

County of Santa Clara

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Clerk of the Court
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Subject: Responses to the Santa County Civil Grand Jury’s Final Report, “A Disjointed System”

The Santa Clara County Civil Grand Jury’s Final Report, “A Disjointed System: County of Santa Clara Mental Health Supports for Justice-Involved Clients” contained multiple findings and recommendations that require a response from the County of Santa Clara (County), consistent with the provisions of California Penal Code § 933.05. This memorandum contains the response from County Administration.

Finding 1

The continuum of care for justice-involved people who have committed low-level crimes due to their behavioral health disorder is disjointed between BHSD, CBOs, community programs, the Court, and Custody Health. The County and its partners’ programs and services are too siloed, resulting in a lack of coordinated care.

Response to Finding 1

The County partially agrees with the finding. The County has established and continuously expanded a coordinated continuum of care for justice involved persons with behavioral health disorders. For example, the County’s San José Reentry Resource Center (SJ RRC), includes integrated medical and behavioral health services to serve as a “health home” for justice-involved persons. These services are provided in coordination with housing, shelter, public assistance, and employment services, some of which are directly accessed through multi-agency staff located at the SJ RRC. Additionally, each year the BHSD plans, implements, and coordinates reentry services for approximately 300 individuals who participate in the Mental Health Diversion and Behavioral Health Treatment Court. Services for these individuals are coordinated with justice system partners like the Court, County Departments like Custody Health Services and the Office of Supportive Housing, and community-based organizations (CBOs) that are under contract with the County.

The challenge is to develop and sustain a system of care with enough capacity to serve all individuals who are booked into the jail, especially those with behavioral health conditions and to increase communication and coordination between in- and out-of-custody services. The California Advancing and Innovating Medi-Cal (CalAIM) Justice Involved initiative presents an opportunity for the County and its partners to devote significant additional resources and focus to meeting this challenge. The County is currently in

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discussions with the California Department of Healthcare Services (DCHS) to implement the CalAIM Justice Involved initiative, a program that provides 90-day pre-release services for justice-involved individuals, which includes behavioral health linkage and warm handoff processes. In preparation for a proposed October 2024 go-live date, the County and its partners have ramped up communication and collaboration to ensure that the programs and services do not operate in vacuums and all stakeholders are readily involved and informed for effective coordination.

Through new funding opportunities and process improvement requirements, the CalAIM Justice Involved initiative gives the County an opportunity to substantially restructure the continuum of care for justice-involved persons. Over the next several years, County Departments will work with justice system partners to develop a system that can serve more people, has a spectrum of services tailored to levels of need, and begins the discharge/reentry planning process as early as possible.

Recommendation 1

No recommendation.

Finding 2

BHSD staff in Collaborative Court and Custody Health do not systematically collaborate to support the clients they have in common, resulting in clients spending unnecessary time in custody.

Response to Finding 2

The County partially agrees with this finding. For every individual in Collaborative Court receiving a discharge plan, BHSD staff works with Custody Health staff to coordinate and execute the plan to ensure efficient release into community treatment. Custody Health and BHSD collaborate on all Collaborative Court cases on a weekly basis. They conduct regular multidisciplinary case consultations involving medical social workers, mental health staff, and Collaborative Court managers to develop individualized discharge plans that address the complex needs of individuals. For all Collaborative Court participants, BHSD is also in direct communication with the Office of the Public Defender, the Office of the District Attorney, other justice system partners (e.g., Probation Department) and nonprofit organizations to ensure continuity of care post-discharge.

Once the Collaborative Court determines the conditions under which a participant can be released from jail, the primary reason for someone remaining in jail is the lack of available behavioral health treatment facilities and/or capacity in intensive outpatient treatment programs. Increasing the capacity of both is an ongoing priority for the County. And through the efforts described in the response to Finding 1, we anticipate making significant progress in increasing coordination and communication.

Recommendation 2

BHSD staff in Collaborative Court and Custody Health should establish more effective systems of collaboration. Some examples could include:

- *Custody Health being present in Collaborative Court to ensure collaboration in client support.*
- *Have BHSD staff from FDR and Custody Health attend mutually relevant trainings together.*

This recommendation should be implemented by December 31, 2024.

Response to Recommendation 2

The County will implement this recommendation by December 31, 2024, using the opportunity presented by the CalAIM Justice Involved initiative to begin improving coordination and/or bolstering current activities. For example, BHSD and Custody Health staff have regularly attended joint trainings and have initiated joint planning for CalAIM implementation. The training events have covered topics, including, but not limited to, Mental Health Diversion, medication adherence, and motivational interviewing. Through the CalAIM Justice Involved initiative, BHSD and Custody Health staff may receive joint training on data access, new medical procedure codes, and Medi-Cal enrollment processes.

Finding 3

The current system does not allow for discharge planning for people accused of low-level offenses with behavioral health disorders soon after arrest and booking.

Response to Finding 3

The County partially agrees with the finding. Many individuals who are accused of low-level offenses are released from custody within hours of being booked, before there is an opportunity for BHSD or Custody Health to plan for discharge.

Recommendation 3

Appropriate County agencies should create a system that allows for the possibility of discharge planning for appropriate individuals to occur much earlier in the process. This recommendation should be implemented by December 31, 2024.

Response to Recommendation 3

The recommendation requires further analysis. Custody Health will convene meetings with Behavioral Health and other stakeholders to gather information and formulate a cross-functional strategy to develop a system to be reviewed by appropriate County leadership by December 31, 2024. Additionally, if approved by the State, the aforementioned 90-day pre-release services under CalAIM will also support earlier discharge planning efforts for appropriate individuals.

Finding 4

The current countywide system is not conducive to justice-involved clients with behavioral health disorders establishing a personal connection with a service provider who can help them navigate all available services for the long-term. Such a personal connection could increase the likelihood of clients participating in treatment plans and transitioning more smoothly to the community.

Response to Finding 4

The County partially agrees with the finding. The County provides significant in-reach and system navigation services for many justice-involved clients with behavioral health disorders, including all Collaborative Court participants. BHSD contracts with provider agencies that provide in-custody outreach (in-reach) and engagement services to individuals in custody. Upon receiving a referral, the contractors physically meet the individual in custody and orient them on the services offered by the agency. Utilizing the information gathered via the screening and referral process and additional information gathered during the in-custody visit, staff from the agencies determine the transitional needs of the individual and ensures services are in place prior to the individual's release into community. This determination includes ensuring that prior to release an intake and medication evaluation appointment are scheduled, medications and any follow-up medical appointments have been secured, placements to services are made, their case manager

will be outside the doors of the jails when the individual is released, and that transportation to their scheduled appointments and placements have also been secured. However, there are substantial opportunities to improve and expand these efforts, which is an ongoing focus for Custody Health and Behavioral Health leadership.

Recommendation 4

The County should coordinate systems of care more effectively to make it easier for clients to establish personal connections. Some examples could include:

- *Increased in-reach services to County Jails (peer navigators, social workers, etc.) to work with clients to build trust and form a relationship to smoothly transition into community programs.*
- *A more coordinated system of communication among service providers countywide regarding clients' history and needs.*

This recommendation should be implemented by March 31, 2025.

Response to Recommendation 4

This recommendation requires further analysis. While CalAIM will improve the coordination of services for many clients with 90-days pre-release, County stakeholders will need time to assess lessons from this initiative to help identify areas that require better coordination, highlight gaps in service type, and illuminate areas where data sharing is possible and supported by law. Custody Health leadership will review initial lessons learned through the CalAIM implementation by December 12, 2024 to inform decision-making for future enhancements to the County's systems of care coordination, including with respect to this specific recommendation.

Finding 5

County services do not have a central repository for client digital records. This impedes coordination of care.

Response to Finding 5

The County agrees with the finding.

Recommendation 5a

To the maximum extent legally allowable, the County should develop an initial plan of how to improve coordination of client digital records across its currently disparate network of data systems in different service areas, beginning with the following agencies:

- *Custody Health*
- *BHSD and the CBOs*
- *EPS [Emergency Psychiatric Services]*
- *Collaborative Court*
- *And other related agencies*

This recommendation should be implemented by December 31, 2024.

Response to Recommendation 5a

The recommendation will not be implemented because it is not warranted or reasonable. The County is making substantial progress in this area through ongoing improvements to various digital record platforms, but significant legal restrictions on sharing of health and criminal justice data limit these efforts.

Recommendation 5b

Once a coordination plan is established, the County should have regular meetings every 6 months to monitor progress and implementation of the plan. This recommendation should be implemented by March 31, 2025.

Response to Recommendation 5b

The recommendation will not be implemented because it is not warranted or reasonable. This will be implemented to the extent possible consistent with the response to Recommendation 5a.

Finding 6

Collaborative Court judges are often forced to rely on clients bringing paper copies of their CSRs to court to be able to assess their adherence to program requirements. This is a cumbersome barrier toward program graduation and reentry into the community.

Response to Finding 6

The County agrees with the finding.

Recommendation 6

BHSD should devise a reliable and user-friendly system to provide electronic copies of CSRs to judges in advance of each client's court date. This recommendation should be implemented by December 31, 2024.

Response to Recommendation 6

The County will implement this recommendation, with the goal being to have it implemented by December 31, 2024. BHSD is currently working with the County IT department—Technology Services and Solutions (TSS)—to deliver Client Status Report (CSR) information more efficiently to the Courts and other stakeholders. TSS has gathered business processes information from BHSD to: 1) automate as much of the current manual-intensive information entry, manual exchange/delivery processes between BHSD, Courts, service providers, and other parties involved in the CSR process to deliver information to the Court before hearings; and 2) persist disparate collections (Excel, PDF, other file formats) of information into a centralized repository (database) to provide BHSD the capability to perform efficient analysis and to timely deliver information, reports, and analytics to intended recipients.

Finding 7

Insufficient staffing and an increased workload of BHSD in FDR has negatively impacted staff morale and led to longer wait times for clients who are incarcerated to enter treatment programs.

Response to Finding 7

The County agrees with the finding, although the County has budgeted for more positions than are currently filled, we have faced persistent challenges filling vacancies due to the overall shortage of

qualified behavioral health workers and even more limited pools of applicants wanting to work in criminal justice.

Recommendation 7

BHSD should prioritize staffing and resources in Collaborative Court and FDR. This recommendation should be implemented by December 31, 2024.

Response to Recommendation 7

The workload of BHSD staff in FDR has not increased, but the team has been impacted by vacancies. Currently three clinical positions are vacant, and recruitments are under way. The County has consistently prioritized the need to fill clinical positions, especially those who support our justice-involved clients. Even when the County implemented a hiring freeze to manage a \$250 million budget deficit, clinical social worker positions were categorically exempt from the freeze. The County anticipates filling these three positions by December 31, 2024.

Finding 8

Innovative programs such as PARR successfully reduce time incarcerated for their clients.

Response to Finding 8

The County agrees with the finding. In June 2023, data scientists at UC Berkeley's California Policy Lab (CPL) published a policy brief detailing their findings from a study of Santa Clara County's PARR program. CPL reported two key findings¹:

1. Arrested individuals who received PARR services were detained in jail, on average, for 23 fewer days relative to comparable people who did not receive PARR services (6 total days vs. 29 total days). This reduction reflects both reductions in pretrial detention, as well as potential reductions in the probability and length of incarceration imposed at sentencing.
2. PARR participants were more than twice as likely to have their cases dismissed altogether, thereby avoiding a criminal conviction. Specifically, receiving PARR services reduced the probability that an individual was convicted by about 75% relative to comparable people whom PARR did not serve.

Recommendation 8

The County should prioritize the current PARR program and the proposed expansion of this program for people with behavioral health disorders ensuring an earlier possible referral to Collaborative Court. This recommendation should be implemented by December 31, 2024.

Response to Recommendation 8

The recommendation requires more analysis. There is currently a plan for a pilot program entitled, "Mental Health PARR Arraignment Court," targeted to begin in August 2024. The pilot program will initially serve 10 dockets a week. Persons selected for the pilot program will be newly arrested, in-custody, and suffer from one or more mental health conditions. The goals of the program are:

¹ California Policy Lab, Policy Brief, June 2023, *Providing Early Legal Counsel Reduces Jail Time and Improves Case Outcomes*, Brett Fischer, Johanna Laco, Steven Raphael.

- At the outset of the criminal case, provide early interdisciplinary intervention for persons that suffer from mental illness;
- Reduce incarceration for people who suffer from mental illness;
- Provide “wrap around” services earlier in the court process with a focus on stabilization, medication compliance, and public safety;
- Refer persons with behavioral health disorders to Collaborative Courts at the earliest possible time;
- Safely return incarcerated mental health clients to the community with improved lives and prospects for community engagement.

Finding 9

Custody Health’s current procedure for mental health screening and assessment allows too many incarcerated people with non-acute behavioral health disorders to go undiagnosed and untreated.

Response to Finding 9

The County partially agrees with this finding. The County’s current procedure for mental health screening during the intake process includes automatic flags and notifications to Nursing to refer any patient with a documented history of self-harm behaviors in their chart, reviewing medication histories, and referrals made by the arresting agency or Sheriff’s Office Custody Bureau staff for any patient observed with concerning presentations. However, the Nursing screening questions do rely on patients to self-report for suicide risk, symptoms of potential psychosis, history of psychotropic medication treatment, and any history or mental health or emotional issues. Patients can sometimes be hesitant to provide the foregoing information.

Patients with certain criminal charges who are known to have an increased risk of suicide or self-harm are automatically referred for a mental health assessment and are placed on 15-minute checks until they can be assessed by a mental health clinician. Moreover, after the initial intake process, anyone can refer a patient for mental health services, including but not limited to the patient, their families, their counsel, other incarcerated individuals, patient advocates, and Custody Health and Custody Bureau staff.

Recommendation 9a

Custody Health should review its procedures for behavioral health disorder screening of newly booked clients to determine why so many are passing through without getting flagged. This recommendation should be implemented by December 31, 2024.

Response to Recommendation 9a

The recommendation requires further analysis. The current mental health screening process was developed in collaboration with, and approved by, the County’s mental health monitors in the Chavez case. As such, any changes to the intake screening process would require their input. However, to ensure the County is addressing any potential gaps in the process, as a first step, Custody Health will pull data on how many patients Mental Health is assessing at Intake to determine whether changes to the process are required. Although a high number of patients are likely referred and offered services, not all patients are interested in additional support. Additionally, there are a number of barriers to providing mental health services in a carceral setting that the County continues to work towards addressing, including staffing shortages,

interview/treatment space limitations, and security guidelines (lockdowns, classifications, etc.). Custody Health leadership will review this data by December 12, 2024 and then design a strategy for next steps.

Recommendation 9b

Once the County determines the issues related to flagging clients the County should fix the screening process. This recommendation should be implemented by March 31, 2025.

Response to Recommendation 9b

The recommendation requires further analysis. Custody Health will document its end-to-end workflow procedures for behavioral health disorder screening of newly booked clients to identify existing gaps and make suggestions for improvement to be reviewed by Custody Health leadership by December 12, 2024. An effective re-engineering process will take additional time to develop, and then require updating of existing documentation and staff training to fully implement. Moreover, as noted above, any changes to the County's screening process would require input from the mental health monitors and it is unlikely the above work would be completed by March 31, 2025.

Finding 10

Custody Health does not consistently check clients' court schedules, leading to scheduling conflicts of court dates and medical appointments.

Response to Finding 10

The County agrees with the finding.

Recommendation 10

Custody Health should consult the Court calendar using a system such as the Inmate Finder website to view court dates to ensure they do not schedule a client's medical appointments at the same time as their court date. This recommendation should be implemented by September 30, 2024.

Response to Recommendation 10

The recommendation requires further analysis. Custody Health is currently exploring the use of a space scheduling tool across all the adult facilities with the goal of maximizing availabilities and increasing efficiency in scheduled services for all patients. Custody Health leadership will evaluate the viability of this tool by December 12, 2024.