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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 | |