



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: June 25, 2019

01

TO: Board of Supervisors

SUBJECT

STRENGTHENING THE BRIDGE BETWEEN BEHAVIORAL HEALTH SERVICES AND THE CRIMINAL JUSTICE SYSTEM (DISTRICTS: ALL)

OVERVIEW

In San Diego County's current system of behavioral health care, emergency departments, law enforcement, and jail are part of the behavioral health crisis experience for thousands of people every year. The County of San Diego is positioned to improve outcomes and reduce suffering for people experiencing a behavioral health crisis by adding effective crisis alternatives to emergency rooms and jail and by providing new follow up services that help law enforcement connect people to community-based crisis services and ongoing care.

To better serve people with behavioral health needs and to reduce recidivism into jail and emergency rooms, on March 26, 2019 (2), the Board of Supervisors (Board) adopted recommendations of Chairwoman Dianne Jacob, Supervisor Kristin Gaspar, District Attorney (DA) Summer Stephan and Sheriff Bill Gore directing the Chief Administrative Officer (CAO) to work with the DA, Sheriff and schools to strengthen the region's response to individuals with behavioral health needs who intersect with the criminal justice system. The Board directed the development of plans for follow-up care and a case management system for people involved in a Psychiatric Emergency Response Team (PERT) or law enforcement crisis call; establishment of regional Mental Health Crisis Stabilization Centers that provide 24/7 walk-in mental health and substance use disorder services, including law enforcement drop-offs; and enhanced school-based crisis response for threats or crisis situations involving school youth.

Today's actions will provide an update in response to these directions. The proposed actions are closely coordinated with concurrent County efforts directed by the Board to strengthen the full behavioral health continuum of care. If approved, today's action would initiate the development of regional community-based Crisis Stabilization Units that have dedicated law enforcement drop-off, as referenced in today's *Advancing the Behavioral Health Continuum of Care* Board Letter (Item 4); enhance follow-up care and create a path for direct law enforcement connection to the Access and Crisis Line and mobile crisis response teams; and focused stakeholder convenings in partnership with the San Diego County Office of Education and data analysis to map the availability and need of school-based crisis services.

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RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER

1. Receive an update on Strengthening the Bridge Between Behavioral Health Services and the Criminal Justice System.
2. In accordance with Section 401, Article XXIII of County Administrative Code, authorize the Director, Department of Purchasing and Contracting, subject to available funding, to amend existing contracts for Community-Based Crisis Stabilization Services to add services and funding and extend existing contracts for up to two years; and issue new competitive solicitations for Community-Based Crisis Stabilization Services and Non-Law Enforcement Mobile Crisis Response Teams, and upon successful negotiations and determination of a fair and reasonable price, award contracts for a term of up to one year, with four option years and up to an additional six months if needed, and to amend the contracts as needed to reflect changes to services and funding.
3. Approve in principle the lease and/or purchase of a site or sites for crisis stabilization services. Authorize the Director, Department of General Services, to conduct a search for suitable sites, negotiate lease or purchase agreements, and return to the Board for approval of the agreements as necessary.
4. Direct the Chief Administrative Officer to report back to the Board regarding the implementation of these objectives as part of quarterly reports on actions and recommendations to enhance the behavioral health system of care directed by the Board on October 30, 2018 (3).

FISCAL IMPACT

Funds for initial costs related to this request are included in the Fiscal Year 2019-20 CAO Recommended Operational Plan for the Health and Human Services Agency. If approved, this request will result in estimated costs and revenues of approximately \$1,000,000 in Fiscal Year 2019-20 for initial tenant improvement costs to facilities in North County, and approximately \$12,000,000 for services in North County in Fiscal Year 2020-21. The funding sources include both federal Short-Doyle Medi-Cal and the use of local discretionary funds such as Mental Health Services Act (MHSA), Realignment, Intergovernmental Transfer Revenue (IGT), and existing County General Purpose Revenue. There will be no additional net County General Fund cost and no additional staff years. It is anticipated that upon full implementation of these services federal revenue will be optimized and efficiencies in other service delivery areas, including reductions in inpatient and psychiatric care, will be realized.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

On June 6, 2019, the Behavioral Health Advisory Board was provided with an informational update on this item.

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BACKGROUND

When people in our community face a behavioral health crisis, they may go to an emergency room on their own or by ambulance, or law enforcement is contacted to help. To better serve people with behavioral health needs and reduce their chances of cycling repeatedly into jail and crisis care, on March 26, 2019 (2), the Board of Supervisors (Board) adopted recommendations of Chairwoman Dianne Jacob, Supervisor Kristin Gaspar, District Attorney (DA) Summer Stephan and Sheriff Bill Gore directing the Chief Administrative Officer to work with the DA, Sheriff and schools to develop a plan to strengthen the response to people with behavioral health needs who intersect with the criminal justice system.

The directions approved by the Board reflect recommendations set forth in District Attorney Summer Stephan's *Blueprint for Mental Health Reform: A Strategic New Approach Addressing the Intersection of Mental Health, Homelessness and Criminal Justice in San Diego County*, which were developed through two symposiums bringing together approximately 200 multi-sector stakeholders. Utilizing the Sequential Intercept Model, stakeholders mapped the intersection of behavioral health, homelessness and criminal justice, in order to identify gaps, inventory resources and create concrete solutions to better serve those living with mental illness. Two additional recommendations from the *Blueprint*, the expansion and funding of crisis de-escalation training for law enforcement, and 911 checklists to prepare families for when law enforcement is called to respond to a mental health crisis, were announced by the DA and approved by the Board on her recommendation on May 21, 2019 (1).

In a related item, on March 26, 2019 (5), the County of San Diego Health and Human Services Agency (HHSA) informed the Board that Public Consulting Group, Inc. (PCG) was awarded a contract for the consultant services to review and identify improvements to the local behavioral health services continuum of care. An update on HHSA's efforts to advance the behavioral health continuum of care in collaboration with public safety and other partners also appears on today's agenda (Item 4).

The following describes the County's proposed actions in response to the three specific March 26, 2019 (2) Board directions to strengthen the bridge between behavioral health services and the criminal justice system.

Develop a timely follow-up care and case management system for individuals involved in a Psychiatric Emergency Response Team (PERT) or by any law enforcement during a mental health crisis.

In 2018, San Diego law enforcement responded to over 54,000 mental health related calls. In the last fiscal year, PERT responded to over 10,000 calls, with about half of those resulting in transport to jail or the hospital. In many cases, those in crisis are not transported because they do not meet the legal requirements for an involuntary hold per Section 5150 of the Welfare and Institutions code or they have not committed a crime. Currently, there is no coordinated system of follow up care to connect these individuals to mental health services. In response to the Board's direction, staff from the DA, Sheriff's Department, HHSA's Behavioral Health Services (BHS) and the Public Safety Group (PSG) are collaborating to explore ways for law enforcement to link clients to behavioral health services after a crisis call. Today's action would support a tiered approach to

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help law enforcement link people to the appropriate level of service, depending on the severity and urgency of the person's crisis. Specific design is still being evaluated; however, the goal is to create a system of response based on level of need in order to efficiently and expediently move individuals from law enforcement contact to health care contact and engagement. It will be critical to engage additional law enforcement agencies in the design and implementation of this initiative to ensure compatibility with their policies and practices.

Lower level intensity crises would engage a lower level response such as telephonic outreach and connection to services. Existing resources, such as the Access and Crisis Line (ACL), are being explored as a mechanism to respond to these individuals. The ACL is a community wide behavioral health care brief screening and referral resource accessible by law enforcement in the field 24/7. These services are presently included in CAO Recommended Operational Plan Fiscal Year 2019-20 for the Health and Human Services Agency.

Higher level intensity crises would activate a higher level of response. PERT will continue to respond to these calls in the same manner they do today. However, a system will be developed to connect individuals to behavioral health services post-PERT contact when an individual is not transported to a hospital, jail, or community-based crisis stabilization.

For individuals who do not need to be transported, but who need additional crisis intervention and attention in the field, law enforcement will be able to request new non-law enforcement mobile crisis teams. For situations in which a purely clinical response is most appropriate, the mobile crisis teams would be available to respond in lieu of PERT or law enforcement. These non-law enforcement crisis workers would assess and further stabilize individuals and connect them into the behavioral health system of care. Non-law enforcement mobile crisis teams would be a new service in San Diego County; in other jurisdictions, the service has been valuable in reducing the severity of a behavioral health crisis and connecting people to treatment in situations where there is no immediate safety threat or crime.

Today's action would provide authority to amend current contracts and issue competitive solicitations for non-law enforcement crisis response. The first team would be piloted as a 24/7 program in northern San Diego County as part of the planned crisis service enhancements in that region, which include community-based crisis stabilization services. The County would work with law enforcement and other stakeholders in northern San Diego County to inform program design, monitoring and evaluation of mobile crisis teams. The initial service in North San Diego County will inform expansion of non-law-enforcement mobile crisis teams which would follow as service additions in other regions. Costs associated with implementing these services in North County as an initial step are estimated to range from \$500,000 to \$1,000,000 annually.

These proposals will bolster connections to follow up care for people who are not transported to hospitals or jail. The Community Care Coordination program, authorized by your Board on September 11, 2018, (6) and currently in procurement, will focus on coordinating care for people with serious mental illness who are homeless and frequently cycle in and out of jail and crisis services.

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Establish regional Mental Health Crisis Stabilization Centers that can provide 24/7 walk-in mental health and substance use disorder services including law enforcement drop-offs.

Crisis stabilization services include psychiatric services, medication, peer support, and transition planning, with stays of less than 24 hours, for those in behavioral health crisis. These community-based services would be open to the public 24/7, capable of serving persons with co-occurring disorders and include a protocol to allow for rapid law enforcement drop-off of clients to enable officers to quickly return to service in the community. With the 2018 closure of Tri-City's Medical Center's 18-bed Behavioral Health Unit (BHU) and 12-bed Crisis Stabilization Unit (CSU), meeting the urgent and emergent needs of North San Diego County has become increasingly challenging. This closure has resulted in North San Diego County law enforcement and community members spending time traveling to the San Diego County Psychiatric Hospital (located in Central San Diego). The lack of regional mental health services places a tremendous burden on North San Diego County clients and their families, as well as law enforcement who are taken out of their service area for long periods of time.

In partnership, HHS, DA, Sheriff, and PSG staff reviewed the feasibility of adding community-based crisis stabilization services to include law enforcement drop-off that allows law enforcement to return to service more rapidly and provides crisis support to people quickly in their community.

To rapidly address needs for crisis services in North San Diego County, today's item requests Board approval to launch efforts to establish community-based crisis stabilization services located in North San Diego County to include law enforcement drop-off and mobile crisis response. The County would work to add between 12 and 24 beds or recliner chairs, a common feature in community-based crisis stabilization settings. Additionally, complementary efforts to enhance and optimize the use of CSUs in hospital settings are included in the *Advancing the Behavioral Health Continuum of Care* Board Letter (Item 4). Costs associated with implementing these services in North County are estimated at approximately \$1,000,000 in Fiscal Year 2019-20 for one-time tenant improvement costs and anticipated to range from \$6,000,000 to \$8,000,000 annually per site. The funding sources are federal Short-Doyle Medi-Cal, Mental Health Services Act (MHSA), Realignment, Intergovernmental Transfer Revenue (IGT), and County General Fund. It is anticipated that upon full implementation of these services federal revenue will be optimized and efficiencies in other service delivery areas, including reductions in inpatient and psychiatric care, will be realized.

The County and its partner agencies will concurrently work to add community-based CSU services in other regions of the County. If approved, today's recommendations will authorize the Department of General Services to conduct a search for property to purchase or lease for community-based crisis stabilization services in regions identified by the County's subject matter experts. Additionally, based on the recommendation of Supervisor Nathan Fletcher adopted by the Board on March 27, 2019 (9), County staff is assessing the feasibility of establishing behavioral health services on County property in the Hillcrest area of San Diego. Staff will include analysis of whether regional CSU or related services could be included at this site when this item returns to the Board no later than November 20, 2019. Future reports on and recommendations for regional crisis stabilization would be included in quarterly reports on actions and recommendations to enhance the behavioral health system of care directed by the Board on October 30, 2018 (3).

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Work with school districts and the County Office of Education to develop enhanced school-based crisis response, including possible expansion of existing PERT programs for threats or crisis situations involving school youth.

In response to the Board's direction on March 26th, HHSA and PSG staff began work with the San Diego County Office of Education, DA and Sheriff for data analysis and stakeholder engagement to develop a strategy aimed to support the 42 school districts' existing crisis response processes and, as needed, augment the services currently available. The aim is to support optimal crisis response and threat assessment capabilities in schools to address situations in which students display behavior that may pose a threat to themselves, other students and the overall campus safety. These efforts build upon existing foundations laid in this space, including the multi-disciplinary School Threat Assessment Team which was launched in 2018 by District Attorney Summer Stephan in response to tragic campus shootings across the nation and a related increase in identified school threats locally.

As a next step, key stakeholders which include the San Diego County Office of Education, law enforcement, school districts, students and families, DA, HHSA, and service providers will convene and offer input on areas of need as it relates to school threat interventions. Preliminary stakeholder input indicates need for a specialized workforce and programming equipped to provide comprehensive school threat evaluations and follow-up specialized clinical treatment for the student.

If approved by the Board, these proposed actions will strengthen the connection between behavioral health services and the criminal justice system to support more efficient and effective service delivery that translates to better outcomes for individuals and families. If the recommended actions are approved, staff will update the Board on implementation of these actions in quarterly reports on the behavioral health continuum of care as directed on October 30, 2018 (3).

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's actions support the Building Better Health initiative of the County's 2019-2024 Strategic Plan by helping achieve the goal of a fully optimized health and social service delivery system to make it an industry leader in efficiency, integration and innovation. Additionally, today's item supports the Operational Excellence strategic initiative that makes health, safety and thriving a focus of all policies and programs through internal and external collaboration.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

N/A

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AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED

 Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

March 27, 2019 (9), Establishing A Regional Hub For Behavioral Health Continuum Of Care; March 26, 2019 (2), Strengthening the Bridge Between Behavioral Health Services and the Criminal Justice System; March 26, 2019 (5), Update On Advancing The Behavioral Health Continuum Of Care Through Regional Collaboration And Innovation, December 11, 2018 (25), Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation; October 30, 2018 (3), Board Conference: Caring for People in Psychiatric Crisis in San Diego County; July 24, 2018

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

Pending

ORIGINATING DEPARTMENT: Public Safety Group

OTHER

CONCURRENCE(S): Health and Human Services Agency
 District Attorney
 Sheriff's Department
 Department of Purchasing and Contracting
 Department of General Services

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