

# Three-Year

# STEPPING UP STRATEGIC PLAN

COUNTY OF SAN LUIS OBISPO



November 3, 2020

# Acknowledgements

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Lynn Compton	District 4
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# Table of Contents

## Contents

Acknowledgements .....	2
Table of Contents .....	3
Background .....	4
Measure 1 Priorities – <i>Reduce the number of individuals with mental illnesses in the Jail</i> .....	8
Measure 2 Priorities- <i>Reduce the length of stay for inmates with mental illnesses</i> .....	10
Measure 3 Priorities – <i>Increase connections to treatment for individuals with mental illnesses</i> .....	11
Measure 4 Priorities – <i>Reduce the rate of recidivism for individuals with mental illnesses</i> .....	12
Action Plan Summary .....	14
Appendix A.....	16



## Background

On October 10, 2017, the County of San Luis Obispo Board of Supervisors approved a resolution recognizing the County's commitment to the Stepping Up Initiative, a national initiative to advance counties' efforts to reduce the number of people with mental illnesses and co-occurring substance use disorders in jails. Since that time, the County and community have done much to contribute to the goals of the Stepping Up Initiative. This document details efforts currently underway and sets a course for future efforts related to the initiative over the next three years, pending available resources. This document should be used to prioritize available funding and align policies with stated goals.

## Planning Process

An initial list of actions to be considered was gathered from the following:

- Stepping Up Steering Committee and working groups.
- Justice and Mental Health Collaboration Program Planning and Implementation Guide which was developed through collection of data from the County Health Agency, Sheriff's Office, San Luis Obispo County Superior Court and from one on one interviews with representatives from the Health Agency, Sheriff's Office, Probation Department, Information Technology Department, Superior Court, community groups, and WellPath (the health services contractor for the San Luis Obispo County Jail.)
- The Sequential Intercept Model (SIM) workshop hosted locally by the Substance Abuse Mental Health Services Administration (SAMHSA) in July 2018, which included stakeholders from mental health, substance abuse, law enforcement, courts, jails, community corrections, housing, health, social services, peers, family members and others.
- The Sheriff's Mental Health Taskforce, which included County Departments and community stakeholders.

This initial list of actions was prioritized and refined by the Stepping Up Working Group and Stepping Up Executive Steering Committee from March-June 2020. These groups include representation from the County Administrative Office, Health Agency, Sheriff's Office,

Superior Court, District Attorney's Office, Information Technology Department, Probation Department, and Public Defender's Office.

### **Mission Statement**

The County of San Luis Obispo is committed to creating and supporting policies and programs that serve to improve the quality of life of community members impacted by mental illness or substance use disorders, and to reduce involvement in the criminal justice system by promoting recovery and resiliency.

### **Vision**

The vision of the County of San Luis Obispo Stepping Up Initiative is to put into place, through programs, intervention, and collaboration within the County of San Luis Obispo and our Community Partners, resources to benefit the county population impacted by mental illness. We are committed to building a strong network of stakeholders to support this population through connecting them to treatments, reducing the percentage of jail bookings, shortening the length of stay in jail, and lowering recidivism rates. We have a commitment to be an Innovator County through leading the way in supporting this community by creating best practices, mentoring fellow counties, and being an ambassador for the Initiative, all while building tangible solutions for this community in achieving a better quality of life.

### **Guiding Principles and Core Values**

*Integrity* - We will demonstrate our commitment to our initiatives by maintaining strong moral principles through accountability to each other and the community that we serve.

*Respect* - We will support, appreciate and value the individuals we serve, their families, and our community partners by treating them with the same dignity as we wish to be treated.

*Teamwork* - We encourage each other to recognize the contributions of others and appreciate their diverse perspectives and unique contributions that each team member brings to the County.

*Collaboration* - We will work collaboratively within our County and with our community partners to provide quality services to individuals with mental illness.

*Innovation* - We strive to lead the way in serving individuals with mental illness and are always seeking innovative technologies, new processes, and resources that will build a pathway to success for our initiatives.

*Commitment to Outcomes* - We are dedicated to the community we serve in achieving our specified outcomes. We are committed to developing and creating meaningful solutions to afford this community with a better quality of life.

### **The Four Key Measures of Stepping Up and Targets for Change**

While the Stepping Up Initiative is intended to create policies and programs that improve quality of life and reduce justice involvement for all community members impacted by mental illness or substance use disorder, an initial focus of Stepping Up efforts has been on a subpopulation of those suffering with serious mental illness (SMI)<sup>1</sup> or co-occurring serious mental illness and substance abuse (CSMISA). This narrow focus allows us to target services to those with the highest needs and to track outcomes for that smaller group of individuals. It is also in alignment with guidance provided by the Stepping Up Initiative. For these reasons, the targets below are related specifically to the population suffering with SMI. For additional information and to view baseline data, see Appendix A.

1. *Reduce the number of individuals who have mental illnesses booked into jail*

Bookings target: 2% reduction annually in bookings of those who screen positive on the Brief Jail Mental Health Screen, with the long-term goal of positive screenings at booking making up no more than 22% of all bookings on average.

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<sup>1</sup> Serious mental illness: must have a mental health diagnosis (CCR Title 9 §1830.205 (b)(1)) and one or more of the following:

- A. A significant impairment in an important area of life functioning
- B. A probability of significant deterioration in an important area of life functioning
- C. A reasonable probability that a child (under 21) will not progress developmentally as individually appropriate

Average Daily Population target: 5% reduction annually in average daily population of those individuals with SMI in the Jail, with the long-term goal of inmates with SMI making up no more than 10-12% of the average daily population.

2. *Reduce the length of stay in jail for individuals with mental illnesses*

Average length of stay target: 5% reduction annually in average length of stay for those individuals with SMI in the Jail, with the long-term goal being that average length of stay for the SMI population be equal to the population without SMI.

3. *Increase the percentage of individuals with severe mental illnesses connected to treatment in the community upon release from jail*

Connections to Treatment target: In the first year, a 60% increase in appointments set for post-release behavioral health treatment (of those who do not refuse services) for individuals with SMI. The three-year goal is that 100% have an appointment set with a community partner or the County Behavioral Health Department before release.

4. *Reduce recidivism rates for individuals with mental illnesses<sup>2</sup>*

Rebooking target: 5% reduction annually for individuals with SMI rebooked into the jail, with the long-term goal of rebooking numbers being equal to those for the non-SMI population.

Technical Violations target: 5% reduction annually from baseline.

New Charges target: 5% reduction annually from baseline.

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<sup>2</sup> All data in this section uses a look back method. For example, was someone in the Jail today arrested in the prior 6 months, 1 year or 3 years.

Measure 1 Priorities – *Reduce the number of individuals with mental illnesses in the Jail*

**Crisis Response**

<b>Action</b>	<b>Possible funding source</b>	<b>Timeline for implementation</b>	<b>Primary contact</b>
Continue to refine Crisis Intervention Training (CIT) and Program; add a new procedure to send out advanced CIT-trained officers out on mental health calls.	MHSA has approved \$60,000 over the next 3 years for CIT training	Ongoing	Sheriff's Office, Health Agency
Work with dispatch to refer appropriate mental health calls to the crisis line and continue to expand cross training between Mental Health Evaluation Team, 911 dispatchers and law enforcement.	No funding needed, personnel already in place	October 2021	Sheriff's Office
Expand Behavioral Health Community Action Team as funding becomes available.	Grant funds	Upon identification of funding	Sheriff's Office, Health Agency
Increase the number of Mental Health Evaluation Teams (MHET)/crisis response staff and increase follow up by MHET.	General Fund or Grant Funds	June 2021	Health Agency

## Alternatives to Jail

Action	Possible funding source	Timeline for implementation	Primary contact
Develop a behavioral health triage/sobering center for law enforcement to utilize in lieu of bringing non-serious offenders to jail. <sup>3</sup>	Grant funds	June 2023	Health Agency
Continue to facilitate inpatient admissions and educate partners (especially law enforcement) on psychiatric inpatient services available through the Psychiatric Health Facility (PHF).	No funding needed, personnel already in place	Ongoing	Health Agency
Maximize use of the Crisis Stabilization Unit by law enforcement in lieu of jail <sup>4</sup> when appropriate by implementing a law enforcement drop off. Increase capacity of CSU to do on-site medical screenings as needed.	No funding needed, personnel already in place	June 2021	Health Agency

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<sup>3</sup> As allowable under Penal Code Section 647 (f) and (g)

<sup>4</sup> As allowable under Penal Code Section 647 (f) and (g)

**Measure 2 Priorities-** *Reduce the length of stay in jail for individuals with mental illnesses*

**Screening, Assessment and Case Management**

<b>Action</b>	<b>Possible funding source</b>	<b>Timeline for implementation</b>	<b>Primary contact</b>
Create a system of sharing screening, assessment, and case plan information across departments/settings (within allowable laws) to avoid duplication of work and improve case coordination/continuity of care.	No funding needed, personnel already in place	January 2022	Sheriff's Office, Probation Department, Health Agency
Continue to improve access to existing programming inside the jail, including fostering collaboration between Jail staff, WellPath staff, and community partners.	No funding needed, personnel/contracts already in place	Ongoing	Sheriff's Office

**Measure 3 Priorities** – *Increase the percentage of individuals with severe mental illnesses connected to treatment in the community upon release from jail*

**Reentry Planning**

<b>Action</b>	<b>Possible funding source</b>	<b>Timeline for implementation</b>	<b>Primary contact</b>
<p>Coordinate reentry efforts and early discharge planning, using a whole person care approach.</p> <ul style="list-style-type: none"> <li>• Enhance communication with Court, Jail, Probation, Behavioral Health, District Attorney and Public Defender and providers for reentry programs.</li> <li>• Consider case management with peer support.</li> <li>• Include policies that facilitate 30 days of medication upon exit from jail.</li> </ul>	<p>No funding needed, personnel already in place</p>	<p>November 2020 to have a Countywide discharge document approved</p> <p>January 2021 to finalize a Countywide discharge planning document and begin implementation of streamlined communication for reentry programs</p> <p>Ongoing process of enhancing communication as personnel and vendors change.</p>	<p>Sheriff's Office, Health Agency, Public Defender's Office, Probation Department, District Attorney's Office</p>

### Treatment Engagement and Case Management

Action	Possible funding source	Timeline for implementation	Primary contact
Improve/expand information sharing between Probation and Behavioral Health and other service providers to more easily identify sessions missed by probationers and reinforce service engagement. Possibly a portal for log-in to see and update attendance.	No funding needed, personnel already in place	June 2022	Sheriff's Office, Probation Department, Health Agency

### Measure 4 Priorities – *Reduce recidivism rates for individuals with mental illnesses*

#### Specialty Court Programs

Action	Possible funding source	Timeline for implementation	Primary contact
Track, review and share data about each of the specialty court programs for the purpose of continuous quality improvement.	No funding needed, personnel already in place	June 2021	Health Agency
In partnership with an evaluation contractor, work on understanding program outcomes and any needed refinement for Mental Health Diversion Court.	Edward Byrne Memorial Justice Assistance Grant from Bureau of Justice Assistance in place	Ongoing through grant end September 2022	Probation, Health Agency, Mental Health Diversion Stakeholder Group

## Housing and residential treatment continuum

<b>Action</b>	<b>Possible funding source</b>	<b>Timeline for implementation</b>	<b>Primary contact</b>
<p>Conduct additional research on the housing shortfall and which type(s) are most likely to make Stepping Up efforts successful. Move towards adding top priority housing types.</p>	<p>No funding needed for planning stage. Departments and/or other stakeholder groups (e.g. HSOC or Behavior Health Board) to help conduct research and identify possible funding sources to add more housing.</p>	<p>June 2022</p>	<p>Health Agency, Department of Social Services, Probation Department, Sheriff's Office</p>
<p>Continue plans to construct and open a residential treatment facility with withdrawal management next to 40 Prado Center.</p>	<p>Contract for construction has been awarded. Funding for treatment will come primarily from Medi-Cal.</p>	<p>December 2021</p>	<p>Health Agency</p>
<p>Work with recovery residence providers and other housing providers on accepting clients with dual diagnosis and various medication needs, including medication assisted treatment (MAT).</p>	<p>No funding needed, sober living beds already in place and funded</p>	<p>June 2021</p>	<p>Health Agency</p>

## Action Plan Summary

### Year 1 Actions

- Increase the number of Mental Health Evaluation Teams (MHET)/crisis response staff and increase follow up by MHET.
- Maximize use of the Crisis Stabilization Unit by law enforcement in lieu of jail when appropriate by implementing a law enforcement drop off. Increase capacity of CSU to do on-site medical screenings as needed.
- Coordinate reentry efforts and early discharge planning, using a whole person care approach.
- Track, review, and share data about each of the specialty court programs for the purpose of continuous quality improvement.
- Work with recovery residence providers and other housing providers in accepting clients with dual diagnosis and various medication needs, including medication assisted treatment (MAT).

### Year 2 Actions

- Work with dispatch to refer appropriate mental health calls to the crisis line and continue to expand cross training between Mental Health Evaluation Team, 911 dispatchers and law enforcement.
- Create a system of sharing screening, assessment, and case plan information across departments/settings (within allowable laws) to avoid duplication of work and improve case coordination/continuity of care.
- Improve/expand information sharing between Probation and Behavioral Health and other service providers to more easily identify sessions missed by probationers and reinforce service engagement. Possibly a portal for log-in to see and update attendance.
- Conduct additional research on the housing shortfall and which type(s) are most likely to make Stepping Up efforts successful and move towards adding top priority housing types.
- Continue plans to construct and open a residential treatment facility with withdrawal management next to 40 Prado Center.

### **Year 3 Actions**

- Develop a behavioral health triage/sobering center for law enforcement to utilize in lieu of bringing non-serious offenders to jail.
- In partnership with an evaluation contractor, work on understanding program outcomes and any needed refinement for Mental Health Diversion Court.

### **Ongoing Actions**

- Continue to refine the Crisis Intervention Training (CIT) and Program; add a new procedure to send out advanced CIT-trained officers out on mental health calls.
- Continue to facilitate inpatient admissions and educate partners (especially law enforcement) on psychiatric inpatient services available through the Psychiatric Health Facility (PHF).
- Continue to improve access to existing programming inside the jail, including fostering collaboration between Jail staff, WellPath staff, and community partners.
- Expand Behavioral Health Community Action Team as funding becomes available.

## Appendix A

### Four Key Measures of Stepping Up and Targets for Change

While the Stepping Up initiative is intended to create policies and programs that improve quality of life and reduce justice involvement for all community members impacted by mental illness or substance use disorder, an initial focus of Stepping Up efforts has been on a subpopulation of those suffering with serious mental illness (SMI) or co-occurring serious mental illness and substance abuse (CSMISA). This narrow focus allows us to target services to those with the highest needs and to track outcomes for that smaller group of individuals. It is also in alignment with guidance provided by the Stepping Up Initiative. For these reasons, most of the targets below are related specifically to the population suffering with SMI. Also note that while targets below are stated in annual terms, the data will be monitored more frequently to ensure that course corrections can be made.

1. *Reduce the number of individuals who have mental illnesses booked into jail.*

**Bookings target:** 2% reduction annually in bookings of those who screen positive on the Brief Jail Mental Health Screen, with the long-term goal of positive screenings at booking making up no more than 22% of all bookings on average.

**Baseline data:** For calendar year 2019, an average of 84% all bookings per month received a Brief Jail Mental Health Screen; 28% on average screened positive per month.

**Average Daily Population target:** 5% reduction annually in average daily population of those with SMI in the Jail, with the long-term goal of SMI inmates making up no more than 10-12% of the average daily population.

**Baseline data:** In December 2019, individuals with SMI made up 12.3% of the average daily population (61/494). In July 2020, after the implementation of Zero Bail policies due to the COVID-19 pandemic, individuals with SMI made up 22.3% of the average daily population (92/411).<sup>5</sup>

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<sup>5</sup> Not including inmates housed at locations other than the County Jail.

- 2. Reduce the length of stay in jail for individuals with mental illnesses.*

**Average length of stay target:** 5% reduction annually in average length of stay for those with SMI released from the Jail, with the long-term goal being that average length of stay for the SMI population be equal to the population without SMI.

**Baseline data:** As of July 8, 2020 average length of stay for someone released from Jail with SMI was 178 days (median 106). The average length of stay for the population without SMI was 160 days (median 76).

- 3. Increase the percentage of individuals with mental illnesses connected to treatment in the community upon release from jail.*

**Connections to Treatment target:**

**Connections to Treatment:** In the first year, a 60% increase in appointments set for post-release behavioral health treatment (of those who do not refuse services) for individuals with SMI. The three-year goal is that 100% have an appointment set with a community partner or the County Behavioral Health Department before release.

**Baseline data:** There is currently no baseline data for this measure. The Sheriff's Office will begin tracking this as of November 1, 2020.

4. *Reduce recidivism rates for individuals with mental illnesses.*<sup>6</sup>

**Rebooking target:** 5% reduction annually for individuals with SMI rebooked into the jail, with the long-term goal of rebooking numbers being equal to those for the non-SMI population.

Baseline data: As of July 8, 2020 the rebooking rates for were as follows.

	SMI	CSMISA	Non-SMI
6 months	58%	79%	48%
1 year	65%	89%	61%
3 years	75%	92%	68%

**Technical Violations target:** 5% reduction annually from baseline.

Baseline data: As of July 8, 2020 the technical violation rates were as follows.

	SMI	CSMISA	Non-SMI
6 months	25%	34%	18%
1 year	29%	39%	27%
3 years	49%	61%	39%

**New Charges target:** 5% reduction annually from baseline.

Baseline data: As of July 8, 2020 the new charges rates were as follows.

	SMI	CSMISA	Non-SMI
6 months	30%	45%	23%
1 year	32%	50%	30%
3 years	52%	71%	41%

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<sup>6</sup> All data in this section uses a look back method. For example, was someone in the Jail today arrested in the prior 6 months, 1 year or 3 years.