

Santa Clara County

**OFFICE OF CORRECTION AND LAW  
ENFORCEMENT MONITORING**

Report on Audit of Jail Reform  
Recommendations

Interim Report #3  
June 2022

OIR GROUP

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# Introduction and Background

Beginning in 2016, 15 separate entities issued recommendations for reform of the County’s jails. A total of 623 recommendations (referred to as “Master List Recommendations”) were catalogued as part of these various review processes. Several years ago, the Finance and Government Operations Committee received numerous reports from the Office of the County Executive that grouped all the recommendations by subject area and created a list of 80 Summarized Recommendations. Despite efforts by County departments over the years, verifying implementation of these recommendations has proven to be a challenging task.

On December 15, 2020, this Board directed OCLEM to take on the role of auditor of these Jail Reforms Recommendations. We have published two prior reports – in September 2021 and April 2022 – detailing our audits of 10 of the 80 Summarized Recommendations. These 10 covered 49 of the Master List Recommendations.

This report covers three additional Summarized Recommendations and 28 Master List Recommendations. Two of these Summarized Recommendations (and nine Master List Recommendations) call for independent oversight of the Sheriff’s Office and Department of Correction and have been fully implemented by the creation of OCLEM<sup>1</sup> and the Community Correction and Law Enforcement Monitoring Committee (“CCLEM”).

The remaining Summarized Recommendation covered in this report relates to a series of reforms implemented by the Jail Diversion and Behavioral Health Subcommittee of the Re-entry Network, along with related recommendations to improve mental health services and reduce incarceration rates – a total of 19 Master List Recommendations.<sup>2</sup> As

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<sup>1</sup> However, at this Board is acutely aware, the ability of OCLEM to function at its intended capacity has been significantly hamstrung by the Sheriff’s Office failure to date to provide the level of access to materials contemplated by the Ordinance.

<sup>2</sup> The Master List of recommendations originally compiled in August 2016 contained a total of 655 recommendations. At or around the time of the September 30, 2016 Finance and Government Operations Committee meeting, 32 recommendations were removed from the list, though the remaining recommendations were not renumbered, so while there are now a total of 623 recommendations, those numbered 624 through 655 still exist. Of these 32 recommendations: 11 (Master List Numbers 372-374, 387, 388, 447-449, 464, 485, and 486) were deemed by the FGOC to have been erroneously duplicated; eight (Master List Numbers 8, 22, 26, 49, 51, 60, 243, and 536) were identified by County Counsel as

we detail below, we find that all these recommendations have been implemented, or substitute measures have been implemented that meet or exceed the goals of the original recommendation.

We appreciate the cooperation of the County Executive and Behavioral Health Services Department (“BHSD”) in providing us the necessary documentation and answering all our follow-up questions. Both were given a draft version of this report and opportunity to provide feedback or further clarification. We look forward to our ongoing work and collaboration to complete our audit of the remaining Recommendations.

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illegal; and 13 (Master List Numbers 207-216, 360, 430, and 431) were deemed by the County Executive to not be actual recommendations, but rather observations or future planned actions.

# Audit Findings

Each of the audited recommendations is listed below, by both Summarized Recommendation and its associated Master List Recommendations. OCLEM’s findings regarding each recommendation follows.

Recommendation		Description	OCLEM Finding
Summarized: OVR 1		Regarding independent oversight body(ies), review options for, and then establish independent oversight for the Department of Correction and Sheriff’s Office that reports to the Board of Supervisors.	Implemented
Master List	4	The Board of Supervisors should refrain from appointing employees of County departments to serve on Commissions or Boards that are investigating those employees’ County departments.	Implemented
	57	The Board of Supervisors should immediately create and fully fund the Office of the Inspector General of the Jails to provide professional independent civilian oversight of the jail operations that reports directly to the Board of Supervisors. Please see a further description of the OIG office in Recommendation #1 in the Grievance/Complaint Process category.	Not specifically implemented, but intent of recommendation satisfied by creation of OCLEM.
	59	Create an Independent Oversight Commission to review and oversee the Office of the Sheriff and the Department of Correction.	Not specifically implemented, but intent of recommendation satisfied by creation of OCLEM and CCLEM.
	61	Appoint an interim inspector general to oversee implementation of BRC recommendations that are adopted by the Board of Supervisors. Allot sufficient funds to support the work of this interim oversight position until a permanent oversight body is established.	Not specifically implemented, but recommendation is now moot.

Recommendation		Description	OCLEM Finding
	332	Santa Clara County should create an independent oversight agency that will regularly audit the Santa Clara County Custody Division. This agency would also administer an officer and inmate grievance process as an independent entity from the custody system. The County would need to decide on the type of agency that would best serve the community (such as a Solicitor General, Independent Auditor, Community Commission, Federal Oversight or any combination of the above).	Not specifically implemented, but intent of recommendation satisfied by creation of OCLEM.
	404	Create an Office of Inspector General (IG) that serves the civilian oversight commission and is directed by the commission to provide monitoring of custody operations and facilities (including medical and mental health services) and provide recommendations for improvement. The IG shall focus on matters relevant to department-wide policies, procedures and protocols and review use of force patterns, trends and statistics. The IG will review Internal Affairs investigations, allegations of misconduct and employee discipline. The IG shall make policy and practice recommendations to the Independent Civilian Oversight Committee.	Not specifically implemented, but intent of recommendation satisfied by creation of OCLEM.

As summarized, OVR 1 was implemented with the creation of the Office of Correction and Law Enforcement Monitoring (OCLEM), following an extensive process of planning and deliberation to determine the best form of oversight for the County and the Sheriff’s Office. Beginning in September 2016, the Board and the Finance and Government Operations Committee conducted panel discussions, received reports, and held special meetings before the Board approved an ordinance establishing OCLEM in April 2018. The Board then issued an RFP and, following a lengthy selection process involving the Board-approved Office of Correction and Law Enforcement Monitoring Evaluation Committee, selected OIR Group to serve as OCLEM. A three-year contract took effect on January 15, 2020. OCLEM has established various work plans and reported to the Board on a regular basis since its inception.

*4: The Board of Supervisors should refrain from appointing employees of County departments to serve on Commissions or Boards that are investigating those employees' County departments.*

No County employees perform OCLEM functions or serve on the Community Correction and Law Enforcement Monitoring Committee. To the extent the recommendation was intended to apply only to those entities, the Board of Supervisors has satisfied its mandate.

However, on its face, this recommendation applies broadly to all County Commissions or Boards. Because there are no boards or commissions charged with investigating a County department on which an employee of the investigated department serves, we find that, as a practical matter, the County has complied with this recommendation.

The Board may wish to adopt a policy prohibiting employees of County departments to serve on commissions or boards that are investigating those employees' County departments to ensure ongoing compliance.

*57: The Board of Supervisors should immediately create and fully fund the Office of the Inspector General of the Jails to provide professional independent civilian oversight of the jail operations that reports directly to the Board of Supervisors. Please see a further description of the OIG office in my Recommendation #1 in the Grievance/Complaint Process category.*

An Inspector General was among the forms of oversight considered by the Board during its lengthy deliberative process. Though it ultimately decided not to name the oversight entity "Inspector General," the ordinance establishing OCLEM met the goal of providing professional independent civilian oversight of jail operations that reports directly to the Board of Supervisors, and OCLEM functionally operates as an IG, as that term is defined in Government Code § 25303.7.

*59: Create an Independent Oversight Commission to review and oversee the Office of the Sheriff and the Department of Correction.*

Some type of "Independent Oversight Commission" was among the forms of oversight considered by the Board during its lengthy deliberative process. Though it ultimately

decided on a different name, the ordinance establishing OCLEM and CCLEM satisfies this recommendation.

*61: Appoint an interim inspector general to oversee implementation of BRC recommendations that are adopted by the Board of Supervisors. Allot sufficient funds to support the work of this interim oversight position until a permanent oversight body is established.*

While the Board did not select an interim inspector general or other oversight professional to fill the gap until OCLEM was established, this recommendation became moot with the creation and staffing of OCLEM.

*332: Santa Clara County should create an independent oversight agency that will regularly audit Santa Clara County Custody Division. This agency would also administer an officer and inmate grievance process as an independent entity from the custody system. The County would need to decide on the type of agency that would best serve the community (such as a Solicitor General, Independent Auditor, Community Commission, Federal Oversight or any combination of the above).*

The Board and the FGOC engaged in a lengthy deliberative and planning process to determine the best form of oversight for the County. While OCLEM does not “administer an officer and inmate grievance process as an independent entity from the custody system,” its scope of work is designed to monitor and recommend necessary changes to the grievance system administered by the Sheriff’s Office and Custody Health Services. In fact, OCLEM has already conducted an audit and prepared a public report relating to the way in which Custody Health Services handles inmate grievances.

*404: Create an Office of Inspector General (IG) that serves the civilian oversight commission and is directed by the commission to provide monitoring of custody operations and facilities (including medical and mental health services) and provide recommendations for improvement. The IG shall focus on matters relevant to department-wide policies, procedures and protocols and review use of force patterns, trends and statistics. The IG will review Internal Affairs investigations, allegations of misconduct and employee discipline. The IG shall make policy and practice recommendations to the Independent Civilian Oversight Committee.*

As set forth above, OCLEM is meeting the demands of this recommendation to the extent that has been possible, given the difficulty OCLEM has had securing access to Sheriff’s Office information (on which we have reported extensively). Though not named an “Inspector General,” OCLEM functionally operates as an IG, as defined in Government Code § 25303.7.

Recommendation		Description	OCLEM Finding
Summarized: OVR 2		Regarding an independent civilian oversight commission, establish a nine member volunteer commission guided by a scope and that has specific roles and responsibilities. Commission would publish reports on statistics and complaints. 402, 403, 405	Implemented
Master List	402	Establish a nine-member Custody Operations Independent Civilian Oversight Commission comprised of community volunteers. The Commission will consist of nine members, five appointed by the Board of Supervisors (One commissioner per each Supervisorial district). Those five commissioners will then select the remaining four public board members.	Implemented, but OCLEM nominates four Commission members for Board approval
	403	Establish scope of commission, establish commissioner roles and responsibilities, establish conflict of interest requirements and establish appropriate support staff.	Implemented
	405	The Independent Civilian Oversight Committee will publish an annual report on the status of custody operations, use of force statistics, and the resolution of inmate and citizen complaints. The commission may also publish other reports it commissions its IG to conduct.	Implemented

*402: Establish a nine-member Custody Operations Independent Civilian Oversight Commission comprised of community volunteers. The Commission will consist of nine members, five appointed by the Board of Supervisors (One commissioner per each Supervisorial district). Those five commissioners will then select the remaining four public board members.*

The Community Correction and Law Enforcement Monitoring Committee (“CCLEM”) was established by the Board of Supervisors by ordinance in April 2018. The ordinance

was amended in August 2020 and again in October 2020, to expand the membership and responsibilities of CCLEM. While the process for selecting the Committee shifted slightly – with OCLEM recommending for appointment four of the nine members and each Supervisor nominating one member for appointment by the Board – all nine members were ultimately selected and approved in early 2021. The first CCLEM meeting was held on March 5, 2021.

*403: Establish scope of commission, establish commissioner roles and responsibilities, establish conflict of interest requirements and establish appropriate support staff.*

This recommendation was implemented by the creation of CCLEM.

*405: The Independent Civilian Oversight Committee will publish an annual report on the status of custody operations, use of force statistics, and the resolution of inmate and citizen complaints. The commission may also publish other reports it commissions its IG to conduct.*

OCLEM publishes an annual report and has produced additional reports on specific topics as directed by the Board. While CCLEM's bylaws do not specifically require it to publish reports, it is not prohibited from doing so.

Recommendation		Description	OCLEM Finding
Summarized: HLC 3		<p>Implement the recommendations from the Jail Diversion and Behavioral Health Subcommittee of the Re-entry Network and related recommendations:</p> <ol style="list-style-type: none"> <li>1. Develop and implement a screening tool and assessment process.</li> <li>2. Expand post-custody mental health and/or co-occurring outpatient services</li> <li>3. Increase Criminal Justice FSP capacity.</li> <li>4. Expand the 90-day Intensive Outpatient Service Team.</li> <li>5. Develop one Behavioral Health Urgent Care Center as a drop-in center for law enforcement.</li> <li>6. Add flex funds for Criminal Justice FSP for clients referred to treatment services.</li> <li>7. Establish a Permanent Supportive Housing program</li> <li>8. Enhance Pretrial Mental Health Supervision Program with Superior Court.</li> <li>9. Add staff to Behavioral Health Services to assign Jail Diversion referrals for treatment placement of clients.</li> </ol>	Implemented
Master List	45	Improve timeliness, seamlessness, and continuity of “outpatient” behavioral health and medical care by, among other things, more timely response to requests for treatment, particularly emergencies; improved access to medications and other necessary care upon booking; and better follow-up care after inmates are treated at Valley Medical Center.	Implemented
	48	Improve coordination of community-based and in-custody behavioral health services for people coming into, and being released from, the jail.	Implemented
	49	Offenders with mental illness should be released during daytime business hours rather than late at night or in the early morning hours to ensure that offenders can be safely and realistically reintegrated into the community.	Implemented

Recommendation		Description	OCLEM Finding
	50	Offenders with mental illness who do not have federal and state benefits, or have lost them due to the length of their incarceration, should receive assistance from jail staff or in-reach care managers in preparing and submitting the necessary forms and documentation to obtain benefits immediately upon reentry into the community.	Implemented
	51	The County to provide funding and housing outside the Jail for the mentally ill instead of incarcerating them.	Implemented
	129	That this Commission recommend to the Board of Supervisors that the first priority in change should be to create more treatment capacity and alternatives for mentally ill and substance abusing defendants in custody who are held in custody solely because there is no appropriate treatment presently available for them in the community, and that the County place its primary focus on finding alternatives to incarceration of mentally ill offenders, including diversion and appropriate pretrial release, and develop prevention strategies to reduce recidivism and return to custody of mentally ill offenders.	Implemented
	376	Implement a plan to reduce the number of inmates in custody with mental health issues.	Implemented
	377	Increase the number of mental health treatment opportunities for those scheduled for release from custody.	Implemented
	378	Continue to work with County Behavioral Health on the concept of mobile crisis response teams to potentially reduce the numbers of arrests where treatment is more appropriate.	Implemented

Recommendation		Description	OCLEM Finding
	626	<p>Dr. Gage recommended the following for reentry services for the seriously mentally ill:</p> <ul style="list-style-type: none"> <li>• Assure medication continuity until community services take over (in all cases). This will almost certainly require that medications be given to releasing inmates who do not have their own supply of medications in the community.</li> <li>• Assure that a mental health appointment is in place within a period of time that will allow medications not to lapse (those incarcerated for more than two weeks).</li> <li>• Assist in applying for or restoring medical insurance and benefits (those incarcerated for more than one month).</li> <li>• Assist in securing housing (those incarcerated for more than two months).</li> </ul>	Not specifically implemented, but substitute measure in place
	647	BHSD to develop and implement a standardized, validated screening tool and assessment process with public safety partners. The goal is to divert individuals from jail into community services when appropriate.	Implemented
	648	Expand post-custody mental health and/or co-occurring outpatient services by 40 slots to address a service gap for clients. BHSD currently offers 180 outpatient slots for post-custody clients; however, there is an ongoing wait list for these services.	Implemented
	649	Increase the Criminal Justice (CJ) FSP capacity by 20 slots. The JAC list demand is largely for FSP slots, which are currently full due to the limited number of outpatient slots. Some of these individuals cannot be released from jail until stable housing is available, based on their charges.	Implemented
	650	Expand the 90-day Intensive Outpatient Service Team by 50 additional post-custody client slots. This service will support clients as they leave custody, linking them to housing, BHSD services, primary care services and benefit assistance, as well as addressing any other needs. In addition, the team will employ Peer Mentors in order to connect clients to the appropriate BHSD services upon release.	Implemented

Recommendation		Description	OCLEM Finding
	651	Develop one Behavioral Health Urgent Care Center in East San Jose as a drop-in center for law enforcement. The JDBHS suggests that such a Center could be modelled after "Restoration Centers" that exist in Bexar County, Texas. The goal is that the Urgent Care Center would offer voluntary services 24/7/365 and provide a community drop-off site for law enforcement that would divert individuals to treatment, rather than jail or Emergency Psychiatric Services (EPS). Individuals served in an Urgent Care Center would be assessed for treatment needs and referred to the appropriate level of care in the community.	Implemented
	652	Add flex funds for CJ FSP to provide housing for 50 clients referred into treatment services. Flex Fund expenditures will be utilized for individuals after it is established that there are insufficient funds available for the client's housing subsidies. These funds will assist clients in successfully meeting their housing goals on their Personal Service Plans related to the Treatment plans listed above.	Implemented
	653	Establish a Permanent Supportive Housing (PSH) program.	Implemented
	654	Enhance an existing Pretrial Mental Health Supervision Program with Superior Court and integrate the program with future Behavioral Health Services Court and Transitions Team by adding a Pretrial Service Officer.	Implemented
	655	Add a Health Care Program Manager at Behavioral Health Services Department to assign Jail Diversion referrals to Clinical Social Worker/Marriage and Family Therapists for screening, referral, and treatment placements of clients.	Implemented / in progress

To better understand the work that has been done around this set of recommendations, OCLEM met with Behavioral Health Services personnel. They described a dramatic shift from where the County was six-to-ten years ago with respect to addressing the mental health needs of those in the County who interact with the criminal justice system. Current systems feature more dedicated services, closer collaboration among criminal justice system partners and greater case coordination for individual clients.

We also reviewed all documents provided, including four contracts for services establishing programs with the stated goals of (among others) reducing suffering from mental illness, reducing homelessness while increasing safe and permanent housing, increasing access to substance use treatment, reducing incarceration and criminal justice involvement, and increasing the quality of services leading to better outcomes. The four contracts represent a combined total maximum financial obligation of roughly \$23 million.

- “Agreement for Short-Doyle and Mental Health Services Act (MHSA) Criminal Justice System Services Between the County of Santa Clara and Community Solutions for Fiscal Year 2022” (referred to as “Community Solutions Criminal Justice contract”)
- “Agreement for Short-Doyle and Mental Health Services Act (MHSA) Supportive Housing Services Between the County of Santa Clara and Community Solutions for Fiscal Year 2022” (referred to as “Community Solutions Supportive Housing contract”)
- “Agreement for Short-Doyle and Mental Health Services Act (MHSA) Criminal Justice System Services Between the County of Santa Clara and Gardner Family Health Network for Fiscal Year 2022” (referred to as “Gardner Family Health contract”)
- “Agreement for Short-Doyle and Mental Health Services Act (MHSA) Criminal Justice System Services Between the County of Santa Clara and Momentum for Mental Health for Fiscal Year 2022” (referred to as “Momentum contract”)

Summarized Recommendation HLC 3 accurately and fully incorporated the substantive goals of the underlying 19 Master List recommendations. The work contemplated by this set of recommendations requires ongoing attention, diligence, and effort. As we discuss below, the relevant County departments have done important and significant work on these issues. Nonetheless, there is always more work to be done to expand mental health treatment and divert individuals from jail into those treatment programs, with the overall goal of reducing suffering from mental illness. We acknowledge that reality while also finding the significant improvements made since 2016 are sufficient for us to find the recommendations to be fully implemented.

*45: Improve timeliness, seamlessness, and continuity of “outpatient” behavioral health and medical care by, among other things, more timely response to requests for treatment, particularly emergencies; improved access to medications and other necessary care upon booking; and better follow-up care after inmates are treated at Valley Medical Center.*

To meet these goals, the County has entered into the Community Solutions Criminal Justice, Momentum, and Gardner Family Health contracts. The Momentum contract includes provisions for a Criminal Justice System Intensive Outpatient Program. The program provides medication support services, mental health services, crisis intervention, case management, and linkage to other services (housing, behavioral health, medical care, benefits assistance, transportation, and educational/vocational resources) for clients leaving custody or other inpatient settings.

The Gardner Family Health contract establishes programs for Full-Service Partnership Criminal Justice System Outpatient and Post Release Community Supervision. The contract has an emphasis on timely access to care, including medication services. The contract requirements likewise establish a holistic approach to care, meant to address complex risk factors including substance use, community and family violence, and exposure to trauma.

The Community Solutions Criminal Justice contract likewise establishes Full-Service Partnership outpatient programs, with a focus on behavioral health issues, including alcohol and drug problems, and medication misuse among justice involved clients . It also establishes a program for Aftercare Services for those that have graduated from other justice involved programs but are still in need of mental health services to prevent re-incarceration.

These three contracts together have a maximum financial obligation of nearly \$20 million. All contracts include provisions for timeliness of care, data reporting requirements, and performance measures, satisfying the requirements of this recommendation.

*48: Improve coordination of community-based and in-custody behavioral health services for people coming into, and being released from, the jail.*

The level of coordination between service providers in and out of custody noted in the relevant contracts has yielded improvement following the inception of the work by the Blue Ribbon Commission. Those who have been receiving mental health services in jail

get a referral to community-based services while in custody. At the time of release, a peer support worker or case manager picks the individual up from the jail, takes them to a pharmacy to fill their medication prescriptions, and gets them to wherever they are supposed to be to ensure continuity of care (in-patient or out-patient treatment). BHSD personnel report they work closely with Pretrial Services and Administrative Booking staff, and that their community partners and service providers receive training on the release process to ensure these “hand-offs” go as smoothly as possible. The Community Solutions, Gardner Family Health, and Momentum contracts have provisions for timeliness of care and coordination with criminal justice system partners. The County’s financial commitment to these organizations represents an improvement in availability of needed services. While there needs to be continued focus on these services, we find this recommendation has been implemented.

*49: Offenders with mental illness should be released during daytime business hours rather than late at night or in the early morning hours to ensure that offenders can be safely and realistically be reintegrated into the community.*

As noted above, release for those receiving Behavioral Health services is coordinated with case managers so that those leaving custody have the opportunity to immediately continue care and treatment, as well as receive other needed services. This recommendation is implemented.

*50: Offenders with mental illness who do not have federal and state benefits, or have lost them due to the length of their incarceration, should receive assistance from jail staff or in-reach care managers in preparing and submitting the necessary forms and documentation to obtain benefits immediately upon reentry into the community.*

The relevant contracts contain provisions requiring providers to follow up and assist with benefits applications. Sheriff’s Office personnel generally begin the benefits application process, and the community care provider follows up to ensure the benefits are maximized. This recommendation has been implemented.

*51: The County to provide funding and housing outside the Jail for the mentally ill instead of incarcerating them.*

Since 2016, the County has undertaken two major initiatives to increase the construction of new rental housing. First, voters approved a \$950 million housing bond (2016 Measure A Housing Bond), which calls for \$800 million to be used to be used to for households with extremely low and very low incomes. Second, the County selected an administrator for its allocation of No Place Like Home (NPLH) fund, which is intended to assist persons with a mental illness. As of February 2022, County NPLH funds totaled nearly \$73.7 million. Using these and other funding sources, the County established a goal of financing at least 1,800 new apartments with persons for disabling conditions, including those with a serious mental illness. Further, the programs supported by the Community Solutions Housing contracts are intended to provide supportive services and housing assistance for chronically homeless men, women, and families in various parts of the County.

The recommendation suggests that no one with a mental illness should be incarcerated. We find that to be a worthy goal, but impractical as a requirement for measuring implementation. The County's continued focus on this issue is sufficient to consider this recommendation implemented.

*129: That this Commission recommend to the Board of Supervisors that the first priority in change should be to create more treatment capacity and alternatives for mentally ill and substance abusing defendants in custody who are held in custody solely because there is no appropriate treatment presently available for them in the community, and that the County place its primary focus on finding alternatives to incarceration of mentally ill offenders, including diversion and appropriate pretrial release, and develop prevention strategies to reduce recidivism and return to custody of mentally ill offenders.*

This recommendation encompasses many different programs and priorities. The County has invested heavily in creating treatment capacity and alternatives to custody for those with mental health and substance abuse concerns. The four contracts we reviewed as part of this audit demonstrate a commitment to a full service, holistic approach to setting people up for success, through housing stability, medication, treatment, and vocational planning. The County's Collaborative Courts are a key element of this plan, working to divert people from jail when possible. While these efforts need to be ongoing, we find they are sufficient to meet the goals of this recommendation.

*376: Implement a plan to reduce the number of inmates in custody with mental health issues.*

This is a multi-faceted plan that includes diversion efforts, community treatment opportunities, and programs to reduce recidivism by connecting individuals with services immediately upon their release from custody. A recently-developed “Criminal Justice Systems Division Referral Form” assists in connecting individuals to behavioral health service providers. And the level of coordination between BHSD and criminal justice system partners has improved dramatically. BHSD personnel described one common scenario, where an individual is arrested on Friday night and assigned an attorney from the Public Defender’s Office. Based on needs, BHSD is working on adjusting staff schedules to screen individuals during evening hours and weekends, so that individuals who appear to be in need of behavioral health services may appear in court on Monday with the recommended level of care treatment already pre-determined. With court approval, those individuals can be released directly into a treatment program without delay.

While there needs to be a continued focus on these issues, the types of program improvements, along with the contracts we reviewed, satisfy this recommendation.

*377: Increase the number of mental health treatment opportunities for those scheduled for release from custody.*

The four contracts we reviewed provide treatment opportunities for BHS-identified clients leaving custody at various levels of need, from acute in-patient services to less intense out-patient care. This recommendation is implemented.

*378: Continue to work with County Behavioral Health on the concept of mobile crisis response teams to potentially reduce the numbers of arrests where treatment is more appropriate.*

There currently are three levels of mobile crisis response with the goal of routing people to treatment rather than into the criminal justice system – Psychiatric Emergency Response Team, the Mobile Response Team, and a new, community-based Trusted

Response Urgent Support Team. A fourth mobile crisis program – Mobile Response Stabilization Services – serves the youth population (up to age 21).

This recommendation is implemented.

*626: Dr. Gage recommended the following for reentry services for the seriously mentally ill:*

- *Assure medication continuity until community services take over (in all cases). This will almost certainly require that medications be given to releasing inmates who do not have their own supply of medications in the community.*
- *Assure that a mental health appointment is in place within a period of time that will allow medications not to lapse (those incarcerated for more than two weeks).*
- *Assist in applying for or restoring medical insurance and benefits (those incarcerated for more than one month).*
- *Assist in securing housing (those incarcerated for more than two months).*

The goals of this recommendation have been exceeded by current BHSD systems. With BHS-identified individuals being released directly into the care of a case manager, prescriptions get filled immediately upon leaving custody. Appointments with mental health providers likewise take place right away.

All the contracts we reviewed recognize the importance of ensuring stable housing to the success of treatment programs and contain provisions for assessing the stability of a client's housing and assistance with housing subsidies if needed. And the holistic approach to care looks at medical issues as one of many concerns necessary to maximize the likelihood individuals will remain in treatment.

These specific recommendations have not been implemented, but their goals are being met by different provisions.

*647: BHSD to develop and implement a standardized, validated screening tool and assessment process with public safety partners. The goal is to divert individuals from jail into community services when appropriate.*

We received and reviewed the validated screening tool titled “Criminal Justice Systems Division Referral Form” that is available to all justice partners and can be administered by non-clinicians. This recommendation is implemented.

*648: Expand post-custody mental health and/or co-occurring outpatient services by 40 slots to address a service gap for clients. BHSD currently offers 180 outpatient slots for post-custody clients; however, there is an ongoing wait list for these services.*

The Community Solutions contracts accomplish this increase in services.

*649: Increase the Criminal Justice (CJ) FSP capacity by 20 slots. The JAC list demand is largely for FSP slots, which are currently full due to the limited number of outpatient slots. Some of these individuals cannot be released from jail until stable housing is available, based on their charges.*

The Community Solutions and Gardner Family Health contracts accomplish this increase in services.

*650: Expand the 90-day Intensive Outpatient Service Team by 50 additional post-custody client slots. This service will support clients as they leave custody, linking them to housing, BHSD services, primary care services and benefit assistance, as well as addressing any other needs. In addition, the team will employ Peer Mentors in order to connect clients to the appropriate BHSD services upon release.*

The Momentum contract recognizes these goals and meets current service needs.

*651: Develop one Behavioral Health Urgent Care Center in East San Jose as a drop-in center for law enforcement. The JDBHS suggests that such a Center could be modelled after “Restoration Centers” that exist in Bexar County, Texas. The goal is that the Urgent Care Center would offer voluntary services 24/7/365 and provide a community drop-off site for law enforcement that would divert individuals to treatment, rather than jail or Emergency Psychiatric Services (EPS). Individuals served in an Urgent Care Center would be assessed for treatment needs and referred to the appropriate level of care in the community.*

BHSD established a mental health triage center at the Mission Street Recovery Station. And there is a BHSD team at the Re-Entry Center (following an admittedly slow start up). BHSD personnel with whom we spoke are familiar with the Restoration Centers in Bexar County, Texas. They have used that as an aspirational model but have been prevented from strictly copying the model by differences in real estate costs between Santa Clara and Bexar Counties.

*652: Add flex funds for CJ FSP to provide housing for 50 clients referred into treatment services. Flex Fund expenditures will be utilized for individuals after it is established that there are insufficient funds available for the client's housing subsidies. These funds will assist clients in successfully meeting their housing goals on their Personal Service Plans related to the Treatment plans listed above.*

The Gardner Family Health contract accomplishes this increase in services.

*653: Establish a Permanent Supportive Housing (PSH) program.*

The Community Solutions Housing contract establishes this program.

*654: Enhance an existing Pretrial Mental Health Supervision Program with Superior Court and integrate the program with future Behavioral Health Services Court and Transitions Team by adding a Pretrial Service Officer.*

A Pretrial Services officer position was created and filled. That individual is stationed at the Re-Entry Center to support CAPS (Community Awaiting Placement Supervision) and other court clients. This recommendation has been implemented.

*655: Add a Health Care Program Manager at Behavioral Health Services Department to assign Jail Diversion referrals to Clinical Social Worker/Marriage and Family Therapists for screening, referral, and treatment placements of clients.*

BHSD has restructured its staffing to align with this recommendation. It added an Adult/Older Adult System of Care Director to specifically oversee Criminal Justice Services, 24-Hour Care/Transitional Services, and Medication Assisted Treatment.

The County’s significant investments to improve screening tools, expand Criminal Justice System treatment capacity, and increase flex funds (as actualized by the four contracts described above) have given BHSD the resources it says it needs to effectively connect jail clients to appropriate treatment placements. In addition, County investments in Pretrial Services, Custody Health Services, the Office of Re-entry Services, and other justice partners have also aligned to refer and connect this target population to services as well.

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BHSD and its criminal justice partners have made much progress in the County’s approach to addressing mental health issues in a more holistic way, with recognition of the importance and inter-connectivity of access to safe and reliable housing, substance abuse treatment, medication services, access to medical care, and supportive relationships. While we find the County has implemented each of the audited recommendations, we nonetheless note that the work contemplated by this body of recommendations – to reduce the incarceration rates for those with mental illness – is never truly “done,” but rather requires ongoing vigilance and regular consideration of new strategies. And we have been following closely the continued attention to this issue by County leadership, especially the efforts to include the incarcerated community in the discussion.