

BHAB – Justice System Nexus with Current Behavioral Health Issues

Through a Racial Equity Lens Subcommittee

End of Year Report 12-2-2024

Goal: Considering SB 43 and Proposition 1, focus on the Sequential Intercept Model (SIM) Intercept 0 thru Intercept 1 and alignment with alternatives to incarceration (ATI) efforts while addressing racial equity.

This sub-committee, chaired by Robin Sales, BHAB Chair, met monthly from April through November 2024 and had an average attendance of 20 people, including BHS Staff including liaisons Dr. Michael Krelstein, BHS Medical Director and Sayone Thihalolipavan, Justice-Involved Health Officer, Medical Care Services, BHAB members Judith Yates and Stuart Gaiber community members, community based organizations, representatives of the ATI Task Force and the Public Safety Group in charge of implementing ATI, the Assistant Sheriff of Detention Services, and families impacted by the incarceration of their loved one with serious behavioral health issues.

Over the course of this year, we tried to address concerns related to the incarceration of individuals who could have been better served by involvement in an array of outpatient and residential community-based services. We were and are concerned about how the implementation of SB 43 on 1/1/2025 and the likely incarceration of those who resist placement on a 5150, will increase negative outcomes in jail.

With monthly presentations and discussion, we learned what BHS and ATI are trying to accomplish with current services, however we were mostly unable to garner the cooperation of the San Diego Sheriff's Office (SDSO) in relation to data that would help this group understand what behavioral health services are provided to arrestees and incarcerated persons. Knowing that Black persons have a higher incidence of arrests in relation to their % in the population, we are concerned about the assessment and treatment they receive once incarcerated. The majority of incarcerated persons in San Diego are Latino men.

We are grateful for the excellent discussions by both those with lived expertise, institutional knowledge, and representatives of community organizations. We believe that by offering a venue for this discourse, we are closer to understanding what BHAB can recommend to BHS in terms of pre-incarceration behavioral health services. The impact of BHSA implementation on prevention programs is still unknown. This Sub-committee maintains a laser focus on the understanding of Justice involved systems and is recommending with this report that BHAB do its due diligence by continuing to review current programming and their efficacy. We would like to encourage more community-based, culturally relevant services to address these needs.

Most of all, in focusing on the 0-1 Sequential Intercept Model (see below), we are engaging in strengthening the BHS Continuum of Care.

The following are some of the themes/presentations covered in our meetings:

- Supporting Pre-Release Medi-Cal Enrollment, BH Links, and 90 Day Pre-Release Services for Justice-Involved Individuals, Sayone Thihalolipavan, Justice-Involved Health Officer, Medical Care Services
- Discussion: Justice-Involved Programs including Forensic Assertive Community Treatment- Nilanie Ramos, Assistant Medical Services Administrator, Healthcare Oversight, Behavioral Health Services (BHS)
- Discussion and Crisis Response at Intercept 0 – Mobile Crisis Response Team (MCRT) & Psychiatric Emergency Response Teams (PERT), Meghan Patrick-Thompson (Exodus MCRT), Bree Lane, (Telecare MCRT), Mark Marvin, (PERT), Alisha Efketari and Piedad Garcia, BHS
- ATI Updates-Public Safety Group-Andrea Dauber-Griffin
- Op-Ed Discussion: Reconsidering calling 911: It is time to set a new standard for mental health crisis response? *-Robin Sales
- Discussion: Exploring Community- Based Solutions to Incarceration for Persons with Mental Health Conditions and/or substance use disorders-Danielle Fettes and Cristal Lira, UCSD
- Centering Lived Expertise: How to Meaningfully Elevate the Voices of People Directly Impacted by the Criminal Justice and Behavioral Health Systems-Robin Sales and community members
- Senate Bill 43 Implementation Concerns-Sharing takeaways from SB 43 Collaborative meetings-Robin Sales

Below are questions generated by committee and community members to stimulate discussion:

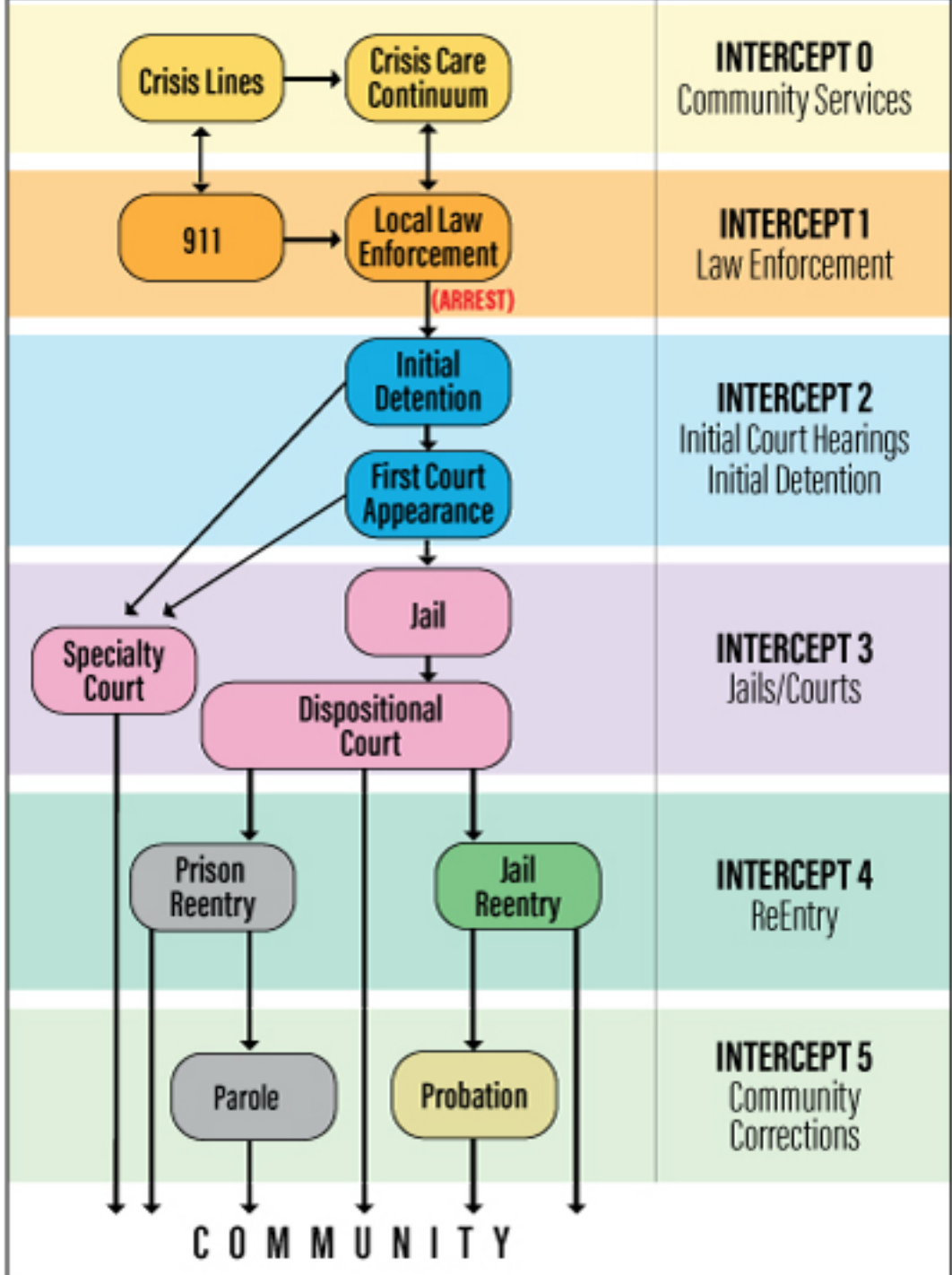
1. Reflect on an ideal vision for mental healthcare during an emergency. What would it look like and how would it feel?
 - a. This prompt is extracted from the article and may serve as a solid starting point for the discussion.
2. Connect key takeaways from the article to the [Sequential Intercept Model \(SIM\)](#) to identify gaps at Intercept 1 (Law Enforcement). Discuss any local behavioral health services to support diversion. *
 - a. The Nexus subcommittee overview/purpose highlights SIM as a key focus. I see opportunity here to apply the model to the article's argument.
3. As a subcommittee, discuss recommendations for existing crisis response models in the County.

- a. E.g. What should 911 dispatcher trainings look like? How can police officers, crisis services, and hospitals reduce frequent utilizers of 911 and ED services through specialized responses?

QUESTIONS RE: MCRT AND PERT

1. How many teams are there countywide?
2. What are their home locations?
3. What are the staffing requirements for each team re: positions on duty (clinician, law enforcement, case manager, peer support specialist), and hours of the day and week?
4. What percentage of teams meet hour and day requirements each month?
5. What percentage of teams meet all staffing requirements each month?
6. What is the response time standard for a call?
7. What are the high, low, and average response times for all calls?
8. Are there regions or teams which have notably higher or lower response times?
9. What are the factors affecting not meeting the response time standard?
10. What are the numbers and percentages of housing status for the client (e.g., living independently, with family, homeless, board & care, other)?
11. What are the numbers of services provided on site (e.g., refused service, could not locate, etc.)?
12. What number and percentage of calls have a weapon at the site?
13. What are the numbers and percentages for outcomes of each call (e.g., Crisis Stabilization Unit, Outpatient treatment, Urgent Outpatient, Assertive Community Treatment, Fee For Service Outpatient, Case Management, Crisis Residential, Other Residential (e.g., friend or other family member), Shelter/Respite Care, Emergency Department, 5150, jail, Other)?
14. What number and percentage receive a follow up call? What are the results of the follow up calls?
15. What happens if law enforcement wants jail and the clinician wants a 5150 referral, or if there is any other disagreement?
16. What number and percentage of PERT calls do not have a clinician respond?

C O M M U N I T Y



From the San Diego County website: Intercept 0 (Community Services): Involves interventions for people with mental health and/or substance use disorders prior to formal involvement with the criminal justice system. Examples of services at this intercept include Mobile Crisis Response Teams, use of crisis lines such as the Access and Crisis Line or 211, and other services that reduce reliance on emergency response and law enforcement.