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| **COMMUNITY CORRECTIONS PARTNERSHIP SUB-COMMITTEE REPORT**http://msutoday.msu.edu/_/img/assets/2017/roadtripnowords-1.jpg |  |
| **Sub-Committee Name**Mental Health**Facilitator(s)****Carol Burton, Sophia Lai****Dates of Meetings**9/7/18, 10/29/18, 1/15/19, 1/18/19**# of Unduplicated Attendees**43 **Organizations represented at sub-committee meetings*** Alameda Alliance for Health
* Alameda County Behavioral Health (Quality Improvement, Adult Forensic Behavioral Health, Adult System of Care, Director, Substance Use Disorder, Medical Director)
* Alameda County Collaborative Courts
* Alameda County Health Care Services Agency
* Alameda county Probation Department
* Alameda County Public Defender
* Alameda County Sheriff’s Office, Youth & Family Services Bureau
* Alameda County Supervisor Keith Carson’s Office
* Asian Prisoner Support Committee
* Bay Area Community Services
* Bay Area Legal Aid
* Building Opportunities for Self Sufficiency
* Cherry Hill Detox
* City of Oakland, Oakland Unite
* East Bay Community Recovery Project
* La Familia Counseling Services
* Roots Community Health Center
* Second Chance
* Tri-Cities Community Development Center

**Recommended Performance Measures*** # and % of individuals entering Alameda County Jail who receive a comprehensive mental health screening
* # and % of incarcerated individuals identified by jail/prison mental health staff as needing case management programs who are connected to ongoing treatment in the community
* # and % of incarcerated individuals who ACBH knows need mental health services are connected to programs upon release
* # and % of individuals released from incarceration who are Medi-Cal beneficiaries (receive Medi-Cal coverage) by 60 days post-release
* # of clients the mild to moderate mental health system is able to serve (including for managed care plans)
* # of SMI reentry clients served compared to previous years
* # of trainings and # of providers who attend trainings on reentry mental health needs
* # of trainings and # of law enforcement officers who attend trainings for crisis intervention and trauma-informed care
* # of alternatives / # of clients who are served by alternatives
* # of clients with mental health needs seen by social worker unit during pre-trial assessment
* # of additional participants in Behavioral Health Court program
* # and % of county procurement where cultural responsiveness is at least 10% of the scoring rubric

**Recommended Strategies**Establish comprehensive mental health screening at jail intake* Have health staff at Alameda County Jail conduct a comprehensive mental health screening for all individuals who enter Alameda County jails

Provide discharge planning for all individuals with known mental health needs in Alameda County jails* Ensure all incarcerated individuals identified by jail/prison mental health staff as needing case management programs are connected to these programs immediately upon release (at local, state, federal levels)
* Ensure all incarcerated individuals who need medication to address mental health concerns are connected to the medication immediately upon release
* Ensure all incarcerated individuals seen for mental health services by jail/prison mental health staff are connected to transportation/discharge options upon release
* Ensure all incarcerated individuals who ACBH knows need mental health services (based on prior utilization/diagnosis) are connected to programs immediately upon release
* Ensure all incarcerated individuals who ACBH knows need mental health services are connected to transportation/discharge options upon release
* Connect all clients to Medi-Cal upon discharge

Strengthen a continuum of care for mild/moderate to moderate/severe mental health needs for the reentry population* Improve communication between providers when transitioning reentry clients between moderate to severe and mild to moderate mental health providers
* Strengthen capacity to connect reentry clients with mild to moderate mental health providers
* Strengthen capacity to meet treatment and case management needs of reentry clients with serious mental illness
* Increase skills of “mainstream” (not reentry focused) mental health programs to address the specific needs of reentry clients
* Build flexibility into programs to serve the entire reentry population with mental health needs
* Facilitate ongoing data sharing of law enforcement status to reentry mental health providers to support treatment
* Facilitate ongoing sharing of consented mental health information to law enforcement providers to support treatment

Increase training and hiring of reentry peer specialists in mental health programs* Establish/expand training and support for reentry peer specialists, including clinical skills
* Incorporate reentry peer specialists into every reentry mental health program, including mild to moderate

Increase diversion alternatives to the criminal justice system for reentry population with mental health needs* Ensure all frontline law enforcement staff are trained in crisis intervention and trauma-informed care
* Ensure all frontline law enforcement staff receive behavioral health staff support to increase diversion
* Create/expand respite alternatives to jail for reentry clients with mental health needs
* Ensure pre-trial assessment includes mental health to appropriately assign clients
* Provide an advocate for clients with mental health needs during the pre-trial assessment and at sentencing (i.e. Public Defender’s Social Worker unit)
* Expand Behavioral Health Court program to increase the number of participants

Incorporate more evidence-based and culturally responsive practices to improve services to reentry individuals with mental health needs* Ensure language access for clients in reentry mental health programs for threshold languages
* Prioritize cultural responsiveness in selection of reentry mental health providers
* Require evidence-based and/or culturally responsive practices for reentry mental health programs, including trauma-informed care
* Pilot/test and expand successful culturally responsive reentry mental health programs, developing new evidence based practices
* Prioritize hiring of culturally responsive staff in reentry mental health programs
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