jail.

Within California and across the Nation, there is a concerted effort to identify diversion opportunities and to ensure a continuum of services for individuals with mental health

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[2] National Sheriff's Association and Treatment Advocacy Center. *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey.* Retrieved from: https://www.treatmentadvocacycenter.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf.

[3] Fellner J: (2006), A corrections quandary: mental illness and prison rules. Harv CR-CL L Rev 41:391–412,

[4] Abramsky & Fellner, supra note 3, at 59 (citing Letter from Keith R. Curry, Ph.D., to Donna Brorby, Atty. in the Ruiz v. Johnson litigation (Mar. 19, 2002)

issues who are involved with the criminal justice system. Alameda County, along with its partners and community of stakeholders, has invested substantial time and resources on a number of efforts that aim to strengthen forensic and reentry mental health services for people with mental health needs and/or substance use disorders by:

Safely diverting people from the justice system into treatment,	Stabilizing and connecting individuals in custody to community behavioral health services, and	Promoting service participation that reduces recidivism.

The department unveiled a Forensic and Reentry Services Plan[5] in May of 2021 and has been systematically working through the short, mid, and long terms actions set forth in the plan. Alameda County was interested in how Innovation funds could assist in addressing the forensic and reentry mental health needs in the County. This Innovation plan arose out of these concerted efforts to divert individuals with mental health challenges from the justice system into mental health services and was developed for and by community stakeholders, including the County's Justice Involved Mental Health Task Force.

Proposed Project

Project Description

The *Alternatives to Incarceration* continuum of services is a collection of three co-located services that are working together intended to prevent incarceration and divert individuals from the criminal justice system into the mental health services. This continuum of services specifically seeks to divert individuals from incarceration in three primary ways:

1. When a mental health consumer who is forensically involved begins to exhibit early warning signs of a crisis with behaviors that may lead to police contact,
2. At the moment of police contact that may result in arrest, and
3. When the person has fallen out of compliance with their probation or parole and is subject to re-arrest.

This continuum of services seeks to provide services that prevent individuals with mental

[5] http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_5_10_21/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item__1_ACBH_Services_Forensic_sys_5_10_21.pdf

health and criminal justice involvement from being booked into the jail. Services include the following three programs.

Forensic Crisis Residential Treatment (CRT). The Forensic CRT will provide a voluntary, unlocked alternative to hospitalization and/or incarceration for individuals with mental health and criminal justice involvement who require services to re-stabilize and address the issues that place them at higher risk for police contact and/or an involuntary hold or arrest. While this may seem similar to the Muriel Wright Center in neighboring Santa Clara County, Muriel Wright is intended to provide crisis residential services for individuals who receive services through their criminal justice mental health program while Alameda County's proposed CRT is intended to divert individuals with mental health issues from the criminal justice system, regardless of whether or not they are already enrolled in forensic mental health services. While they are both forensic CRTs, Alameda County's proposed program serves to test a different function within the system for individuals who may or may not already be enrolled in public mental health services.

This program will provide 24/7 mental health services and supports that address mental health, substance use, and criminogenic needs in an unlocked environment. The average length of stay will span 5-14 days with the opportunity to extend up to 30 days with Mental Health Plan approval, and the total capacity will be 16. The Forensic CRT will be licensed by Community Care Licensing as a Short Term Social Rehabilitation Facility and certified by Medi-Cal. The Forensic CRT would be available to consumers who are beginning to experience early warning signs of a crisis or other behaviors that place them at high likelihood of police contact. At the Forensic CRT, individuals would be able to stabilize from the crisis and address the issues that were increasing the likelihood of police contact.

The facility will accept consumers ages 18-59[6] with mental health and criminal justice involvement who meet medical necessity criteria for crisis residential services and do not require services in a locked setting. This program is intended to be a step up from the community as well as step down from a locked environment, and referrals may come from community mental health providers who are serving justice-involved mental health consumers as well as providers from jail mental health, psychiatric hospitals, psychiatric emergency services, local emergency departments, crisis stabilization units, sobering centers and detoxification units, and the arrest diversion program described below. It is also possible that the Forensic CRT will also accept transfers from the existing CRTs if

[6] Title XXII of the CCR that governs Community Care Licensing and Community Care Licensed facilities restricts the allowable age range for a CRT to 18-59.

there is an individual with criminogenic needs that would be better served in a forensic environment.

Arrest Diversion/Triage Center. The arrest diversion/triage center is a centrally located program where law enforcement officers can bring someone with a serious mental illness who would otherwise be arrested in order to divert from jail and engage the person in mental health and other needed services. This program is unlocked and is not intended to accept individuals who require services in a locked environment. The arrest diversion center is open 24/7 and staffed with a clinical program supervisor, case managers, and certified forensic peer specialists. When a person is brought to the arrest diversion center, they are welcomed and offered a snack or other supports to help them feel comfortable and address any imminent basic needs. Once they have settled, the case manager meets with the individual to understand the person's situation and what short term interventions may be most successful in helping the person address whatever issues contributed to law enforcement contact. They may also identify longer term supports that may be useful. Based on this assessment and the person's preferences and willingness to participate, the case manager will make arrangements with and for the person to obtain the agreed upon short term services. They may also complete referrals for the longer term supports, if it makes sense to do so. While there are other programs that provide diversion from the criminal justice system into treatment, the programs are 1) either led by the justice system or 2) if they are led my mental health staff, they are placed in a crisis or emergency setting. Alameda County's proposed arrest diversion/triage center differs from other models in that it is not a crisis or hospital setting, and mental health staff will provide assessment, brief intervention, and service coordination to engage the person in services that help them address the issues that led to the police contact and promote their mental health.

The County, through its stakeholder-led Justice Involved Mental Health Taskforce and Sequential Intercept Mapping Process, has prioritized the need to divert arrest for individuals with mental health challenges in Alameda County. One of the identified barriers to pre-arrest diversion is a location where law enforcement officers can take someone to obtain services that will reduce the likelihood of subsequent police contact. This service provides that alternative drop off location and realigns the need for assessment and case planning back to mental health staff who can determine what a person's needs and preferences are and link them to the appropriate programs and interventions.

Reducing Probation/Parole Violations (RP/PV). People with significant mental health challenges often struggle to comply with the terms and conditions of release and may be more likely to be re-incarcerated as a result of a parole or probation violation. Additionally,

providers appear hesitant to interact with the justice system on behalf of their consumers for fear of triggering additional legal challenges for the people they serve. This program provides educational materials and training, developed by a mental health/legal consultant to be contracted by the department, for mental health providers who work with mental health consumers who are involved with the justice system in order to build their capacity to support the people they work with. Specifically, providers will learn how to support consumers they're working with to comply with the terms and conditions of their release and build the skills and knowledge to help consumers negotiate with their parole or probation officers on how to come into compliance with the terms and conditions of their release without being reincarcerated.

In the training, mental health providers will learn how work with consumers to understand their forensic history, what terms and conditions they have failed to comply with, how they understand why they have failed to comply, what services they have been participating in to address their mental health and criminogenic risk and needs, and what services they are willing to participate in. Staff will also learn how to develop a plan for reaching out to the parole or probation officer with the goal or coming into compliance with the terms and conditions of release without "being violated" or having to be booked into the jail. Staff will also learn how to negotiate directly with the probation or parole officer on behalf of or in partnership with the consumer. Additionally, this program will also support providers to increase knowledge of and comfort in working with legal entities to resolve parole and probation violations.

Project General Requirements

The Alternatives to Confinement continuum of services both adapts an existing mental health practice for the forensic mental health population as well as adapts practices from other disciplines.

The Forensic CRT borrows the CRT model, which provides an alternative treatment setting for people who do not require services in a locked environment to stabilize from a crisis and return to their community. While there is a strong evidence base for reducing avoidable hospitalization for people experiencing mental health crisis, the CRT model has not been piloted for people experiencing crisis who are at risk of arrest or incarceration as a result of their mental health and criminogenic needs. This continuum of services seeks to test whether or not a forensic-focused CRT would reduce incarceration for people experiencing mental health issues that place them at high likelihood of police contact. The continuum of services would also measure the extent to the extent to which the program can connect people to ongoing mental health services, thereby decreasing the likelihood of future justice involvement. Currently, Alameda County has three CRTs for individuals with mental health issues that are experiencing crisis but do not require

services in a locked environment. These programs have been successful in preventing avoidable hospitalization and connecting individuals to longer term mental health services and supports. The proposed Forensic CRT would provide the same level of mental health supervision but integrate services that address substance use and other criminogenic risk and need to support mental health consumers who are justice involved.

The Arrest Diversion Center is inspired by triage models from other disciplines. For example, the triage model is used across emergency and jail environments to quickly determine level of need and obtain that level of care. San Francisco used this type of model specifically in their juvenile justice system to avoid booking youth into their juvenile hall. The Centralized Assessment and Referral Center (CARC) operated by Huckleberry Youth Programs accepted juveniles from police officers and would meet with them and their families to assess their needs and connect them to ongoing services and supports. Contra Costa County used a similar model for individuals experiencing homelessness out of their multi-service drop-in centers (MSCs) where police could transport an individual to a service center rather than book them into the jail. Once at the MSCs, homeless individuals could access a variety of tangible supports (e.g., laundry, shower, food) as well as obtain an assessment and service linkages and referrals. However, these types of programs are rarely led by the mental health system, and when they are mental health led, they are typically set up as an urgent care center or crisis stabilization unit, are subject to rules and regulations for those environments, and do not have or are unable to maintain a specific forensic focus. This program intends to maintain a low barrier for police drop off and service provision with the singular focus to quickly connect mental health consumers with services that will reduce the likelihood of police contact or re-arrest, which may include partnering or negotiating with their family and other natural supports to develop a plan.

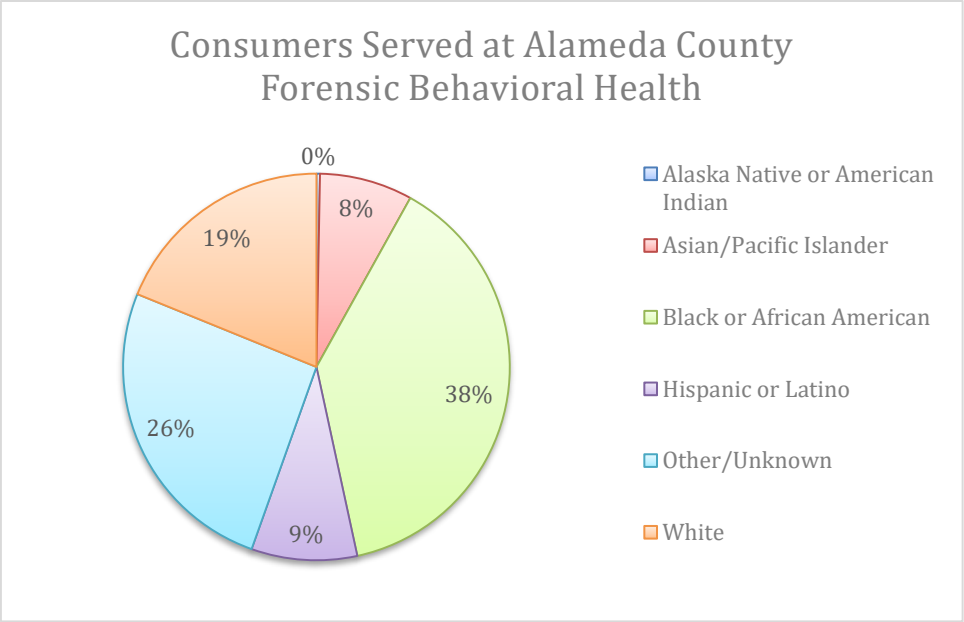
The RP/PV program also takes an existing type of program used across the justice system and applies it specifically to mental health consumers. Santa Cruz has a large and highly successful Reducing Revocations program for individuals on community supervision, and San Joaquin County has significantly reduced their incidence of probation violations resulting in re-arrest as a result of this type of intervention. This program will specifically apply that successful intervention to mental health consumers to determine if the RP/PV training can reduce re-arrest for individuals on community supervision as well as increase the rates of successful probation/parole completion for mental health consumers.

Individuals to be Served

Overall, the Alternatives to Confinement continuum of services will serve 2,279 individuals per year. The arrest diversion center will serve approximately 1,825 individuals per year.

This assumes that there will be about 5 individuals per day who are diverted from arrest and jail booking to the center. We expect to serve approximately 700 individuals in the Forensic CRT per year. This assumes that the 16 bed Forensic CRT will operate at 85% capacity with an average length of stay of one week. We also expect to serve about 40 providers in the RP/PV program. However, we anticipate that there is significant overlap between the programs.

This continuum of services will serve transition age youth ages 18-25 and adults ages 26 and up who have significant mental health issues and are involved with the criminal justice system; they may also have co-occurring substance use issues. They may be of any gender or gender identity as well as sexual orientation. We anticipate that consumers will be predominantly Black or African American with smaller percentages of people who are white, Latinx, or Asian, Pacific Islander, and American Indian. This is based on demographic data of consumers receiving services at Adult Forensic Behavioral Health, which is the outpatient clinic located inside the County jail, as demonstrated in Table 1. We also anticipate that a proportion of individuals will speak Spanish and other languages and will ensure language access is available.



Research on INN Project

The issue of individuals with serious mental illness who are involved with the justice system has become one of the largest problems facing communities across the nation, and the rate of individuals with serious mental illness is two to six times higher among

incarcerated populations than it is in the general population.[7] Research clearly demonstrates that outcomes for people with mental illness who become justice involved are better when diverted into treatment than when in custody. The Sequential Intercept Model (SIM)[8] is a conceptual framework that defines a series of opportunities to divert individuals who have contact with or are involved with the criminal justice system into treatment. The SIM framework provides a system-wide way in which to organize interventions and resources in order to maximize diversion into treatment at each intercept. Risk Needs Responsivity (RNR)[9] represents an approach to effective interventions within the justice system that allows for a wide variety of programs, services, and interventions to be used. The *risk principle* states that services should be targeted to the assessed risk of reoffending. The *needs principle* states that treatment should target assessed criminogenic needs. The *responsivity principle* states that treatment should be tailored to meet the specific learning style, motivation, abilities, and strengths of the individual. Essentially, RNR states that treatment and supervision decisions should be based on assessed risk and need.

The Alternatives to Incarceration continuum of services co-locates three services that are intended to divert individuals from being arrested and/or booked into the jail in order to divert them into treatment. Using models from mental health and other disciplines, these three interventions collectively provide an opportunity to divert forensic mental health consumers from police contact that may result in being detained, from being arrested or booked into the jail if detained, and from being re-arrested if unable to comply with the terms and conditions of their release. These priorities for diversion arose out of the sequential intercept mapping process with Alameda County's Justice Involved Mental Health Task Force and focus on preventing entry into the criminal justice system as well as promoting exit from the criminal justice system. They are based on the RNR principles in that they do not prescribe a single approach but instead provide opportunities to assess both behavioral health and RNR principles and develop service plans that connect individuals with services that are likely to address behavioral health and criminogenic risk and need as well as reduce the likelihood of sustained or future criminal justice involvement.

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[7] Cloud, David, and Chelsea Davis. Treatment Alternatives to Incarceration for People with Mental Health Needs in the Criminal Justice System: The Cost-Savings Implications. Vera Institute, 2013. Retrieved from: https://www.vera.org/downloads/Publications/treatment-alternatives-to-incarceration-for-people-with-mental-health-needs-in-the-criminal-justice-system-the-cost-savings-implications/legacy_downloads/treatment-alternatives-to-incarceration.pdf.

[8] https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

[9] Andrews, D., Bonta, J., & Hoge, R. (1990). Classification for effective rehabilitation. *Criminal Justice and Behavior*, *17*, 19–52. https://doi.org/10.1177/0093854890017001004

At this time, no other jurisdiction has developed a singularly focused Forensic CRT or applied a reducing revocations approach to people with serious mental illness. People with forensic mental health needs may be served in CRT models or general reducing revocation programs, but none specialize in the intersection between behavioral health and justice system involvement and specifically target behavioral health and criminogenic risk and need. While there are myriad versions of a triage center across the nation, none are led by the mental health system, and none are exclusively focused on arrest diversion for people with serious mental illness. To this end, this continuum of services aims to explore the extent to which these programs are able to reduce criminal justice system involvement for people with serious mental illness (e.g., reduced jail bookings, reduced revocations, increased exit from community supervision).

Learning Goals/Project Aims

In Alameda County, 25% of ACBH consumers receive mental health services in the jail, and 10% of consumers only receive mental health services in the jail.[10] This highlights the need to address the over-incarceration of people with mental health issues and support them outside of a jail environment as a key County priority. This continuum of services, along with the other Innovation Plan entitled *Peer Led Continuum of Forensic Mental Health Services,* is one element of a larger Forensic Mental Health and Reentry Plan and represents the service offerings that are relevant to and meet criteria for Innovation projects.

With this continuum of services, Alameda County Behavioral Health seeks to pilot these three co-located services to understand the extent to which these programs, separately and together, increase access to and participation in mental health services for adults with mental health and criminal justice involvement; improve outcomes, including reduced jail bookings, jail days, and probation/parole violations; and increase knowledge and collaboration between mental health and criminal justice providers and agencies.

For the Forensic CRT, we hope to learn the extent to which the Forensic CRT is able to prevent avoidable jail bookings and jail bed days at the moment of intervention as well as following CRT participation. We also hope to learn the extent to which individuals engage in ongoing mental health services following CRT discharge. These are similar to the expected outcomes of a non-forensic CRT except they substitute jail bookings and bed days for crisis and hospitalization.

Similarly, we hope to learn the extent to which law enforcement officers are willing to divert individuals to the arrest diversion center in lieu of booking them into the jail therefore resulting in reduced jail bookings. We also hope to explore if and how

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10 http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_5_10_21/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item__1_ACBH_Services_Forensic_sys_5_10_21.pdf

individuals participate in ongoing mental health services following participation at the arrest diversion center and whether or not they remain in the community or are re-arrested. We also hope to learn more about their assessed level of need and referred level of care to better share system capacity needs for ongoing program planning.

Finally, we hope to learn whether or not a concerted effort to reduce parole and probation violations for people with serious mental illness reduces booking individuals into the jail as a result of parole or probation violation. We also hope to learn the extent to which the program results in increased knowledge, understanding, and collaboration amongst probation and parole

Evaluation or Learning Plan

This Alternatives to Confinement continuum of services evaluation will explore process and outcome measures related to the three co-located services. The overarching evaluation questions include:

1. What resources are being invested, by whom, and how much?
2. Who is being served, at what dosage, and in what ways, including participation in more than one INN-funded service?
3. To what extent do people who participate in INN-funded services experience reduced jail bookings, jail days, and parole/probation revocations?
4. To what extent to people who participate in INN-funded services experience increased service engagement and participation?
5. How does knowledge, understanding, and collaboration between mental health and criminal justice agencies change over the course of the project? What activities and experiences promote or detract from the working relationship?

The evaluation will explore the following types of quantitative data:

- Socio-demographics of individuals served, including race/ethnicity, age, gender identity, sexual orientation, zip code, income type and amount, housing status, level of education, and veteran status.
- Clinical and justice involved profile of individuals served, including mental health diagnoses and previous service participation; previous arrest, charge, and booking information; substance use and misuse; known trauma history; other clinically relevant information.
- Current program and service participation, including program, service type, procedure code, provider type, dates of service, length of encounter, length of episode, disposition. This includes for INN-funded programs as well as all other MHP-funded services, such as crisis and hospitalization as well as other residential and outpatient services.

- Current justice system interactions, including jail bookings and discharge dates, charges filed, court dispositions. If feasible, police contact and arrest data that did not result in a jail booking may also be included.
- Referrals, including referrals sources into the INN-funded programs as well as referrals and linkages provided from the INN-funded programs into other mental health services.
- Experience of services from consumers, family, behavioral health providers, and justice professionals.
- Perception of knowledge, understanding, and collaboration between behavioral health providers and justice professionals.

Quantitative data will be collected directly from the County's Electronic Health Record, the Sherriff's Office via existing Memorandum of Understanding, the Community Health Record funded through the Whole Person Care Initiative, and via data request to the courts. Experience of services and perception of knowledge, understanding, and collaboration will be collected via interviews and focus groups; there may also be a brief survey developed for service recipients and their families or involved professionals.

Data will be collected on an ongoing basis and reported annually to providers and partners in order to support communications and continuous quality improvement as well as to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in order to meet INN reporting requirements.

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Process			Outcome	
Resources	**Activities**	**Outputs**	**Short-Term**	**Long-Term**
ACBH Adult, Crisis, and Forensic Systems of Care Office of Consumer Empowerment and Forensic Certified Peer Specialists Sheriff's Office Probation Department Contracted Providers MHSA Innovation Funds BHCIP Round 1, 3, and 5/6 Funds	Procure and contract with service providers, consultants, and evaluator Formalize MOUs, procedures, and protocols for this project with ACBH, contractors, and collaborative partners Develop and implement an Arrest Diversion/Triage Center Develop and implement a Forensic CRT Develop and implement Reducing Parole/Probation Violations Program	Contracts with providers, consultants, and evaluator MOU and program operations documentation # of clients served, including socio-demographics, clinical profile, and justice involvement by program # of families engaged # of services provided at CRT - # of admissions - # of discharges by discharge disposition and location - # of bed days - Admission and discharge dates # of services provided at AD/TC - # of admissions - # of discharges by discharge disposition and location - # of minutes of service per encounter - Types of services provided # of services provided at RP/PV - Collateral materials - # of/type of trainings - # of providers trained	Increased collaboration amongst ACBH, providers, and partners Reduced jail bookings and jail bed days Reduced parole and probation violdations Increased mental health service engagement and participation Increased criminal justice system exits for mental health consumers Improved experience of justice and mental health system interactions	Increased skills, knowledge, and confidence to support justice involved mental health consumers Reduced criminal justice system involvement for mental health consumers

Indigo Project

Section 3: Additional Information for Regulatory Requirements

Contracting

The County expects to contract the Forensic CRT to a community-based provider and may also choose to contract for the other services. Additionally, the County intends to contract for an external evaluator for this project to work with our internal data support team in exploring the learning goals and evaluation questions listed above as well as complete required reporting for the project. The County will appoint a contract monitor for each of these contracts to ensure contract compliance as well as a portion of the County project/program manager to supervise the quality of work performed.

Community Project Planning

These projects arose out of a longer term planning and system improvement process dedicated to improving services for justice involved mental health consumers. The Justice Involved Mental Health (JIMH) Task Force included representatives from the Health Care Services Agency, Alameda County Behavioral Health, Public Defender, District Attorney, provider and advocacy organizations, consumer and family representatives, faith based and other community leaders. After a more than year long process, the JIMH Task Force published a report in September 2020 with multiple stakeholder recommendations, including a focus on preventing law enforcement contact and arrest diversion, among other suggestions. Concurrently, ACBH published a Forensic Mental Health and Reentry Plan in October 2020 that was informed by JIMH and included additional actions informed by evidence based practice and ACBH's strategic direction.

During 2021, ACBH systematically went through the Forensic Mental Health and Reentry Plan and identified aspects of the plan that either warranted further development and/or consideration or may meet criteria for INN funds. As a part of this process, ACBH contracted with the Indigo Project to engage in INN Project planning. The Indigo Project met with a number of internal and external stakeholders to gather information and workshop the ideas and concepts as they evolved, including:

- Consumer representatives and members of the Pool of Consumer Champions
- Family representatives and individuals from NAMI
- Providers who represent communities who are underrepresented because of cultural affiliation and language access
- Members of the African American subcommittee

- Members of the MHSA Stakeholder group
- Healthcare for the homeless providers
- System of Care Directors for Adult, Crisis, and Forensic Mental Health Services
- Consumer and Family Empowerment Managers

With each discussion, the concepts evolved and were further developed and clarified. These projects will be included in the MHSA Annual Update Community Program Planning (CPP) process in 2022 with the hopes of beginning implementation in FY2022.

MHSA General Standards

This project arose out of a community effort to address the needs of mental health consumers who are forensically involved. It was developed by consumers, family, and communities to support wellness and recovery and avoid incarceration.

This project arose out of a community effort to address the needs of mental health consumers who are forensically involved. It was developed by consumers, family, and communities to support wellness and recovery and avoid incarceration. Community collaboration is exemplified in not only how this project was developed but also in how the project itself works to keep individuals within their communities rather than removing them and placing them in a jail environment. Cultural Competency is included as a foundational component in that this project seeks to address the overincarceration of people with mental illness, the majority of whom are BIPOC individuals, by preventing police contact and jail booking as well as supporting individuals to successfully exit the justice system. Additionally, the services themselves will be informed by and primarily staffed by individuals who represent our County's diverse populations. Services will be client and family driven in that services aim to preserve a person's freedom, independence, and ability to consent to their own services by using person centered planning with family member input that respects an individual's needs and preferences and works in partnership with each individual and their family to discover how they understand the issues that they're facing and helps them develop a plan that they are willing to do to address what is most important to them. The services are wellness, recovery, and resiliency focused in that they are built upon the belief that participation in mental health services is more productive and meaningful than incarceration and that services that respect an individual's ability to invest in their own recovery journey are more likely to result in sustained freedom than "rehabilitation" provided by the jails. Finally, services are intended to be integrated in that these programs seek to strengthen collaboration between mental health and justice organizations so that individuals and families can streamline efforts and communication between mental health services and

criminal justice requirements in order to promote community-based recovery and minimize or avoid criminal justice involvement.

Cultural Competence and Stakeholder Participation in Evaluation

On a quarterly basis, ACBH will convene a stakeholder meeting with individuals who are invested in both forensic mental health INN projects, which include this project and the *Peer Led Continuum of Forensic Mental Health Services.* This meeting will serve dual purposes to gather information from stakeholders and partners about their perspectives on the project and its implementation as well as to provide data from the evaluation to support a CQI process. As a part of this project, we will explore the extent to which the project is reaching its intended target population and that people receiving services are reflective of the jail population (i.e., the population receiving services is comparable to the Santa Rita population in terms of race/ethnicity and age). This will be one component of what is discussed in the quarterly meetings as well as overall feedback and evaluation data described in the preceding section.

Innovation Project Sustainability and Continuity of Care

This project will primarily serve individuals with serious mental illness. If this project accomplishes its intended objectives of 1) reducing jail bookings and jail days and 2) increasing participation in ongoing mental health services, the County will continue to fund the project using a combination of MHSA Community Services and Supports funding and Federal Financial Participation (FFP). All of the services described in this plan should be eligible for Medi-Cal reimbursement following completion of the INN project.

Communication and Dissemination Plan

If this project is successful at 1) reducing jail bookings and jail days and 2) increasing participation in ongoing mental health services, ACBH will apply to present learnings at California-specific conferences, including the forensic mental health association, California Institute of Behavioral Health Services, and California Association of Counties (CSAC) conferences. Additionally, ACBH will request that the contracted evaluator prepare a white paper that can be distributed through the California Behavioral Health Directors Association, California Probation Officers Association, and the MHSOAC listserv.

Keywords include:

1. Jail diversion
2. Pre-arrest diversion
3. Reducing revocations
4. Forensic Crisis Residential Treatment

5. Forensic mental health diversion

Timeline

ACBH proposes a 5 year Innovation project in which the first two years of the project allow for facility start-up. While the non-residential services may be able to be implemented more quickly, we believe that it is important to have all elements available at the same time, particularly with a co-located service model. To that end, ACBH will begin the site identification and procurement process upon MHSOAC approval. This may take up to nine months to facilitate a competitive bid process and then enter into contracts. The second year will focus on preparing the site and program for opening, including preparing the application for Community Care Licensing as well as the materials, including policies and procedures, for Medi-Cal certification. Concurrently, the evaluators will be working with the department and stakeholders to develop the evaluation approach. Years 3-5 will focus on service provision as well as data collection and analysis to support learning. In the final year, ACBH will also develop an ongoing funding strategy using MHSA, realignment, and FFP dollars. In year 5, the evaluators will also draft the summative evaluation report and a white paper detailing project implementation, outcomes, and lessons learned.

Year 1	Project Start-up - County Procurement • Identify program location • Procure mental health provider and evaluator services • Execute INN service provider and evaluator contracts
Year 2	Project Start-up - Facility Preparation • Building Modifications • Facility Licensing and Medi-Cal Certification • Staff Hiring and Training • Outreach to justice agencies and mental health providers Project Start-up - Project Evaluation • Evaluation planning, including stakeholder input Milestone: Services Commence Milestone: Evaluation Plan Complete
Year 3	Ongoing: Service provision Ongoing: Data collection Quarterly: Stakeholder convening to support CQI

	Annual: INN reporting
Year 4	Ongoing: Service provision Ongoing: Data collection Quarterly: Stakeholder convening to support CQI Annual: INN reporting
Year 5	Ongoing: Service provision Ongoing: Data collection Quarterly: Stakeholder convening to support CQI End of Project: Sustainability Plan End of Project: Summative INN report

Section 4: INN Project Budget and Source of Expenditures

INN Project Budget and Source of Expenditures

The next three sections identify how the MHSA funds are being utilized:

A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

Budget Narrative

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “$5000 for

annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Staffing				
Position	**Quantity**	**Salary**	**Start-up**	**Annual Cost**
A/DTC Program Director/Clinical Supervisor	0.50	$ 125,000.00	$ 46,875.00	$ 62,500.00
A/DTC Program Manager	1.00	$ 92,000.00	$ 46,000.00	$ 92,000.00
A/DTC Clinician - License Eligible	5.00	$ 85,000.00	$ 106,250.00	$ 425,000.00
A/DTC Case Manager	5.00	$ 74,000.00	$ 92,500.00	$ 370,000.00
A/DTC Nursing	5.00	$ 82,000.00	$ 102,500.00	$ 410,000.00
A/DTC Forensic Peer Specialist	5.00	$ 68,000.00	$ 85,000.00	$ 340,000.00
F-CRT Program Director/Clinical Supervisor	0.50	$ 125,000.00	$ 46,875.00	$ 62,500.00
F-CRT Program Manager	1.00	$ 92,000.00	$ 46,000.00	$ 92,000.00
F-CRT Therapist - License Eligible	2.00	$ 85,000.00	$ 42,500.00	$ 170,000.00
F-CRT Case Manager	1.00	$ 74,000.00	$ 18,500.00	$ 74,000.00
F-CRT Forensic Peer Specialist	2.00	$ 68,000.00	$ 34,000.00	$ 136,000.00
F-CRT Mental Health Rehabilitation Specialist	15.00	$ 62,400.00	$ 234,000.00	$ 936,000.00
Total Salaries			**$ 901,000.00**	**$ 3,170,000.00**
CBO Benefits @ 33%			$ 306,340.00	$ 1,077,800.00
Total Staffing	**46.20**		**$ 1,207,340.00**	**$ 4,247,800.00**
Operations				
Contractors and Other Staffing Needs				
F- CRT Relief Staff	4000 hours per	$28/hour	$ -	$ 112,000.00
Consutant - Psychiatrist (CRT)	16 hours per we	$350/hour	$ -	$ 291,200.00
Consultant - Licensing and Certification			$ 300,000.00	$ -
Recruitment			$ 18,000.00	$ 6,000.00
Pre-employment Expenses			$ 36,000.00	$ 8,000.00
Reducing Revocations Training			$ 12,000.00	$ 18,000.00
Programmatic/Staff Training			$ 60,000.00	$ 20,000.00
Supplies				
Food			$ 8,000.00	$ 166,400.00
Household Supplies			$ 12,000.00	$ 38,400.00
Personal Hygeine Items			$ 8,000.00	$ 14,400.00
Medical and First Aid			$ 8,000.00	$ 10,000.00
Office Supplies			$ 42,000.00	$ 7,200.00
Program Supplies			$ 40,000.00	$ 48,000.00
Facilities/Utilities				
Lease Payment		$ 20,000.00		$ 240,000.00
Gas and Electric		$ 2,000.00	$ 12,000.00	$ 24,000.00
Water		$ 1,800.00	$ 10,800.00	$ 21,600.00
Garbage		$ 600.00	$ 3,600.00	$ 7,200.00
Comcast/Xfinity		$ 1,200.00	$ 7,200.00	$ 14,400.00
Maintenance (Furniture and Equipment)			$ 60,000.00	$ 12,000.00
Maintenance (Property)				$ 48,000.00
Housekeeping		$ 4,000.00	$ 24,000.00	$ 48,000.00
Laundy		$ 2,400.00	$ 14,400.00	$ 28,800.00
Landscaping		$ 2,000.00	$ 12,000.00	$ 24,000.00
Communications				
Telephone		$ 600.00	$ 3,600.00	$ 7,200.00
Cell Phones	20 cell phones	$ 600.00	$ 3,000.00	$ 12,000.00
Digital Signage		$ 1,200.00	$ -	$ 14,400.00
Microsoft 365		$ 2,079.00	$ 1,039.50	$ 2,079.00
Transportation				
Vehicle Lease and Fees	2 leased vans	$ 800.00	$ 4,800.00	$ 33,600.00
Vehicle Maintenance (incl gas, oil, etc)			$ -	$ 10,000.00
Transportation Assistance			$ -	$ 29,200.00
Other Services				
Insurance			$ 4,500.00	$ 18,000.00
Total Operations			**$ 704,939.50**	**$ 1,334,079.00**
Total Staffing			**$ 1,207,340.00**	**$ 4,247,800.00**
Total Operations			$ 704,939.50	$ 1,334,079.00
Total Direct Costs (Staffing + Operations)			$ 1,912,279.50	$ 5,581,879.00
Total Indirect (15%)			$ 286,841.93	$ 837,281.85
Total Costs			**$ 2,199,121.43**	**$ 6,419,160.85**
Potential Medicaid Revenue				$ 3,209,580.43
Total INN funds needed			**$ 2,199,121.43**	**$ 3,209,580.43**

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Thursday, August 25, 2022 10:20 AM
To: Works-Wright, Jamie
Subject: FW: 9/23/22 - Virtual Conference: Towards A More Responsive Crisis System - Alameda County

Internal

Hello All,

Please see the message below.

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

From: Margaret Fine <margaretcarolfine@gmail.com>
Sent: Wednesday, August 24, 2022 9:40 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: 9/23/22 - Virtual Conference: Towards A More Responsive Crisis System - Alameda County

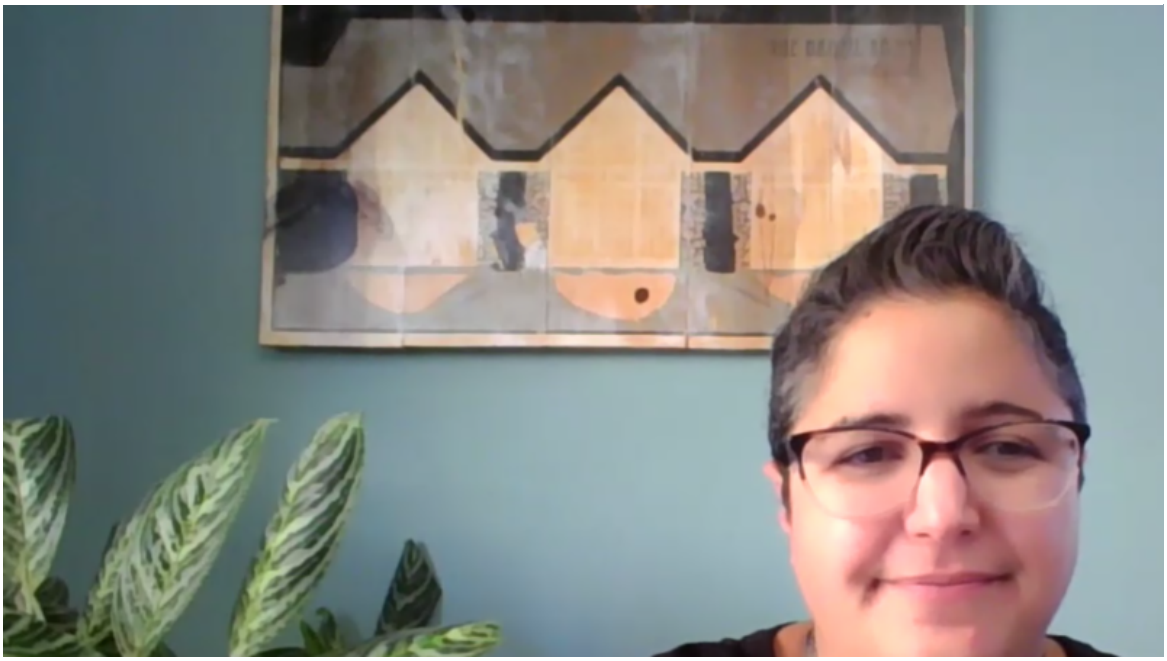
Hi Jamie,

I hope you're well.

Below is a virtual conference opportunity that may be of interest to the Mental Health Commissioners and the community at-large. Would you please be so kind and forward it so those with an interest can register? There is no charge. Thank you so much!

Crisis Support Services of Alameda County is hosting this virtual one-day conference on Friday, September 23, 2022 from 9 am - 4 pm, which includes topics such as 988, the crisis continuum of care, and hearing from diverse perspectives.

CRISIS SUPPOR



988 Alameda County Collaborative

Towards a More Responsive Crisis System

VIRTUAL CONFERENCE

9-23-2022

9am-4pm

Our Vision

An Alameda County in which everyone - in all of our diversity - has ease of access to lifesaving resources.

The Basics

Each session is 50 minutes long and there is a 30-minute scheduled lunch break at noon. Following the opening panel, participants can choose from 3-4 sessions each hour.

Our Target Audience

We invite anyone who identifies as a helper in our community. We are especially interested in expanding the reach of this conference beyond people and organizations traditionally consider themselves mental health providers.

Key Objectives

We hope by the end of the event - participants will be able to. . . .

- Receive information about 988 and the range of crisis resources available in Alameda County
- Hear from diverse perspectives - we seek to incorporate the wisdom of our communities
- Learn practical tools and interventions that would be useful to any community member
- Understand the concept of the crisis continuum and to be able to ask for appropriate support and care

Register Now

15 confirmed sessions including the following panel discussions:

- Learn about Mobile Crisis Teams
- Working toward wellness in refugee communities
- Understanding the needs of unhoused communities
- Power of peers in healing
- Meet crisis line and 988 phone and text counselors

Click here for full schedule

More than 25 agencies represented including:

Assemblymember Bauer-Kahan's Office
Korean Community Center of the East Bay
Family Education and Resource Center
NAMI Tri-Valley
Patients Rights Advocacy Program
Filipino Advocates for Justice
Alameda Family Services

and More

Dial 988 for emotional or crisis support

If you call from a 510, 341, or a Tri-Valley 925 number, your call will be directed to Crisis Support Services of Alameda County (CSS). A trained crisis counselor will answer the phone, listen to the caller, understand how a problem is affecting them, ask about suicidal thoughts and feelings and

photo credit:
www.naapimha.org

other safety concerns, provide support, and share resources if needed. Learn more at 988AlamedaCounty.org

This conference is hosted in partnership with

alameda c behavioral

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, August 23, 2022 8:31 PM
To: Works-Wright, Jamie
Subject: FW: FW: Attached Proposed Recommendation on Harm Reduction as Recovery for PPl who use substances

Please see the message below from Edward Opton

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

From: Edward Opton <eopton1@gmail.com>
Sent: Tuesday, August 23, 2022 6:38 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Re: FW: Attached Proposed Recommendation on Harm Reduction as Recovery for PPl who use substances

8.23.22

Re: Medication-assisted treatment ("MAT") and "substance abuse"

This memo comments on a draft document, "Proposed Recommendation on Harm Reduction & Substance Abuse," which was distributed to the Mental Health Commission earlier today, August 23, 2022.

1. The draft document's summary, its first paragraph, consists of one sentence, but it is a sentence that runs on for six lines, about 70 words in all. That sentence is the memo's only "action" content--the remaining pages, several hundred words, are devoted to the rationale for the recommended action. To be effective, the summary should be clear and concise. It should be revised for greater clarity and concision. The revision probably should divide the summary into more than a single sentence.

2. The subjects of the proposed action are "people who use substances." (Page 1, paragraph 1, line 2.) This is a vague and awkward phrase. It may puzzle readers who are not familiar with the currently fashionable jargon that pervades public social service agencies.

3. The proposed City of Berkeley actions will cost money. How much? How many people will be recipients of the services? Are the anticipated costs per recipient in the range of $10 per substance-using person per month? Or $100 or $1,000 per person per month? The Mental Health Commission's recommendations may be treated more seriously if it is apparent that the Commission has considered cost factors.

4. The draft document is a proposal for action by the City of Berkeley government, but to which component of the city's governance apparatus is the draft document to be addressed? Is it a recommendation to the division of the city government that deals with mental health issues? Is it a petition to the City Manager? Or to the City Council and the Mayor? Before the draft is revised, we need to be clear concerning its intended audience.

5. If the Mental Health Commission is addressing the City Manager, the City Council, and the Mayor, those recipients will want to know if Dr. Warhuus and/or her subordinates have been consulted. Do they endorse the proposal, or do they object to it in part or whole? If the Mental Health Commission does not know the answers to these questions, if the Commission has bypassed Dr. Warhuus and her subordinates, what are the reasons for the decision not to seek their counsel?

6. The draft document relies heavily on an agency of the federal bureaucracy, SAMHSA, as if it were a reliable and authoritative source of objective information. SAMHSA does not generally have such a reputation. The writer of this memo has seldom, if ever, seen SAMHSA cited as a source of reliable or authoritative information in sources other than SAMHSA itself. He does not recall SAMHSA's ever been cited as a source of reliable information on an issue of treatment in a medical or a scientific journal.

I suggest that the Mental Health Commission continue to work on "substance abuse" issues with a view to addressing the above-mentioned issues and others.

Edward Opton

On Tue, Aug 23, 2022 at 11:01 AM Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info> wrote:

> Please see the information attached and below from Margaret Fine.
>
> Jamie Works-Wright
>
> Consumer Liaison
>
> Jworks-wright@cityofberkeley.info
>
> 510-423-8365 cl
>
> 510-981-7721 office

From: Margaret Fine <margaretcarolfine@gmail.com>
Sent: Tuesday, August 23, 2022 10:29 AM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Attached Proposed Recommendation on Harm Reduction as Recovery for PPl who use substances

Hi Jamie,

Thanks so much for your email. ☺

Tonight the Mental Health Commission meets at 7 pm.

As part of Crisis Stabilization and Creating a Berkeley Behavioral Health Continuum of Crisis Care with Alameda County resources, I attached a proposed recommendation to address gaps in this continuum of crisis care and an approach to improve services and supports, especially when able to dispatch an alternate non-police responder and not law enforcement in non-violent situations in our community.

This proposed recommendation is further useful for potentially informing 911 professionals who take 911 and 311 calls about call taking and processing, and dispatching to develop protocols for behavioral health and homelessness related calls and directing them to dispatch the SCU whenever possible.

This Proposed Recommendation is entitled, "Harm Reduction Training, Crisis Response, Services, and Supports for Recovery for People who use Substances under ADA" The harm reduction services and supports proposed and the rationales are from SAMHSA and reflects its standards.

Hope to see you tonight at 7 pm.

Best wishes,

Margaret

Margaret C. Fine, JD, PhD

Pronouns: she/her

Chair, Mental Health Commission

Berkeley, CA

Cell: 510-919-4309

LinkedIn: Margaret Fine

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, August 23, 2022 11:01 AM
To: Works-Wright, Jamie
Subject: FW: Attached Proposed Recommendation on Harm Reduction as Recovery for PPl who use substances
Attachments: Proposed Recommendation for Harm Reduction to Address Substance Use for Recovery per ADA by City & Related Entities.pdf

Please see the information attached and below from Margaret Fine.

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

From: Margaret Fine <margaretcarolfine@gmail.com>
Sent: Tuesday, August 23, 2022 10:29 AM
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Best wishes,
Margaret

Margaret C. Fine, JD, PhD
Pronouns: she/her
Chair, Mental Health Commission
Berkeley, CA
Cell: 510-919-4309
LinkedIn: Margaret Fine

PROPOSED RECOMMMENDATION ON HARM REDUCTION & SUBSTANCE USE

FOR HARM REDUCTION TRAINING, CRISIS RESPONSE, SERVICES & SUPPORTS
FOR PEOPLE WHO USE SUBSTANCES TO SUPPORT RECOVERY & ADA COMPLIANCE

RECOMMENDATION:

Require City of Berkeley government and/or an entities receiving City of Berkeley funding serving people who use substances to provide harm reduction training to employees by a qualified provider (such as the CDC National Harm Reduction Technical Assistance Center) and harm reduction services and supports per SAMHSA as an integral part of substance use training, crisis response, services, supports including using medication-assisted treatment (MAT) for Berkeley people.

CURRENT SITUATION AND RATIONALE FOR RECOMMENDATION

Berkeley, California—Division of Mental Health and Berkeley Point in Time Count

A high number of clients served by the Division of Mental Health for the City of Berkeley are living with serious mental illness (SMI) and substance use issues and disorders (SUD)—including polysubstance use. About 41 percent of unhoused people in sheltered living and experiencing housing unpredictability are experiencing substance use issues per recent Berkeley Point in Time Count. It is noteworthy that living outdoors and having uncertainty about access to safe water, sanitation, food, clothing, broadband connection can further create and perpetuate chronic trauma and people can self-medicate using polysubstance use to cope with dreadful conditions.

CDC Data: Tragic Milestone of 100,000 overdose deaths in 12 months over 2020-21

According to SAMHSA, the United States is currently "**experiencing the most significant substance use and overdose epidemic it has ever faced, exacerbated by a worldwide pandemic**, and driven by the proliferation of highly potent synthetic opioids containing primarily fentanyl and other analogues. Provisional CDC data show that we have crossed the tragic milestone of a predicted 100,000 overdose deaths in 12 months from May 2020 to April 2021; this represents a nearly 29 percent increase compared to the same window of time last year." The website link is: https://www.samhsa.gov/find-help/harm-reduction

Harm Reduction Saves Lives and
Offers Access to Healthcare, Social Services & Treatment

Further SAMHSA states that: "Harm reduction services save lives by being available and accessible in a matter that emphasizes the need for humility and compassion toward people who use drugs. Harm reduction plays a significant role in preventing drug-related deaths and offering access to healthcare, social services, and treatment. These services decrease overdose fatalities, acute life-threatening infections related to unsterile drug injection, and chronic diseases such as HIV/HCV."

Harm Reduction is part of the continuum of care: crisis response, services, supports

In accordance with SAMHSA, "harm reduction is part of the continuum of care" and has "proven to prevent death, injury, disease, overdose, and substance misuse." In addition per SAMHSA: "Harm reduction is effective in addressing the public health epidemic involving substance use as well as infectious disease and other harms associated with drug use. Specifically, SAMHSA provides harm reduction services as allowable costs covered with federal funding for its grants, including:

- Overdose reversal education and training services
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, testing, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother to child transmission and partner services
- Referral to hepatitis A and hepatitis B vaccinations to reduce risk of viral hepatitis infection
- Provision of education on HIV and viral hepatitis prevention, testing, and referral to treatment services

In addition, SAMHSA provides these allowable costs for harm reduction supplies with specific federal funding and thus, both municipal government entities and entities contracted by the City of Berkeley can be required to provide the following to persons living with substance use disorder and issues:

- Overdose reversal supplies, including the purchase of naloxone kits (this may include syringes for the purpose of administering injectable naloxone only)
- Substance test kits, including fentanyl test strips
- Safer sex kits, including condoms
- Sharps disposal and medication disposal kits
- Wound care supplies

- Medication lock boxes
- Supplies to promote sterile injection and reduce infectious disease transmission through injection drug use, exclusive of sterile needles, syringes, and other drug paraphernalia*
- Safer smoking kits to reduce infectious disease transmission, excluding pipes/pipettes and other drug paraphernalia**
- FDA-approved home testing kits for viral hepatitis (i.e., HBV and HCV) and HIV
- Written educational materials on safer injection practices and HIV and viral hepatitis and prevention, testing, treatment, and care services
- Distribution mechanisms (e.g., bags for naloxone or safer sex kits, metal boxes/containers for holding naloxone) for harm reduction supplies, including stock as otherwise described and delineated on this list.

Harm Reduction Offers Medication-Assisted Treatment (MAT)
For People with Substance Use Disorder

As part of harm reduction, medical doctors, nurse practitioners and other qualified professionals with an X waiver license can use medication-assisted treatment (MAT) to treat substance use disorders to sustain recovery and prevent overdose. SAMHSA defines medication-assisted treatment as "the use of medications, in combination with counseling and behavioral therapies, to provide a 'whole-patient' approach to the treatment of substance use disorders."

Further SAMHSA states: "Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose." Thus, this recommendation would further require municipal government entities and entities receiving municipal funding for substance use crisis response, services, and supports to provide MAT.

National Harm Reduction Technical Assistance Center with no charge

Further, the Center for Disease Control has a National Harm Reduction Technical Assistance (TA) Center that address a variety of individual and community factors related to harm reduction. This TA Center provides free help to anyone in the country providing (or planning to provide) harm reduction services to their community,

including to health departments, programs providing treatment for substance use disorder, as well as prevention and recovery programs.

The TA Center can address naloxone distribution and administration, safer sex kits, HIV and viral Hepatitis testing, COVID-19 response, community stigma, and opportunities for collaboration between harm reduction and community efforts, including peerdelivered recovery support efforts. This TA Center is designed to support efforts to expand capacity, increase effectiveness, and strengthen the performance and accountability of harm reduction services.

Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990

Further the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 provides disability law protections for persons with mental health disabilities, and those with substance use disabilities in recovery. As SAMHSA has demonstrated harm reduction services and supports are an integral part of recovery.

ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental sustainability impact associated with the adoption of the recommendation

POSSIBLE FUTURE ACTION

FISCAL IMPACTS OF POSSIBLE FUTURE ACTION

The CDC National Harm Reduction Technical Assistance Center offer free assistance to entities such as municipal governments and those contracting with a municipality to provide substance use services and supports. Further it is noteworthy that failing to offer these proven services and supports to reduce drug use as part of substance use recovery could potentially incur liability under applicable disability law.

CONTACT PERSON

Jamie Works-Wright, MH Commission Secretary, HHCS/MH, 510-981-7721

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, August 23, 2022 9:11 AM
To: Works-Wright, Jamie
Subject: FW: [FASMI Discussion Renewed] CARE Courts won't save S.F., Editorial (usually written by Ed. in Chief, so probably by Emilio Garcia-Ruiz), SF Chron 7-31-22

Hello Commissioner,

Please see the message below from Ned

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

From: Edward Opton <eopton1@gmail.com>
Sent: Monday, August 22, 2022 11:24 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Fwd: [FASMI Discussion Renewed] CARE Courts won't save S.F., Editorial (usually written by Ed. in Chief, so probably by Emilio Garcia-Ruiz), SF Chron 7-31-22

8.22.22

Please distribute the e-mail below from Ellie Shukert to the members of the Mental Health Commission and to other interested parties.

We will know soon whether the California Legislature will enact the "CARE Courts" legislation. I believe the purveyors of "tranquilizer" (sedative) drugs have put a great deal of money into this effort, making enactment by the legislature highly likely. For the drug industry the cost of persuading the legislators will be pocket change, for the legislation will put thousands of Californians on mandatory, non-cancellable, "tranquilizer" drugs for the remainder of their lives.

Edward Opton

---------- Forwarded message ---------
From: **ellie shukert** <eshukert@gmail.com>
Date: Mon, Aug 22, 2022 at 5:54 PM
Subject: [FASMI Discussion Renewed] CARE Courts won't save S.F., Editorial (usually written by Ed. in Chief, so probably by Emilio Garcia-Ruiz), SF Chron 7-31-22
To: Renewed FASMI Discussion Group <renewed-fasmi-discussion-group@googlegroups.com>, Virginia Spiegel <ginny.spiegel181@gmail.com>, Dale Milfay <dalemilfay@sbcglobal.net>, George Bach-y-Rita MD <g.bachyrita@gmail.com>, Joe Williamson <jw_in_sf@yahoo.com>, Marty Fox <martyfox@juno.com>, Nurit Venus <nuritvenus@gmail.com>, Valerie Gruber <vagruber@gmail.com>, Victor Gresser <vsgresser@live.com>, Eric Roddie <eric.roddie@protonmail.com>, Alex Barnard <ab8877@nyu.edu>, Dede Ranahan (Sonner Than Tomorrow) <dederanahan@gmail.com>, Frances Sheehan <fsheehan2011@yahoo.com>, Bernard Mary Ann <mary_ann_bernard@hotmail.com>, Sheila Ganz <sheila.ganz@gmail.com>

In case you haven't seen this.

Efforts to address the dueling mental health and substance abuse crises on California's streets have ramped up in recent years. The latest and showiest of these efforts is the Community Assistance, Recovery and Empowerment Court, put forth by Gov. Gavin Newsom. Pitched as an "upstream diversion" to prevent people with severe mental illness from ending up incarcerated or conserved, CARE Courts would work like this: First, any family member, case worker, or first-responder, including police, who believes a person needs intervention for mental health or substance use issues, could make a referral to a civil court. The person in need of care would then receive a clinical evaluation by their county behavioral health system. A public defender and case manager would then be assigned, and a CARE Plan would be drafted, which could include a 12-month plan for medication, housing and behavioral health treatment.

The plan is flashy. It's well-branded. But dig just a little under the surface, and things don't look so shiny. For a bill centered around care, it's remarkably careless. And if San Francisco officials were hoping CARE Courts will sweep in to solve our issues for us, consider that idea dead in the water.

San Francisco has long battled with the ethical quandary of whether it is more humane to force someone who is very ill into involuntary treatment or grant them the freedom to make their own decisions about their life and care. Much of the discussion around CARE Courts centers on this debate. And these are valuable conversations to have.

But it's doubtful CARE Courts will even get that far.

The most glaring flaw is a lack of funding and key infrastructure. The bill creates an entirely new system that can be used to compel treatment but includes only $65 million to support court expansion. It relies on already oversubscribed county programs to somehow accommodate an influx of new patients in need of court-mandated drug abuse treatment, mental health care and housing.

That a lack of resources is available to accommodate these mandates is obvious. Our existing systems to address the intersection of mental health and substance use issues can hardly operate. People accepted to mental health diversion programs are languishing in the county jail for months waiting for a bed to open. The lead judge of San Francisco's Adult Drug Court said at a March Board of Supervisors hearing that due to this shortage, his staff has abandoned hope of getting anyone with both diagnoses into a treatment program. And a damning Board of Supervisors hearing lat week discussed five people who have taken more than 1,700 ambulance rides in the past five years, costing the city upward of $4 million. When mental health professionals tried to conserve one person, there was nowhere to put them.

California--and in particular, San Francisco--is already suffering from a severe shortage of behavioral health workers. In interviews with employees from both nonprofit and city health programs, we were told repeatedly that there simply isn't anyone to hire for a growing number of vacant positions.

Across the bay, it's not much better. A civil grand jury report on Alameda County's behavioral health found understaffing on crisis phone lines, and incarceration used in place of psychiatric treatment.

When asked about the lack of funding attached to this bill, Newsom's senior counselor Jason Elliott agreed that, "The whole thing only succeeds if we massively expand the behavioral health clinical network." He noted that since Newsom took office in 2020, hundreds of millions have been allocated for this purpose across the state.

But the results have been slow to appear: In the past two years, San Francisco has added only 180 new psychiatric treatment beds. It currently has none to spare. And CARE Courts would be implemented next year.

With this lack of attention to resources, it's almost certain that CARE Court will fall flat. If San Francisco, a city with a $14 billion annual budget, can't find a single bed for someone racking up hundreds of thousands of dollars in ambulance rides how will smaller, less wealthy counties fare with these new requirements?

This, of course, begs the question: If people could already access health resources, why would they even need a court order?

Until we provide more housing and treatment beds, train, hire and fund behavioral health workers, and improve access to care for people at every step of their journey to recovery, we may never find out.

--

Works-Wright, Jamie

From: boona cheema <boonache@aol.com>
Sent: Monday, August 22, 2022 1:02 PM
To: berkeley-community-safety-coalition@googlegroups.com
Cc: rcjr_active@googlegroups.com; berkeley-progressive-alliance@googlegroups.com; berkeley-homeless-support@googlegroups.com; berkeley-outreach-coalition@googlegroups.com; bca-steering-committee@googlegroups.com; bfuusjev@lists.riseup.net; bomalley@berkeleydailyplanet.com; Berkeley/Albany Mental Health Commission; berkeleynaacp@gmail.com; berkeleycopwatch@yahoo.com; carenotcopsberk@googlegroups.com; elanarobyn@gmail.com; development@byaonline.org; wheredowegoberk@gmail.com; glo@pacificcenter.org; shanna@pacificcenter.org; Buell, Jeffrey; mjberkeleycommissioner18@gmail.com; mkimbersmith@gmail.com; jappel@gmail.com; chasinggarza@gmail.com; friendsofadeline@gmail.com; monilaw7@gmail.com
Subject: PLEASE SPONSOR.... e mail your sponsorship toto boonache@aol.com and monilaw

Berkeley Community Safety Coalition invites you to this critical gathering on an issue which is important to all of us.

Please SPONSOR.

SAVE THE DATE: Saturday
September 17, 2022 from 3pm-5pm

Community Summit on Mental Health and Berkeley's Youth

Join Zoom Meeting
https://us02web.zoom.us/j/83194104918?pwd=MnFXZVZaVVJRc0h1SnZMQ3V0QzBTZz09

Meeting ID: 831 9410 4918
Passcode: 307107
One tap mobile
+16694449171,83194104918#,*307107# US
+16699009128,,83194104918#,,,,*307107# US (San Jose)
Dial by your location
+1 669 444 9171 US
Meeting ID: 831 9410 4918
Passcode: 307107
Find your local number: https://us02web.zoom.us/u/kUuTF74R4

Panelists include impacted youth, engaged therapists, dedicated school staff and administrators, and experts on suicide, crisis and violence prevention.. and You!

Following a Hiatus, BCSC is back to provide Black, Brown, Indigenous and AAPI Centered Leadership on holistic 'Community Safety'

Past Events: Panel Amplifying Black Voices; People's Budget Summit; Advocacy for Police Accountability; Summit to End Gun Violence, Memorial for Unhoused Persons, Panel of Domestic and International Activists For Peace; Contributed to Developing the Specialized Care Unit; and Co-Authors of Amicus Brief to Protect the Ohlone's Sacred West Berkeley Shellmound.