

JAIL DIVERSION AND BEHAVIORAL HEALTH SERVICES PRELIMINARY RECOMMENDATIONS

Short-Term: 1-7

Mid-Term: 8 & 9

Long-Term: 10-12

Future: 13-35

	Recommendation	Priority Gap and Problem?	Cost Estimate and Funding Stream	Timing for Implementation	Referral to County Dept. and/or Comments
1	Implement the planned custody and post-custody Substance Use Treatment Services (SUTS) including a SUTS Transition Team.	High	Board approved General Fund in December 2015. RFP completed.	September 1, 2016	Behavioral Health Services - SUTS
2	Expand post-custody mental health and/or co-occurring Outpatient Services by 40 slots, from 180 to 220 outpatient slots	High	Estimated total cost: \$294,038 Medi-Cal revenue: \$132,317 County Cost: \$161,721	January 2017	Behavioral Health Services – Mental Health
3	Increase the Criminal Justice (CJ) FSP by 20 post-custody slots and increase flex funds to fund housing opportunities.	High	Estimated total cost: \$425,000 Medi-Cal revenue: \$191,259 County Cost: \$233,761	January 2017	Behavioral Health Services – Mental Health
4	Expand the 90 day Intensive Outpatient Service Team for 50 additional post-custody clients.	High	Estimated total cost: \$1.3 million Medi-Cal revenue: \$598,492 County Cost: \$731,490	January 2017	Behavioral Health Services – Mental Health
5	Allocate funding to provide housing support to 250 Severely Mentally Ill clients over two years at the rate of 80% permanent supportive housing, 10% rapid rehousing, and 10% rental assistance.	High	Estimated cost: \$3.75 million	TBD	Office of Supportive Housing
6	Form partnerships with County public safety and reentry partners, local law enforcement agencies and BHSD to develop and implement a standardized, validated screening tool and assessment process as part of the community screening process which can be used at multiple intercepts.	High	TBD	Ongoing	Behavioral Health Services
7	Enhance an existing Pretrial Mental Health Supervision Program with Superior Court and integrate the program with future Behavioral Health Services Court and Transitions Team.	High	Estimated Cost: \$270,000		Pretrial Services

	Recommendation	Priority Gap and Problem?	Cost Estimate and Funding Stream	Timing for Implementation	Referral to County Dept. and/or Comments
8	Complete the Muriel Wright redesign and implementation of residential substance use treatment, respite beds and co-occurring crisis residential beds.	High	The County Executive's FY 2016/17 Recommended Budget includes funding for facility upgrade and services. AB109 and General Fund	Estimated Completion Date: October 2017	Behavioral Health Services Office of Reentry Services
9	Consider designating service locations in the Central, North and South areas of the county as drop-in centers for homeless individuals, including those who have had interaction with the public safety system.	High			Behavioral Health Services Office of Reentry Services
10	Add three Behavioral Health Urgent Care Centers in Gilroy, East San Jose and North County. Urgent Care Centers would offer voluntary services and provide a community drop-off site for law enforcement that would divert individuals to treatment, rather than jail or Emergency Psychiatric Services (EPS).	High	Estimate total cost for 24/7 contracted, community-based center: \$4.3 million Medi-Cal revenue: \$1.9 million County Cost: \$2.4 million		
11	Deliver to the Board of Supervisors no later than September 30, 2016 a recommended plan of action to identify, furnish, staff and open what many across the county refer to as a "Restoration Center." This facility would allow law enforcement staff to transport mentally ill and substance use clients they pick up to a safe and therapeutic environment.	High		Recommended plan of action no later than September 30, 2016	
12	Develop a plan to add up to 100 Substance Use Transitional Housing Beds and 100 residential treatment beds in or out of the county for Santa Clara County referrals. These units should provide treatment for clients with low, moderate and high acuity.	High			

	Recommendation	Priority Gap and Problem?	Cost Estimate and Funding Stream	Timing for Implementation	Referral to County Dept. and/or Comments
13	Increase the number of officers receiving Crisis Intervention Training			Train 60 officers in CIT per month in FY 2017 until at least 200 have been trained	BHSD has CIT training in place for the Office of the Sheriff and local law enforcement agencies.
14	Explore the Law Enforcement Assisted Diversion program		Included in the short-term recommendation #6.		
15	Visit and explore the Los Angeles Police Department Mental Evaluation Unit and Bexar County Jail Diversion Program in San Antonio.		Included in the short-term recommendation #6.		
16	Establish cross-systems workgroup to develop alternatives to traditional arrests and assessment tools to be used by first-responders				
17	Convene a meeting of the public safety chiefs to review current booking operations and identify needs for training and diversion operations		Staff Time	July - Sept 2016	
18	Recommend that a full continuum of services available to those who are incarcerated.				
19	Recommend that custody health ensure all behavioral health services meet, at minimum, community standards of care the current physical space does not meet standards).				
20	Recommend that the Sheriff create a process for community providers to continue to work with established clients if they are incarcerated. BHSD and ORS contractors currently work with incarcerated persons as part of their programming.				Office of the Sheriff/DOC currently has a process to allow Behavioral Health Services Department and Office of Reentry Services' contracted service providers' staff work with clients in

	Recommendation	Priority Gap and Problem?	Cost Estimate and Funding Stream	Timing for Implementation	Referral to County Dept. and/or Comments
21	Recommend that the Sheriff institute the evidence-based policy of contact visits within all jail facilities and at all units. Currently, contact visits are limited in existing facilities' lowest security areas and are not planned for the upcoming new jail.				Per Office of the Sheriff/DOC – currently no locations available for contact visits other than what is provided on the minimum camp. Staff is working on adding a contact visiting area for the Re-Entry Floor only in the new jail but it will be limited.
22	Assess the need for mental health staff working with the SUTS Transition Team or for the development of a mental health transition team to comply with specialty mental health requirements for documentation and billing.			BHSD to assess the need for mental health team following implementation.	Behavioral Health Services – Mental Health
23	Add peer mentor and community health worker positions to community-based services to act as a role models and/or advocates and provide support to post-custody and/or diversion clients.	Medium	TBD	Ongoing	BHSD and BHCA providers are committed to peer support services.

	Recommendation	Priority Gap and Problem?	Cost Estimate and Funding Stream	Timing for Implementation	Referral to County Dept. and/or Comments
24	Train all justice-involved providers to become fully capable of co-occurring assessment and treatment		TBD	July 2016 – June 2017	Behavioral Health Services Meeting needs of co-occurring clients in-custody & community settings.
25	Consolidate and enhance the Behavioral Health Court Team at the Courts to strengthen client linkages to services, add new staff and assessment tools.		Estimated cost for additional staff: \$284,000		
26	Develop a Case Management system for in-reach to offenders in custody, transport and link them with their housing destination at release, connect with and case manage offenders at Urgent Care Centers. Priority to mentally ill clients who are repeatedly incarcerated and/or homeless				
27	Request that the Board of Supervisors include in the FY17 Budget funding, an increase for community based mental health, substance use treatment services and integrated treatment services that build on the strengths of our system which include the use of peer and family partners and rehab counselors.				
28	Create and maintain a Jail Diversion and Behavioral Health Care Coordination Team to review coordination of transition plans of SMI and/o co-occurring inmates and clients, review data and focus on ongoing quality improvement.				SUTS/Co-occurring transition Team will be implemented on October 1, 2017 following RFP selection of vendor.

	Recommendation	Priority Gap and Problem?	Cost Estimate and Funding Stream	Timing for Implementation	Referral to County Dept. and/or Comments
29	Recommend the Board of Supervisors include an item in the FY 2017 Budget to fund data collection at each point identified in the sequential intercept model as well as staffing to analyze the data.		EPIC will be implemented for Custody Health and BHSD in November 2017. The Referral Tracking System managed by the Office of Reentry Services will be programmed to track clients as part of future diversion programs that access the Reentry Resource Center.		BHSD and Office of Reentry Services Data for analysis of client utilization and outcomes.
30	Standardize housing assessments at all access points; train key staff on how to use and enter data in the Homeless Management Information System (HMIS); and incorporate housing-related performance measures in all housing programs.		Included in the short-term recommendation #5.		Office of Supportive Housing
31	Prioritize usage of the Silicon Valley Triage Tool or High Users of Multiple Systems Tool (HUMS) to identify and prioritize individuals for Permanent Supportive Housing		Included in the short-term recommendation #5.		Office of Supportive Housing
32	Improve care coordination after discharge		Included in the short-term recommendation #5.		Office of Supportive Housing
33	Work with Department of Correction to designate a portion of the booking area to provide post arrival, pre booking assessment and diversion linkage. Current intake area at booking is not equipped for this.				Current intake area is not most conducive area for this to take place. Office of the Sheriff and DOC will work with Behavioral Health Services and Office of Reentry Services to find alternate locations.

	Recommendation	Priority Gap and Problem?	Cost Estimate and Funding Stream	Timing for Implementation	Referral to County Dept. and/or Comments
34	Develop a system to give priority to clients already receiving services in the Mental Health or Substance Use Treatment Systems to have priority accessing services in the other system, should they require both types of services				BHSD Care Coordination
35	Open interim urgent care centers in strategic locations throughout the county while the longer term urgent care centers as described above are planned and established. Given the acuity of the clients that the Jail Diversion committee represents, 23 hours instead of 12 hours recommended by staff are necessary.		Included in the long-term recommendation #12.		