



Making the MOST of Collaboration

Santa Cruz County

Introduction: Judge Heather Morse



- Impacts of un-served and under served individuals with psychiatric disabilities in the criminal justice system.
- Weighing public safety concerns and service delivery needs.
- System Advocacy.

Santa Cruz County Stakeholder Process



- Historical Overview
 - Previous funding through State of California MIOCR funds
 - Behavioral Health utilized MHSA to fund case management positions with forensic expertise.
 - Long history of Probation/Mental Health collaboration
 - Emergence of AB109 – pressure to system

Mentally Ill Offender Task Force



- Established by Board of Supervisor member, Neal Coonerty.
- Stakeholders and department heads from Board of Supervisors, Sheriff's Office, Santa Cruz Police Department, Watsonville Police Department, Courts, District Attorney, Public Defenders, Probation, Health Director, Behavioral Health Director, City of Santa Cruz Council members and Behavioral Health contract partners.

Mentally Ill Offender Task Force



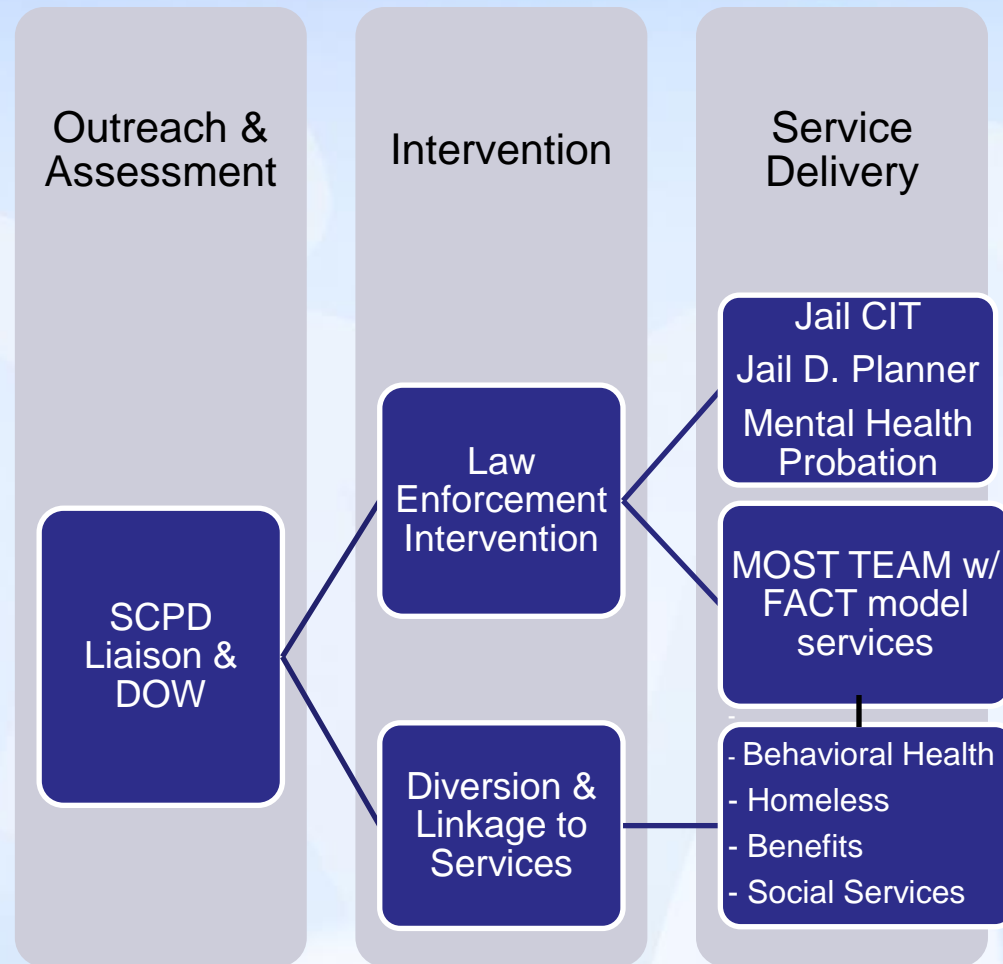
- Goal was to devise local solution to address the needs of consumers involved in the criminal justice in Santa Cruz County utilizing a collaborative/shared approach and our historical outcomes from the evidence-based practice of FACT model team.
- Needs assessment and gap analysis engaged stakeholders in process and focused efforts.

Collaboration for Service Continuum



- Stakeholders/funders required deliverables with an outcome focus
 - Behavioral Health – reduction in jail & hospital days
 - Sheriff's Office – reduction in jail bed days
 - Probation – reduction in recidivism
 - City of Santa Cruz – assistance for SCPD intervening with individuals with mental health issues & redirection from criminal activity

Continuum of Care





MOST TEAM

*(Maintaining Ongoing
Stability through
Treatment)*

Forensic Assertive
Community
Treatment
(FACT)Team

JAIL CRISIS INTERVENTION TEAM

Jail Mental Health
Treatment/Care

The MOST Team



Positions	Stakeholder/funder
2.5 FTE Sr./Mental Health Client Specialists	Behavioral Health
.5 Supervising MHCS	
1 FTE Psychologist	
1 FTE Psychiatric Provider	
1 FTE Deputy Probation Officer	
1 FTE Deputy Probation Officer	Probation Department
.5 FTE Supervising DPO	
CAB Work Crew staff	
.5 Licensed Psychiatric Tech	
.5 Correctional Officer	Sheriff's Office

MOST Team Goals:



- Improve mental health stability and pro-social activity in the community.
- Provide treatment alternatives in lieu of incarceration to reduce impact to high end services.
- The level of service and treatment is based on the individual client needs and level of risk.

MOST Participant Treatment Goals:



The MOST Team works collaboratively with client to:

- Reduce jail bed days
- Reduce the occurrence of new offense and probation violations
- Improved stability in the community
- Reduce psychiatric inpatient bed days
- Reduce days of homelessness
- Increase treatment compliance
- Increase days in pro-social activities

MOST Services Provided



- Wrap around services provided by a FACT (Forensic Assertive Community Treatment) team
- Alternatives to incarceration
- Stipend work activities
- Dual Diagnosis Drug Treatment
- Crisis Stabilization
- Cognitive Behavioral Therapy
- Motivational Interviewing
- Medication compliance supports such as in-field nursing support and frequent psychiatry appointments
- Incentives for pro-social activities

Mental Health/Probation Integration



- A signed ROI between Mental Health, Probation and the Courts
- Specific Mental Health Probation Terms including:
 - Take all medications as prescribed
 - Follow all County Mental Health Directives
 - Drug testing terms

Jail Crisis Intervention (CIT) Team



- 2.0 FTE Senior Mental Health Client Specialist/Crisis Intervention Team Specialist
- .5 FTE Supervising Mental Health Client Specialist
- .50 Extra Help Sr. Mental Health Client Specialist (weekend/holiday coverage)
- 1.0 FTE Jail Discharge Planner
- .5 FTE Psychiatric Nurse Practitioner
- .25 FTE Forensic Psychiatrist
- Masters Level Interns

Jail Services Collaboration



- Daily MDT with Jail CIT, Jail Medical Services and Corrections.
- Goal is to address needs of high risk inmates & develop intervention plan.
- Collaborate on the needs of individuals with psychiatric disabilities and formulate a treatment plan for in-custody care, jail discharge planning, court intervention and outpatient services.

Jail Discharge Planner



- The Jail Discharge planner works collaboratively with the Courts, the District Attorney, the Public Defender, private attorneys and Adult Probation to incorporate therapeutic dispositions into the court release and sentencing process.
- After release from custody, the JDP coordinates and monitors aftercare services in an effort to increase compliance with treatment plans agreed to in court.

Probation - Interface with the Courts

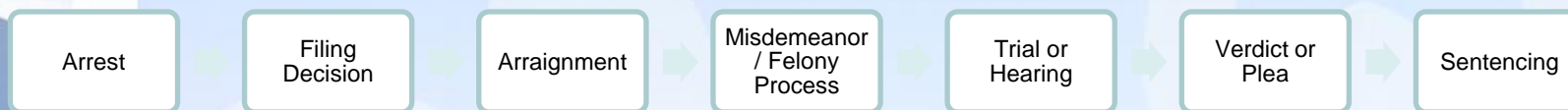


- Communication with partners...Where collaboration begins
 - Law Enforcement Agencies – frequent community contacts leading to:
 - Jail / PHF
 - » LE contacts probation or city liaison
 - » Probation contacts DA regarding filing
 - CIT / Probation in the jail
 - Recommendation of MH terms for purposes of release
 - During criminal proceedings
 - Recommendation of MH terms for purposes of sentencing

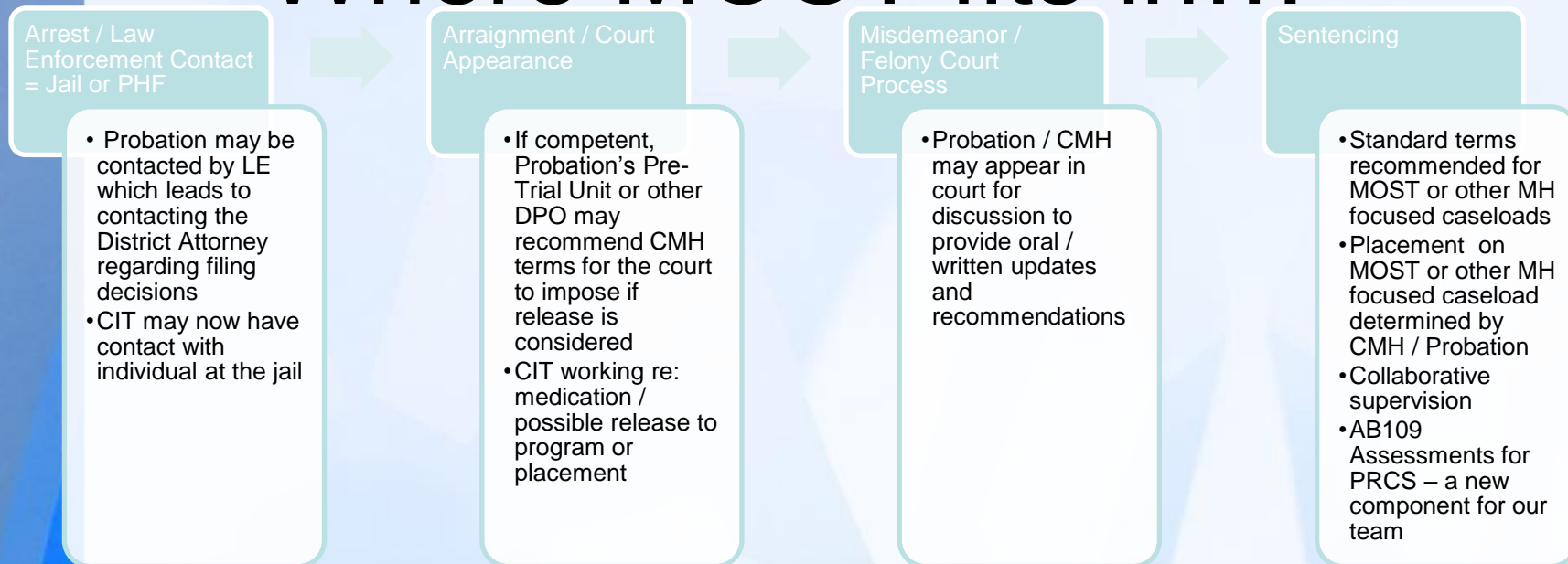


Criminal Process

A simple visual of the court criminal process...



Where MOST fits in...



“RNR”

Principles of Effective Intervention



- Risk – Who
- Need – What
- Responsivity - How

Risk – who do we work with?



- On the Probation side:
 - CAIS (Correctional Assessment & Intervention System)
 - Focus case plans / interventions on the “Moderate” and “High” Risk Offenders to address criminogenic needs / principle service needs identified by the CAIS
 - » Newly Implemented Contact Standards
 - » Within the MOST caseload, “Low” risk individuals are being separated, for less intensive services from the probation side, to allow more time spent on “Moderate” and “High” risk offenders
 - » Override can be made when appropriate (should be the exception)
- Utilize clinical input from Behavioral Health based on risk assessment, mental health needs assessment and level of functioning

Need – what do we focus on?



- Criminogenic Needs
 - Antisocial Cognition
 - Antisocial Personality / Temperament
 - Antisocial Associates / Peers
 - Family and / or Marital Factor
 - Employment
 - Substance Abuse
 - Education
 - Leisure / Recreation

Responsivity – how do we focus on it?



- Collaborating with CMH:
 - Sharing an office space (2 caseload carrying DPO's / 2.5 CMH Coordinators)
 - » Benefits / Challenges
 - » Easy Dialogue
 - » Team approach for walk-in's regardless of assignment
 - » Work styles
 - » Case planning (CAIS vs. MH – creating continuity)
 - » Scheduling / Office Coverage
 - Regular team meeting MOST FACT team
 - Jointly meeting with clients during some office visits, treatment site / home visits
 - Testing for non-prescribed substances

Mental Health Probation Terms



- Comply with County Mental Health Directives (which may include, but is not limited to the following):
 - Program Placement (must be interviewed and accepted by a program representative)
 - Approved Housing (which may include a bed at one of the shelters)
 - Participation in the CRP / MOST Work Crew 1 – 3 days per week
 - Support Groups / Dual Recovery Groups / Counseling

Mental Health Probation Terms continued



- Take all medications as prescribed, which includes the proper dosage, and may include injectable medications if recommended by the treating psychiatrist.
- Submit to testing for alcohol and controlled substances / substances / intoxicants not prescribed.
- Totally abstain from the use of alcohol / controlled substances / intoxicants (including marijuana) which are not prescribed.
- Sign a release of information / waiver of confidentiality.

Responsivity – Pro-social Activity



- Community Restoration Work crew
 - Pro-social employment preparation program
 - Community Service initiatives
 - Giving back to the community through projects
 - Workshops / skill building
 - Peer leadership opportunities
 - Positive reinforcement (incentives)

Community Restoration Work Crew



The CRP work crew has been amazing at EDC, the crew has completed a few big projects that have really made a huge impact on the environment in such a positive way. The work crew has made this a more visually pleasing place to be for all the residents and future residents, and it feels great to have past residents coming back to do work at the program they were once residents. I cannot say enough about the great job and impact the work crew has had here. We hope the work crew continues to come work at EDC as their work really does impact the community in such a profound and positive way.

Thanks,

-David Campbell

Program Manager El Dorado Center



Outreach, Engagement & Diversion



- Santa Cruz Police Department MH Liaison
 - Funded in part by the City of Santa Cruz
 - Integration of mental health and law enforcement
- Downtown Outreach Worker
 - Funded collaboratively by the City of Santa Cruz and County Behavioral Health
 - Contract position with Encompass Community Services
 - Homeless and mental health outreach

Key Features for Diversion



- Interagency Collaboration
- Active involvement
- Early identification
- Cross-trained case manager(s) who span boundaries of criminal justice, mental health, and substance abuse

Interagency collaboration & involvement



- MDT core team
 - Bi-weekly meeting
 - Comprised of representatives from Santa Cruz PD, Cali-West Hospitality, and the DOW & SCPD Mental Health Liaison.
- MDT team identifies individuals who are in need of mental health services and case management.
- Pro-active planning for interventions.

SCPD Mental Health Liaison



- Responds to direct referrals from SCPD- throughout the City of Santa Cruz.
- Responds to crisis and 5150 calls with SCPD.
- Works directly with Jail, Court, and Forensic Mental Health Teams.
- Provides training and education to Santa Cruz law enforcement agencies (i.e. Suicide Prevention, Identifying and Responding to Individuals with psychiatric disabilities).

Downtown Outreach Worker - Early Identification



- Active education for Downtown community (includes PD, security firms, hospitality, merchant and business community) D.O.W. is advertised as a resource for all to contact.
- Entire Downtown community becomes eyes and ears for early identification and D.O.W. is contacted for at risk behaviors.
- Classic outreach-ID chronic and at risk mentally ill persons and assess for mental health services.
- Identify and assess new arrivals to town.

Current Tools for Engagement



- Rapport building
- Case management linkage to appropriate mental health and other services
- Homeward Bound
- 180/180 project= 100 day dash
- MDT core identifies “25”, with further concentration of case management for “top 5”
- Leverage Mental Health Probation & MOST where appropriate

Case Studies



MOST Team Outcome Data



SCPD Liaison & DOW Data



New Initiates



- Expansion of Law Enforcement Liaisons to full time with SCPD, Watsonville PD and the Sheriff's office
- Mental Health Court Review Calendar

Conclusion



- Importance of collaboration
- Questions?