

Criminal Justice Council Report 2023

SANTA CRUZ COUNTY COURT
AND JAIL SYSTEM REVIEW
AND ANALYSIS: ADDRESSING
BEHAVIORAL HEALTH CASES



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Source: Lookout Santa Cruz, May 2023

“The court provides a venue for delivering justice and an opportunity for our county behavioral health to identify individuals who need proper care. To the extent that individuals can be assessed, and proper treatment can be recommended (and is available) that frees up space in the jail for housing those individuals that need to be incarcerated for public safety’s sake.”

COURT REPRESENTATIVE



Source: Santa Cruz County Sheriff's Office

INTRODUCTION

As in most communities, the court and jail systems are often at the frontlines handling cases with a behavioral health (BH) component. These systems were not set up as mental health supports yet have adapted out of necessity to find solutions to the increasing number of these types of cases. The court and jail systems work in collaboration with County Behavioral Health (County BH), the Probation Department, and the District Attorney and Public Defender's Offices, always with public safety at the forefront and sometimes with conflicting agendas, to address these cases.

This report provides important perspectives directly from key system partners: Findings from key informant interviews of system partner leadership and surveys of key staff within each system highlight their views on the role of their system or department in relation to cases with a BH component, what they do well, their challenges and limitations, and how they can better work together with other partners. Additionally, the report shares available data from system partners on key initiatives, responses and services for this challenging-to-serve population. This is the first known comparative perspective and data snapshot on the court and jail response to cases with a BH component in our region and is meant to provide a baseline of understanding for the community on how the systems respond and work together. As with any baseline examination, this provides a broad overview but also introduces the need, and potential starting points, for continued work on this issue. Additional analysis on how other entities address and interact with this same population – such as available treatment and medical services – should be explored moving forward.

KEY TAKEAWAYS

The results of primary data collection revealed more similarities than differences between the perspectives of partner agencies in terms of commitment, challenges, and potential solutions. The following themes emerged after soliciting input from each of the system partners:

- Generally, all system partners approach cases with a BH component with compassion, care and a belief that incarceration is not the most effective response in most cases.
- Each partner has a different role or mandate, and although tensions can arise when these roles/mandates conflict, generally partners expressed understanding and consideration for each other and the complexity of this work.
- All system partners spoke of the benefits of working together and collaborating, and they also expressed a desire to find more ways to increase and strengthen their communication and case coordination.
- To avoid duplication of services, work more efficiently and effectively, and expedite case decision-making, there is a need for more integrated case management systems and improved data sharing across systems and partners.
- There are not enough resources to meet the MH needs of those served by system partners, both while in custody and out of custody. Specifically, there is a gap in services and support for those who do not meet the criteria for specialty mental health, i.e., lower-level mental health needs.
- The physical structure of the jail is not conducive to best housing, treating or healing individuals dealing with BH needs. Alternative facilities specializing in crisis stabilization and facilities that can handle cases requiring higher security are needed.
- Despite ongoing collaboration, system partners expressed the continued need to address potential gaps in continuity of care as people move in and out of the different systems.
- Additional funding is needed to both sustain existing successful efforts and develop new programs or initiatives to support cases with a BH component.

METHODOLOGY

SECONDARY DATA COLLECTION

In February 2023, initial meetings were held with the court to better understand the overall system as it related to cases with a BH component. Discussions with county agencies/offices, the court, and jail took place to identify available and relevant data. Data review and analysis included data on policies, practices, and programs. Although agencies made every effort to provide data for this report, the process highlighted the need for better and more consistent data collection. This report shares what data was available.

PRIMARY DATA COLLECTION

In September and October 2023, Applied Survey Research (ASR) worked with the Criminal Justice Council (CJC) to develop a survey for each of the six main criminal justice partners to complete. ASR administered online surveys, utilizing Survey Monkey, to selected individuals in each agency who had a unique perspective related to working with cases with a BH component. Survey responses were anonymous, but participants did identify which system partner they represented. The purpose of the survey was to learn more about how their agency interacted with cases with a BH component, how they worked together with the other partner agencies, and their perspective on what is needed to better work together.

In October 2023, key informant interviews (KIIs) were conducted with one member of agency leadership for each system partner and one Superior Court Judge, covering similar questions as the survey. Below is a breakdown of participation by system partner:

PARTNER	NUMBER OF PARTICIPANTS	
Superior Court (Court)	Survey: 4	KII: 2
Jail	Survey: 5	KII: 1
County Behavioral Health (County BH)	Survey: 5	KII: 1
Probation Department	Survey: 5	KII: 1
Public Defender's Office (PDO)	Survey: 1	KII: 1
District Attorney's Office (DAO)	Survey: 1	KII: 1
Total	21	7

Note: Careful consideration is needed when interpreting aggregated responses due to unequal representation from two partner agencies.

In this report, some question responses have been aggregated. In addition, there is a summary section for each system partner that includes themes from both the KII and the survey responses.

DECISIONS OR LEGISLATION IMPACTING THE COURT AND JAIL

Legislative shifts at the state (and national) level can greatly impact local decisions and conditions. Below is an overview of some of the more recent and impactful state legislative decisions affecting the court and jail in Santa Cruz County.

EMERGENCY ZERO BAIL ORDER

On April 6, 2020, the Judicial Council of California issued a series of public health and safety emergency orders in response to the widespread COVID-19 outbreak — including an emergency bail schedule that became effective April 13th of that year. In response, local court systems required jails to set bail for all misdemeanor and felony offenses at \$0, with several exceptions for crimes such as serious or violent felonies. Unlike many COVID-19 emergency orders, the Judicial Council Emergency Bail Order was quickly repealed statewide, effective June 20, 2020. Along with many counties across the state, Santa Cruz County Superior Court maintained the practice for the County for more than two years, until August 2022.

HUMPHREY'S CALIFORNIA SUPREME COURT DECISION

In 2021, the California Supreme Court ruled on a challenge regarding the bail system. The appeal stated that nobody should lose their freedom simply because they cannot afford to post bail. The Supreme Court sided with the appeal and made the following decisions that impact releases across the state and in Santa Cruz County:

- It is unconstitutional to subject a defendant's pretrial release "solely" to if they can afford to pay bail if other conditions of release like electronic monitoring are sufficient for the public's safety;
- In criminal cases where a financial condition is relevant, the judge must consider the defendant's ability to pay when setting bail rather than just using the county bail schedule;
- In cases where no amount of conditions could protect the public, the court can detain a defendant without bail, but only after a finding convincing evidence that no other conditions are sufficient.¹

"The Humphrey's decision came out that said that we're supposed to be looking at people's custodial status entirely different. So now all the criminal judges have to do these Humphrey evaluations where custodial incarceration is not the first assumption."

COURT REPRESENTATIVE

¹ Retrieved from <https://www.courts.ca.gov/opinions/archive/S247278.PDF> on October 23, 2023.

FELONY INCOMPETENT TO STAND TRIAL (IST) GROWTH CAP

Senate Bill (SB) 184 (Chapter 47, Statutes of 2022) established a growth cap for all counties for individuals committed as Incompetent to Stand Trial (IST) on felony charges pursuant to Section 1370 of the Penal Code. The growth cap program was deemed by the legislature as an actionable solution to address the increasing number of individuals with serious mental illness who become justice-involved and deemed IST on felony charges by helping to ensure that the expansion of DSH-funded community-based care does not create unintended incentives that result in an increased number of individuals being found IST on felony charges. Welfare and Institutions Code (WIC) Section 4336 establishes a growth cap for each county for felony IST determinations and includes a county re-direction of funds that is aimed at supporting county activities that will divert individuals with serious mental illnesses away from the criminal justice system and lead to the reduction of felony IST determinations.² The goals of IST Growth Cap include:

- Prevent unintended consequence of sizable investments into community-based restoration and diversion.
- Encourage efforts at the county level to prevent the arrest or re-arrest of individuals with serious mental illness.
- Encourage counties to participate in DSH-funded programs, with emphasis on diversion and community-based services.

For more information on Felony IST Growth Cap, please view this [DSH Felony IST Growth Cap Presentation](#).

“Now the state has imposed sanctions on counties who find over a certain number of people IST – but people either are or are not competent to stand trial. If they are incompetent, then they have every right and should be placed in a scenario to regain competency – it’s fundamental fairness.”

**DISTRICT ATTORNEY’S
OFFICE REPRESENTATIVE**

The Department of State Hospitals (DSH) manages the California state hospital system, which provides mental health services to patients admitted into DSH facilities. For more information on the services and programs they provide and upcoming changes to legislation, visit the website for the [CA Department of State Hospitals](#).

CARE COURTS - CARE ACT (STARTING 12/2024)

Senate Bill (SB) 1338 established the Community Assistance, Recovery, and Empowerment (CARE) Act, which provides community-based behavioral health services and supports to Californians living with untreated schizophrenia spectrum or other psychotic disorders through a new civil court process. The CARE Act is intended to serve as an upstream intervention for individuals experiencing severe impairment to prevent avoidable psychiatric hospitalizations, incarcerations, and Lanterman-Petris-Short Mental Health Conservatorships. The CARE Process will provide earlier action, support, and accountability for both CARE clients, and the local governments responsible for providing behavioral health services to these individuals. The CARE Act authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan that may include treatment, housing resources, and other services.³ For more information on the CARE Court, see Non-Criminal Court Proceedings section starting page 13 and Appendix C.

² Retrieved from https://www.dsh.ca.gov/Treatment/Growth_Cap.html on October 23, 2023.

³ Retrieved from <https://www.dhcs.ca.gov/Pages/CARE-ACT.aspx> on November 2, 2023

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The CalAIM initiative provides mandates for County-run programs and incentivizes inter-departmental collaboration.

The County has developed an internal governance structure to support internal and external collaboration and coordination. Recently, the County has worked to meet the following CalAIM mandates: Behavioral Health No Wrong Door initiative, Behavioral Health Payment Reform, Medi-Cal screening and enrollment in correctional settings, and data sharing infrastructure to support care coordination across systems. Though implementation has been complex and dynamic, this initiative provides an opportunity to redefine systems to better support community members. The County will continue to leverage CalAIM as a catalyst for developing a stronger system of care for the community.⁴

LOCAL EFFORTS

Below are several local initiatives (programs and/or reports) that relate to how the court and jail work in relation to cases with a BH component. This list is not exhaustive.

2023 SANTA CRUZ COUNTY CIVIL GRAND JURY JAIL AND BEHAVIORAL HEALTH REPORTS

Each year, the Santa Cruz County Civil Grand Jury tours the detention facilities in the county. For 2023, the poor status of the Main Jail and the ongoing crisis in Correctional Officer staffing became the focus of their report entitled, “Envisioning the Future of our Jails: We Continue to ‘Kick the Can’”. Their recommendations included:

- **Increasing funding for the Sheriff’s Office to address staffing issues**
- **Increasing funding for anti-recidivism programs**
- **Considering funding for a new Main Jail only after recidivism programs have been properly funded and run for enough time to impact the size of the inmate population (then evaluate the needs of the [expected] smaller inmate population).**

In 2023, the Grand Jury also investigated the Santa Cruz County Behavioral Health Division (BHD) of the Health Services Agency to ascertain how well they were handling the additional demands on their services caused by the COVID-19 Pandemic. In their report, “Diagnosing the Crisis in Behavioral Health: Underfunded, Understaffed and Overworked,” it shared findings that County BH is seriously understaffed including management, clinicians and support staff. It also identified an inadequate crisis stabilization capacity, lack of step-down capability, and insufficient outreach to the Latino/a community.

To view the full reports, visit [SCC Civil Grand Jury Jail Report](#) and [SCC Civil Grand Jury Behavioral Health Report](#)

⁴ County of Santa Cruz Board of Supervisors, Agenda Item Submittal, May 16, 2023.

STEPPING UP INITIATIVE

Santa Cruz County is a member of the Stepping Up Initiative that supports local jurisdictions in establishing and reaching measurable goals that demonstrate reduced prevalence of serious BH issues across the justice system. The Stepping Up Initiative was launched in 2015 as a partnership between The Council of State Governments Justice Center, the National Association of Counties, and the American Psychiatric Association Foundation and provides 573 counties across the country with resources and tools to effect comprehensive, cross-systems change that can address the prevalence of BH issues and co-occurring substance use disorders in local justice systems. Hundreds of counties joined this national movement, zeroing in on jail-based metrics that reflect the impact of their community's efforts. The Initiative seeks to bolster cross-systems collaboration and build out community-based services and supports to reduce incarceration and reincarceration, respond effectively to people in crisis, and ultimately prevent contact with the justice system in the first place.⁵

For more information on the Stepping Up Initiative visit: [Stepping Up Initiative](#).

SEQUENTIAL INTERCEPT MODEL

In 2019 and again in 2022, Santa Cruz County participated in a collaborative exercise to develop the county's Sequential Intercept Model (SIM) that has the goal of helping communities understand and improve the interactions between criminal justice systems and people with BH issues and substance use disorders.

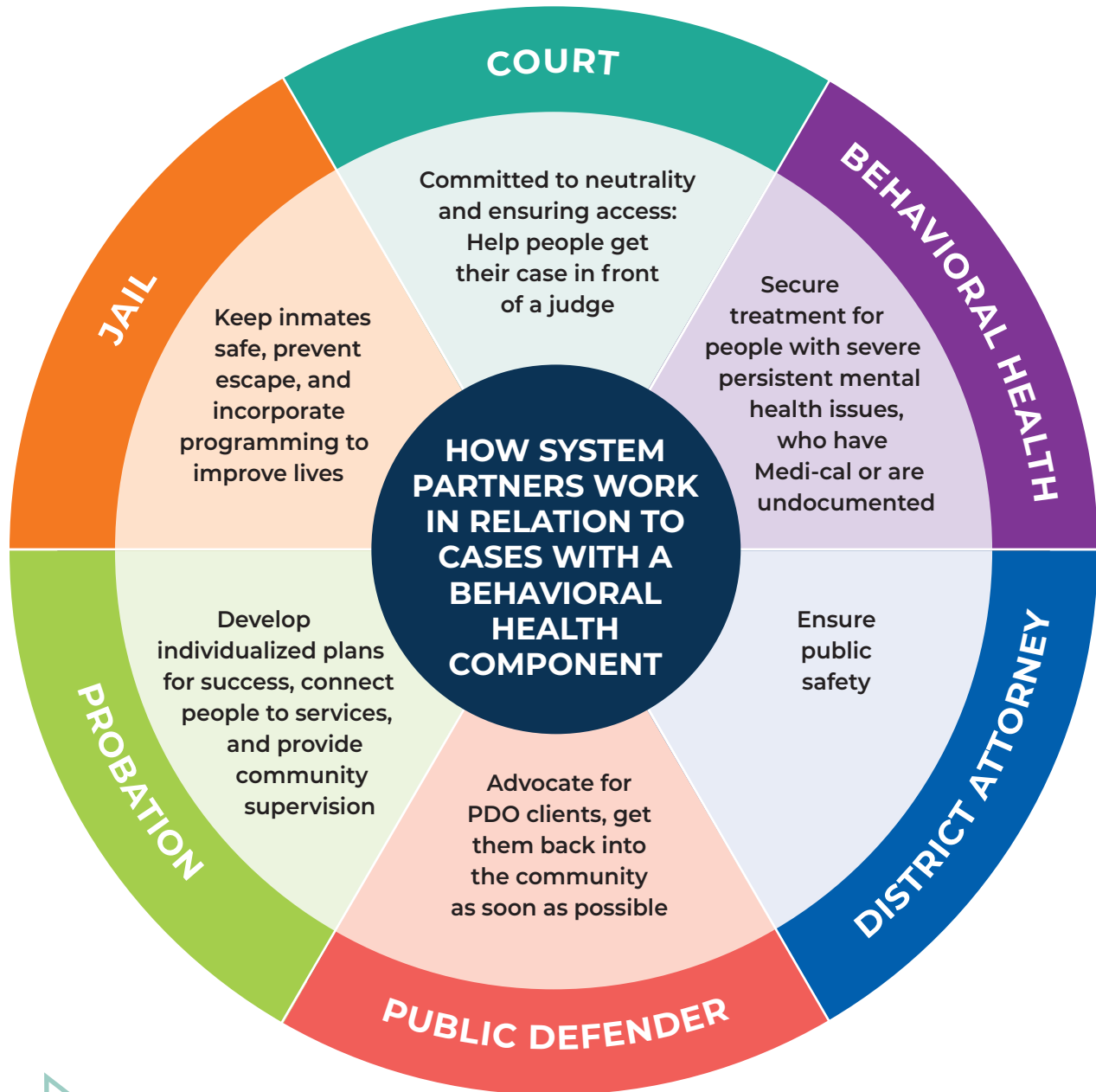
The SIM has three main objectives:

- **Develop a comprehensive picture/map of how people with BH and co-occurring disorders flow through the Santa Cruz County criminal justice system**
- **Identify gaps, resources, and opportunities at each intercept**
- **Develop priorities to improve system and service level responses**

For more information on the SIM for Santa Cruz County, see Appendix A or click here to see the map: [Santa Cruz County SIM Map Draft 2022](#).

⁵ Retrieved from <https://stepuptogether.org/#/> on October 23, 2023.

SYSTEM OVERVIEW



“Really important to honor and lift up each other’s roles and understand that our values are aligned, but that doesn’t mean our processes and the way we do business is going to always be compatible.”

**PUBLIC DEFENDER’S
OFFICE REPRESENTATIVE**

“We’re absolutely interconnected. We also really respect that we all have different roles and responsibilities and that means that we can’t always be on the same page even though I feel like we all are very clearly trying to proactively be supportive of people in our community.”

COURT REPRESENTATIVE

“Collaboration within agencies is crucial for the client’s success. Clients benefit when all parties have the same goal and the client is invested in their own success.”

**PROBATION DEPARTMENT
REPRESENTATIVE**

COURT SYSTEM SUMMARY

WHAT IS YOUR ROLE IN RELATION TO CASES WITH A BEHAVIORAL HEALTH COMPONENT?

- Neutral venue for resolving disputes when criminal conduct is alleged against individuals with BH needs
- Neutral venue for civil probate where cases are filed in some kind of conservatorship (individual not able to care for themselves)
- Self-Help Center or Law Library: Available to everyone, including those with BH needs. Work to best assist and provide access to proper legal resources
- When a BH component is identified, Court Clinician may be requested to conduct a screening
- Oversee Collaborative Courts program (see page 10 for more information)
- Judges on call nights/weekends

WHAT DO YOU DO WELL?

- Process/file paperwork and calendar matters in a timely manner (resolve cases quickly when parties agree)
- Recognizing that clients need trauma informed approach; utilizing case plans and connections to services
- Working with partners: Asking for partner input, bringing in experts, creative problem solving, expanding support and coordination
- Dealing with complexity: Balancing needs of victims and accused
- Responsive to new mandates
- Judges/court staff: kind, knowledgeable and treat people with respect

WHAT ARE YOUR CHALLENGES/LIMITATIONS?

- A court can only rule on cases brought by DA; if DA doesn't file, the court doesn't see a case
- Court limited to what legislation requires, enforcement tools available, and available treatment options
- Differences between what is best for the court case and what is best for the person: Courts have to balance being driven by case law and what the person needs
- Legislation always changing
- Defendants complying with requirements (e.g. not showing up for scheduled hearings); not wanting services
- Limited community resource capacity (housing, employment, SLEs, family support, medical support)
- Delays: assessments, access to treatment beds, continuances
- Data sharing: Don't always have the full picture to make the best determination
- Need client voice but client may not be well or sober during screening/assessment
- Court not a service provider: Rely on partner agencies to advise about diagnosis, treatment, support and placement
- Clients with dual-diagnosis
- Balancing keeping community safe, keeping person safe, keeping victims safe
- Communicating to victims/victims families about court decisions/release
- In Civil/Family court: No support services available (only available to criminal cases)
- Staffing shortages among other partners

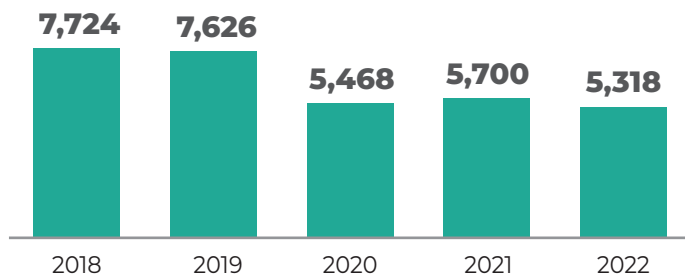
“Judicial intervention and accountability is a powerful tool. And we do find that people do well, with that type of structure and accountability.”

COURT REPRESENTATIVE

CRIMINAL COURT PROCEEDINGS

The data below show the total number of criminal filings for felony and misdemeanor cases in Santa Cruz County from 2018-2022. All court filings have decreased over the last 15-20 years (statewide and in Santa Cruz County), with factors contributing to the downward trend in criminal filings to include: changes in enforcement, and operational shifts related to the COVID-19 pandemic.

Total Number of Criminal Filings



Source: Santa Cruz County Superior Court

MENTAL HEALTH DIVERSION

Mental Health Diversion: Assembly Bill No. 1810 was adopted by the State of California in June of 2018 and became effective January 1, 2019. This bill amended the Penal Code to include Section 1001.36 to establish discretionary diversion of qualified persons who have committed a crime because of a mental disorder. More and more individuals have been granted diversion as judges and attorneys have established better practices around its use and applicability. The data below reflects the number of cases for which mental health diversion has been granted. The court enters a case event in each case where diversion is granted.

Number of Cases in Santa Cruz County Granted Mental Health Diversion

Case Management Event Code	2018	2019	2020	2021	2022
Mental Health Diversion Granted	4	26	49	77	108
Percentage of Total Filings	0.05%	0.34%	0.89%	1.35%	2.03%

Source: Santa Cruz County Superior Court

Court Procedural Process for Mental Health Diversion (MHD) Cases

1. Defense counsel announces intent for MHD or requests Clinician screening to assist with the determination. Counsel/defendant complete MHD Packet for the Pre-Diversion Case Manager (Screening generally takes two weeks).
2. Defense counsel obtains diagnosis and opinions from qualified expert and provides to Pre-Diversion Case Manager to prepare a case plan unless the case plan is prepared by another service provider.
3. Defense counsel files MHD motion and case plan exhibit.
 - District attorney files response to the motion (within ten days).
 - Defense counsel files response (within five days).
4. At a hearing, judge considers motion and response to determine whether to grant diversion. If granted, judge indicates when/where defendant appears for reviews.
5. Review hearings proceed as set by the court.

Successful completion of diversion hearing will be held in the home court. Modifications to the original term of diversion shall be granted only by the home court. Termination hearing for failure to complete diversion shall be held in the home court. Note: Criminal proceedings can be put on hold for up to 1 year (misdemeanors) or up to 2 years (felonies).

Source: Mental Health Diversion Benchguide for Judges and Justice Partners

RESOURCE SUPPORT FOR MENTAL HEALTH DIVERSION CASES

Collaborative Court staff (outlined below) may support Mental Health Diversion cases. To get this support, defendants must complete the Mental Health Diversion Packet. A fillable PDF packet is located on the court's public website.

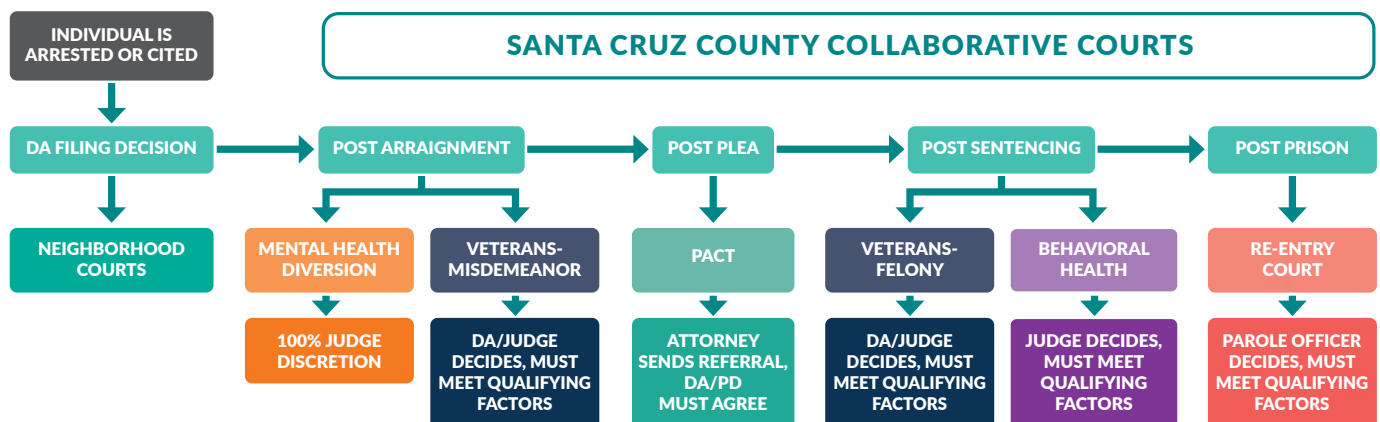
Staff	Employed by:	Job Description
COURT CLINICIAN	County Behavioral Health	Screens in-custody defendants from jail or uses a screening questionnaire for out-of-custody defendants. The screening may include checking Medi-Cal eligibility; screening for mental health severity/level of care based on symptoms and history; identifying connections to County Behavioral Health/MOST Team or other service providers; determining if defendant is receiving in-custody treatment and their response to it; detecting willingness to engage in treatment; assessing post-custody goals; referring to CAFES for treatment funding; and recommending further psychological assessment such as an ACCESS assessment out-of-custody.
PRE-DIVERSION CASE MANAGER	Court	Engages with attorneys/defendants to assist with completing the Mental Health Diversion Packet. Uses the mental health assessment (procured by defense counsel) to create the diversion case plan/treatment plan.
DIVERSION CASE MANAGER (PACT)	Court	Works out of the PACT Court program to provide case management. May provide intensive case management with linkage to services. Monitors adherence to the case plan throughout diversion. Supports defendants and provides progress reports and recommendations to the court.
DIVERSION CASE MANAGER (BHC)	County Behavioral Health	Provides intensive case management to defendants linked to County Behavioral Health/MOST Team who are participating in Behavioral Health Court (BHC). Their services include linking defendants to appropriate residential and outpatient treatment, building stability in the community, and addressing social determinants of health. Provides progress reports to the court and regularly appears in BHC.

Source: Mental Health Diversion Benchguide for Judges and Justice Partners

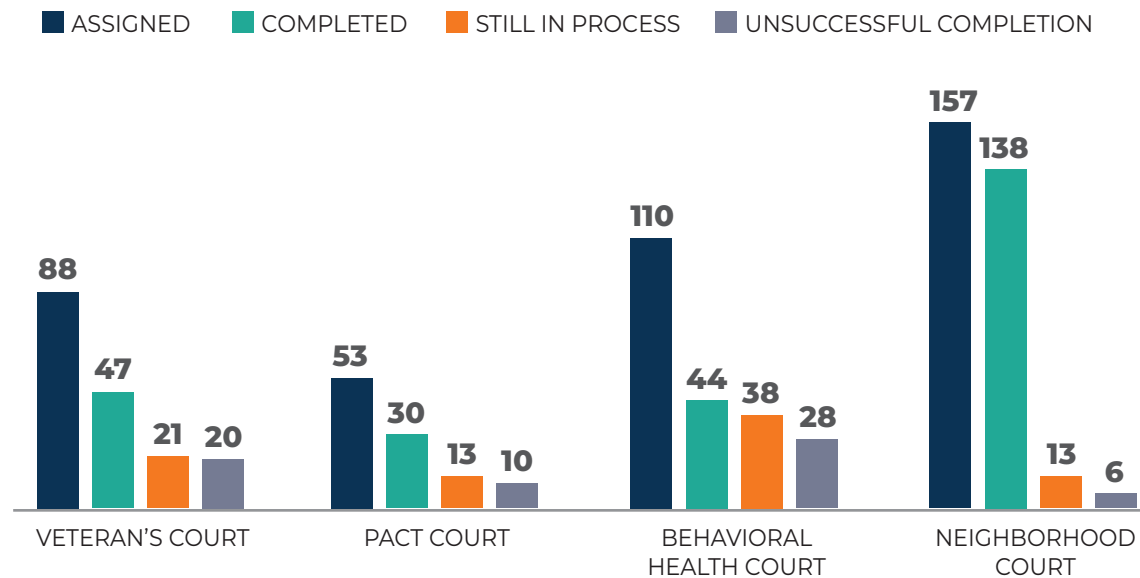
For additional information on Mental Health Diversion, see Appendix B.

DIVERSION TO COLLABORATIVE COURTS

As an additional effort to create long-term and system-wide changes in how adults with BH and substance use needs are treated when they interact with the criminal justice system, post-adjudication diversion opportunities into Collaborative Courts were expanded through the CAFES project (for more information about the CAFES project see page 24).

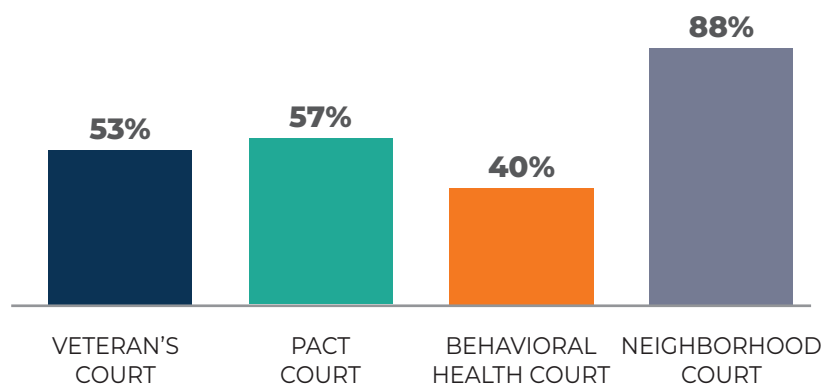


Number of Individuals Assigned Court Diversion and Completion Status (1/2020 - 6/2023), by Type



Source: Santa Cruz County Collaborative Courts

Percentage of Individuals Successfully Completing Court Diversion (1/2020 - 6/2023), by Type



Veteran's Court n=88, PACT Court n=53, BHC n=110, NHC n=157
Source: Santa Cruz County Collaborative Courts

"Behavioral Health Court is probably the most effective and most successful program that we have for dealing with people that have mental health issues."

**DISTRICT ATTORNEY'S
OFFICE REPRESENTATIVE**

For descriptions of and eligibility criteria for Collaborative Courts, see Appendix C.

MENTAL COMPETENCY IN CRIMINAL COURTS

The following data reflects the number of mental health related filings that occurred during the five-year period for individuals involved in the criminal justice system in Santa Cruz County. It is important to understand the way that Penal Code Section 1368/1370 data is tracked has changed over the five-year period, due to new guidance from the California Judicial Council in 2021. Prior to May 2021, the court opened a single mental health case when doubt of an individual's mental competency was declared. A single case was used to report the competency filing data even if the defendant had multiple pending cases. After May 2021, the court entered an event into each of the defendant's pending active cases when doubt was declared, thus increasing the number of filings that you see below.

Number of Mental Health Related Filings in Santa Cruz County

	2018	2019	2020	2021	2022
Doubt Declared (PC1368)	59	82	141	201	206
Defendant Mentally Incompetent (PC1370)	58	82	120	170	201
Commitment after Finding/ Verdict Not Guilty by Reason of Insanity (PC1026)	0	3	0	0	0
Percentage of Total Filings for Doubt Declared (PC1368)	0.76%	1.07%	2.57%	3.52%	3.87%

Source: Santa Cruz County Superior Court

Note: Total Filings 2018 n=7,724; 2019 n=7,626; 2020 n=5,468; 2021 n=5,700; 2022 n=5,318

Note: Doubt must be declared before one can be found mentally incompetent.

Note: Data above represents the number of filings determined IST while data from the jail represents number of people (can be multiple filings per person).

Penal Code 1368

Allows a judge to suspend proceedings if a defendant's mental competency is questioned. Order a competency hearing. If found incompetent must undergo hospital treatment.

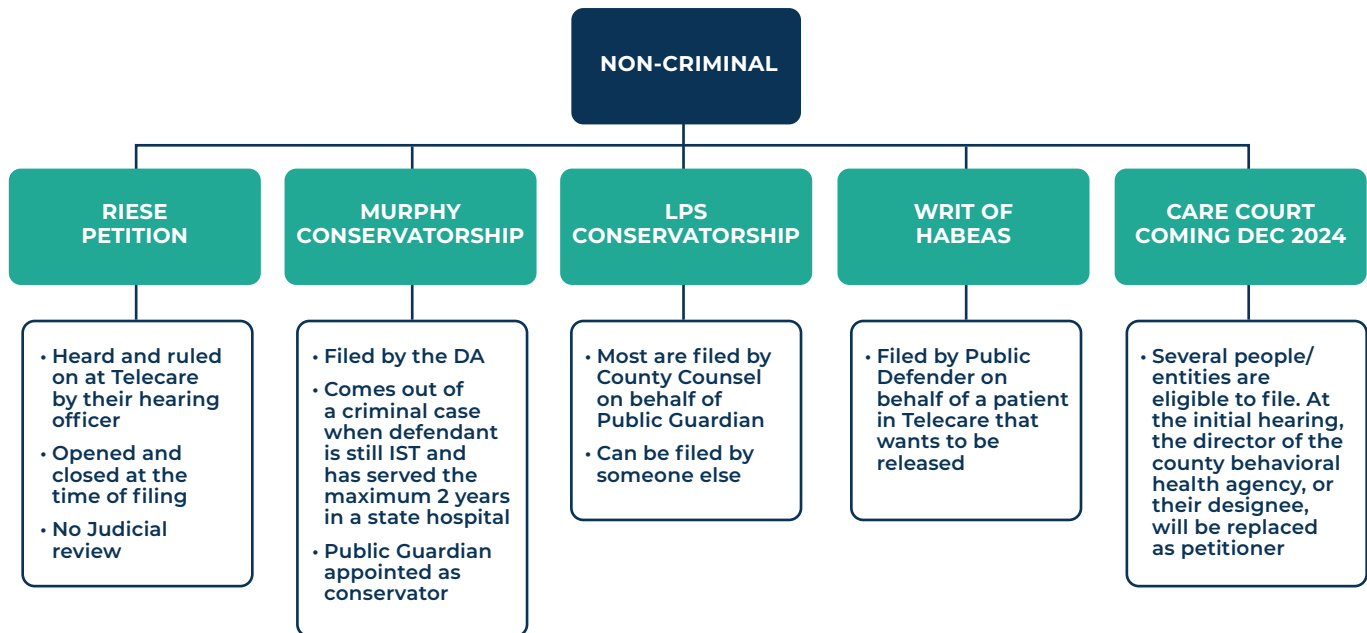
Penal Code 1370

If the defendant is found mentally incompetent, the trial, the hearing on the alleged violation, or the judgment shall be suspended until the person becomes mentally competent.

Penal Code 1026

Sanity and guilt are two different questions and are bifurcated. Not guilty for reason of insanity. State mental hospital until the person regains sanity, serves term of imprisonment, or doctor believes the person would do well in outpatient. These cases are rare.

NON-CRIMINAL COURT PROCEEDINGS



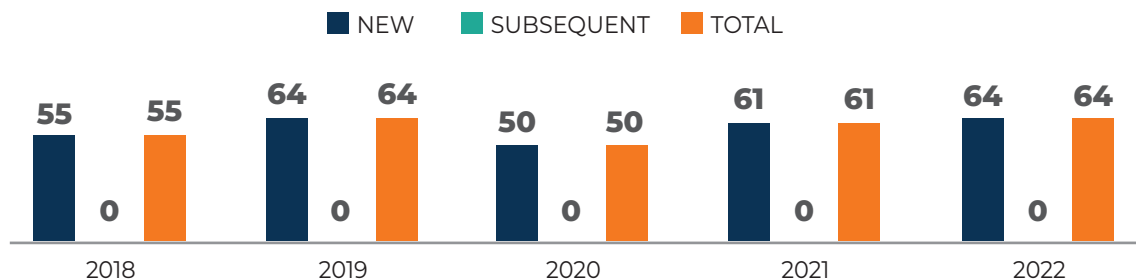
Source: Santa Cruz County Superior Court

The data below shows that most conservatorships are from individuals who have an existing case with the court. A conservatorship is only good for one year and the petitioner must refile a petition for conservatorship. Many of the conservatorship subsequent filings are the same individuals each year.

RIESE PETITIONS

Riese Petitions are hearings for people on a 72-hour through a 30-day hold. The hearings address involuntary medication and emergency medication for people who are not candidates for involuntary psychiatric treatment.

New, Subsequent and Total Filings



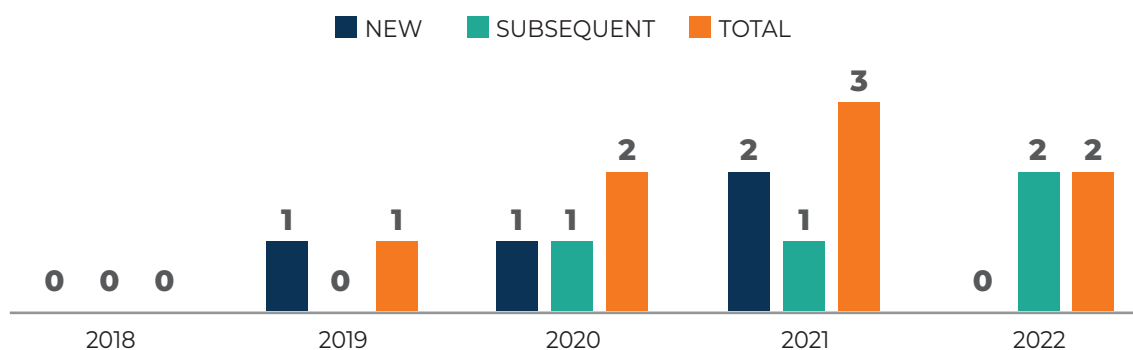
Source: Santa Cruz County Superior Court

Note: "New filings" generated a brand new case number as the person did not have a LPS conservatorship. Some of these filings could be the same individual with multiple cases. You can only file into an existing case number if that case type is a conservatorship. "Subsequent filings" are for a person that had an existing conservatorship case and the filing was placed into that case.

MURPHY CONSERVATORSHIP

A Murphy Conservatorship is for adults with a severe mental disorder who have a pending criminal charge for a violent felony who are found incompetent to stand trial under CPC 1370. If a defendant in a criminal action is found incompetent to stand trial, they are sent to a State Department of State Hospital's facility. Murphy Conservatorships usually last one year, but pursuant to Penal Code 1370(c), if after two years or a period of commitment equal to the maximum term of imprisonment, whichever is shorter, the person has not recovered mental competence they are returned to the committing court. Upon receipt of a mental health status report from the State Hospital, the court sets the Criminal Mental Health case for hearing regarding the inability to restore competency. These proceedings may result in either a Murphy or LPS Conservatorship.

New, Subsequent and Total Filings



Source: Santa Cruz County Superior Court

Note: "New filings" generated a brand new case number as the person did not have a LPS conservatorship. Some of these filings could be the same individual with multiple cases. You can only file into an existing case number if that case type is a conservatorship. "Subsequent filings" are for a person that had an existing conservatorship case and the filing was placed into that case.

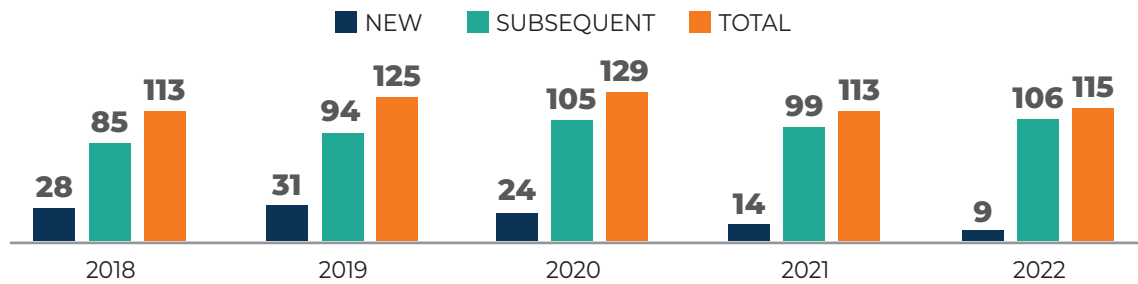
LPS CONSERVATORSHIP

A LPS Conservatorship is for people with a severe mental disorder who as a result are gravely disabled and unable to provide for their personal needs of food, clothing and shelter, and who need treatment in a restrictive facility or environment. An LPS Conservatorship usually lasts one year. Anything beyond a year requires a petition for reappointment brought by a Public Guardian.

Senate Bill 43 expands the definition of "gravely disabled" in the Lanterman-Petris-Short Act (LPS) to include a condition in which a person, as a result of a substance use disorder or co-occurring mental health disorder with severe substance use disorder, is unable to provide for their personal needs. These changes may have their implementation delayed until January 1, 2026 in any county where the Board of Supervisors adopts a resolution deferring their implementation. Currently, Santa Cruz County does not have a start date.⁶

⁶ Santa Cruz County Superior Court

New, Subsequent and Total Filings



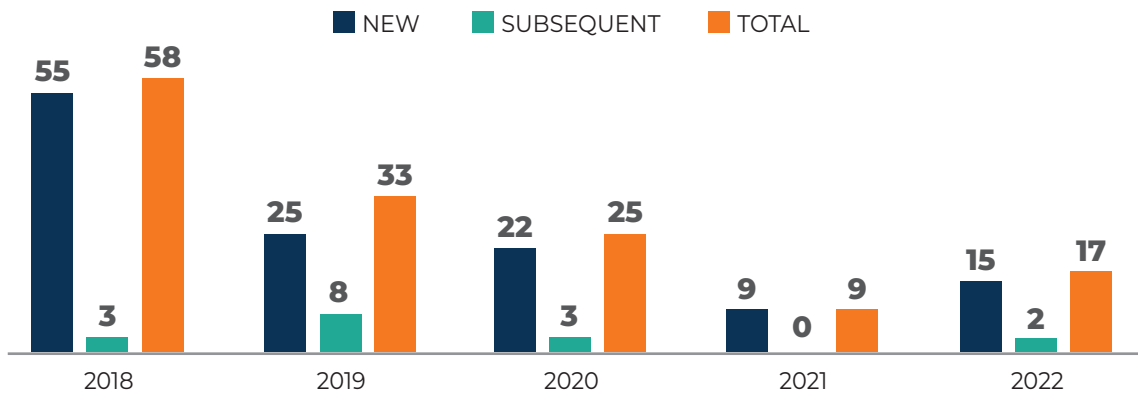
Source: Santa Cruz County Superior Court

Note: "New filings" generated a brand new case number as the person did not have a LPS conservatorship. Some of these filings could be the same individual with multiple cases. You can only file into an existing case number if that case type is a conservatorship. "Subsequent filings" are for a person that had an existing conservatorship case and the filing was placed into that case.

WRITS OF HABEAS

A Writ of Habeas hearing is for people on a hold in a treatment facility who believe they are being illegally confined. The hearings address their request to be released from the facility.

New, Subsequent and Total Filings



Source: Santa Cruz County Superior Court

Note: "New filings" generated a brand new case number as the person did not have a LPS conservatorship. Some of these filings could be the same individual with multiple cases. You can only file into an existing case number if that case type is a conservatorship. "Subsequent filings" are for a person that had an existing conservatorship case and the filing was placed into that case.

CARE COURT

The Community Assistance, Recovery, and Empowerment (CARE) Act authorizes specified adult persons, called "petitioners," to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan that may include treatment, housing support, and other services for persons, called "respondents," with untreated schizophrenia and other psychotic disorders. Implementation of CARE Court is phased. Santa Cruz County is in the second phase of implementation which is slated for late 2024. For more information see the Decisions or Legislation Impacting the Court and Jail section on page 4 and Appendix C.

JAIL SYSTEM SUMMARY

WHAT IS YOUR ROLE IN RELATION TO CASES WITH A BEHAVIORAL HEALTH COMPONENT?

- House those awaiting transfer or trial, or serving sentences, including people with MH needs. Conduct rounds 3 times/week with jail managers and Wellpath (for those on “Administrative Separation”)
- Since July 2023, all housed inmates receive initial MH screening by Wellpath: Extensive assessment within 14 days
- Contract with Wellpath to have MH staff on site 7 days a week, 18 hours a day. Mostly crisis intervention, but also have psychologists available through telehealth
- Host daily meetings (Monday-Sunday), with County MH, Wellpath, and Probation to discuss inmates in crisis
- Ensure medication is administered (for those with forced medication orders)
- Conduct “release to program” meetings for people awaiting residential treatment with MH and SUD needs; at minimum, try to ensure continuity of medication by discharging with a prescription via Wellpath (if needed)
- Discharge planning to prepare for re-entry
- Provide transport to/from Telecare
- If deemed incompetent to stand trial, work with Wellpath to get into EASS program (see below)

WHAT DO YOU DO WELL?

- Staff are patient and empathetic; keep people safe and support MH staff and their interactions with (in-custody) patients.
- Consider MH status when 1) reviewing disciplinary actions and 2) determining appropriate in-facility housing (protect from victimization/group with others to create safe environment and encourage program participation)
- For those with MH needs, look at overall health, cleanliness, and ability to interact with others
- Risk assessments
- EASS Program expedites IST cases
- Committed to stabilizing people: Work to get them to a point where they are willing to receive care

WHAT ARE YOUR CHALLENGES/LIMITATIONS?

- Not enough MH services inside/outside the facility
- Long wait times for DSH/JBCT programs/lack of available LPS treatment facilities
- Jail is the largest treatment facility in the county. Around 40% of our population is on some type of psych medications (fluctuates based on population)
- Limited housing resources post release
- Short staffed: correctional staff on mandatory overtime for 6+ years
- Wellpath staff turnover. Assigned psychologist available via telehealth M-F 8-5, on-call psychologist via telehealth at other times. Correctional Officers handling crises when Wellpath is not there
- Court delays (e.g. keeping people competent, long-term custody awaiting trial)
- High utilizers with severe MH needs, cycling in and out of jail
- Coordination with Telecare PHF and County BH
- Absent exigent circumstances or a court order, cannot medicate someone without their consent
- MH and SUD needs when coming into custody: Symptoms of intoxication and detox make problems more difficult to identify: Being under the influence of a controlled substance can mask or effect MH issues
- Facility not designed for MH treatment: Lack of rooms to conduct therapy/groups, has indirect supervision (officer outside unit) instead of direct supervision (officer inside unit to identify things sooner and de-escalate/intervene before something happens)

EASS PROGRAM IN THE JAIL

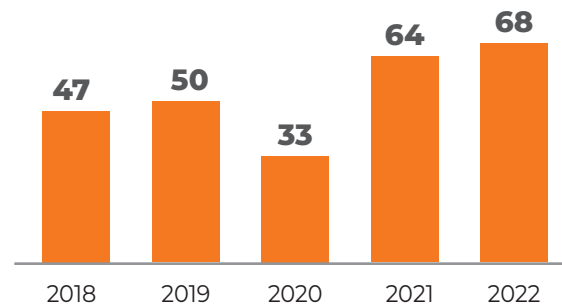
Wellpath is working in collaboration with the California Department of State Hospitals (DSH) on a program intended to minimize delays for incarcerated patients awaiting competency restoration services. Early Access and Stabilization Services (EASS) is designed to begin competency restoration for patients in participating California jails within a week of a court determination that the patient is Incompetent to Stand Trial (IST). Santa Cruz County Jail began implementing the EASS program in November 2022.

The EASS program includes weekly psychiatric appointments, daily nursing services, weekly counseling, and psychological assessments. If EASS participants fail to overcome barriers to competency, they are transferred to more intensive DSH restoration programs. A primary goal of the EASS program is to evaluate patients, stabilize them psychiatrically, and provide treatment with individualized medication therapy. Once stabilized, individuals can more quickly complete a competency restoration program.

EASS in Santa Cruz County

- Prior to EASS, at any given time approximately 10-15 inmates were waiting for a bed at the state hospital, with up to four months wait time; they would often decline or not receive treatment if they refused services.
- The jail has seen a reduction in the number of people pending placement: Some of the most resource intensive inmates have had fewer problems due to forced medication orders that help get them stabilized.
- Since Santa Cruz County started EASS, 69 IST inmates have been treated, of which 16 have been restored locally.

Number of Incarcerated People Determined Incompetent to Stand Trial (IST)



Source: Santa Cruz County Jail

Note: DSH was not accepting patients due to COVID-19 for part of 2020.

Note: Data above represents the number of people determined IST while data from the court represents number of filings (can be multiple filings per person).

Types of Mental Health Services Offered by Wellpath Clinicians Since July 2021

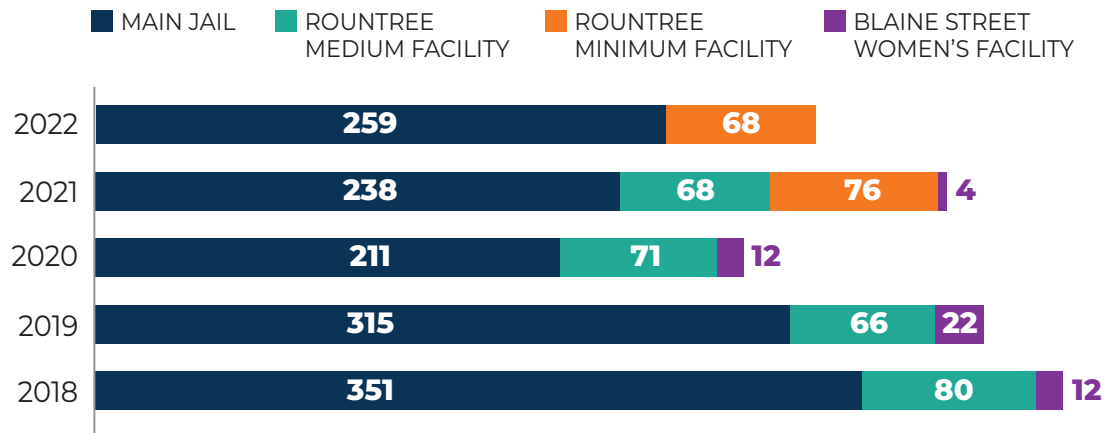
- SUD Counseling
- Discharge Planning
- Crisis Intervention
- 1:1 Therapy
- Brief Treatment
- Telehealth Psychiatry Services

“There are absolutely people who belong in jail and they need to be there, but there are also people where jail isn’t the best place for them.”

“We’re kind of expected to be a mental health hospital, but what hospital only staffs 18 hours a day?”

JAIL REPRESENTATIVES

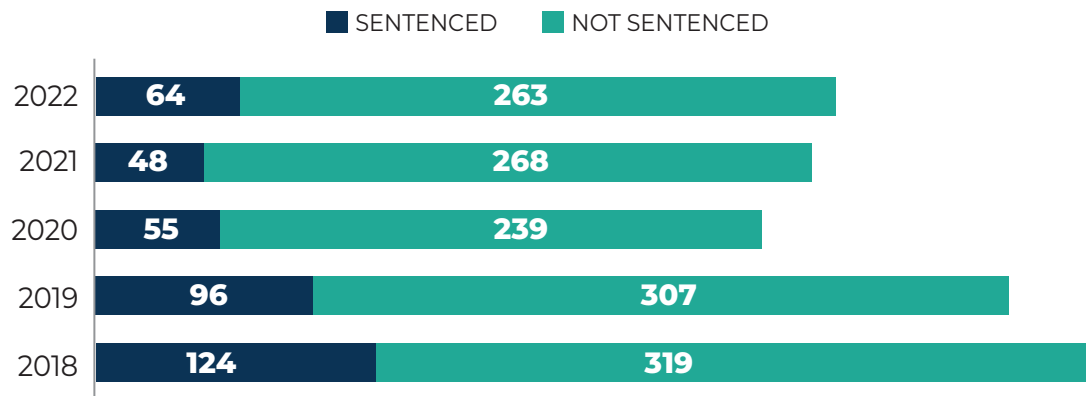
Average Daily Population of Santa Cruz County Jails by Facility



Source: Santa Cruz Local, [Santa Cruz County Leaders Explore Potential New Jail](#), by Jesse Kathan, September 15, 2023

Note: Rountree Minimum Facility Closed in 2010 and reopened in 2021. Blaine Street Women's Facility closed in September 2021 and reopened in May 2023.

Average Daily Population of Santa Cruz County Jails by Sentencing Status



Source: Santa Cruz Local, [Santa Cruz County Leaders Explore Potential New Jail](#), by Jesse Kathan, September 15, 2023

**Single Day Snapshot:
Average Number of
Days in Custody for
292 Housed Inmates
on November 29, 2023**

235 Days

Source: Santa Cruz County Jail

**Total Number of
Inmates Identified as
Mental Health Patients
by Wellpath, Since
Start of Contract
(July 2021)**

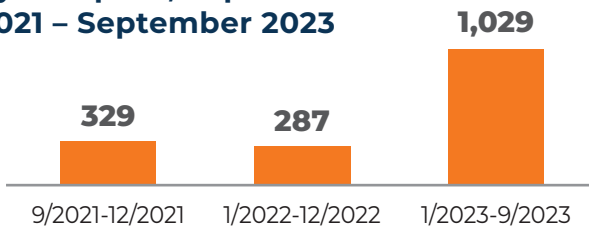
1,917



9/2021-9/2023

Source: Santa Cruz County Jail/Wellpath
Note: Unable to verify with Wellpath if data was duplicated or unduplicated by the time of report publication.

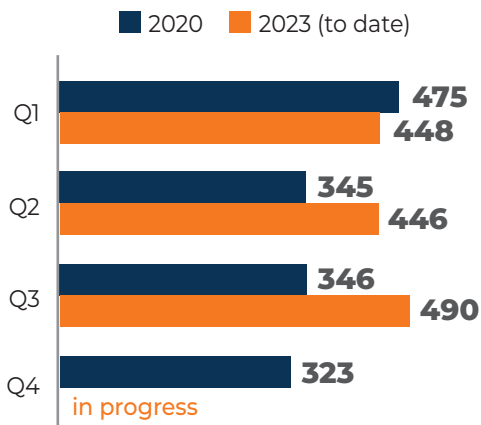
Total Number of Screenings Completed by Wellpath, September 2021 – September 2023



Source: Santa Cruz County Jail/Wellpath

Note: In July 2023, Wellpath began screening all inmates that will be housed.
Note: Data was not available on how many of those screened were referred to or entered treatment.

Total Number of In-Custody Patients on Mental Health Medications, by Quarter



Source: Santa Cruz County Jail/Wellpath

Note: Due to Wellpath staff turnover, data for 2021 and 2022 is not available.
Note: Numbers are duplicated from quarter to quarter

WELLPATH SCREENING:

The initial screening is designed to identify whether mental health conditions exist that require immediate or ongoing intervention. The screening is performed prior to the incarcerated person being placed in general housing and includes:

A: INQUIRY INTO WHETHER THE INCARCERATED PERSON IS OR HAS:

1. Thoughts or history of suicidal behavior.
2. Been prescribed or is taking psychotropic medication or antidepressants.
3. Been treated for mental health issues.
4. A history of psychiatric treatment.
5. A history of treatment for substance abuse or been treated for substance abuse.

B: ANY OBSERVATIONS OF:

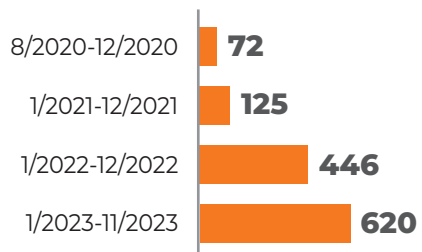
1. Appearance and behavior.
2. Abuse, injury, or trauma.
3. Symptoms of aggression, depression, psychosis.

C: A DETERMINATION OF WHETHER THE INCARCERATED PERSON IS CLEARED FOR OR REFERRED TO:

1. General housing.
2. General housing with mental health referral.
3. Mental health emergency treatment.

Source: Santa Cruz County Jail/Wellpath

Number of MAT Services Provided in the Jail, by Year



Substance-use disorders and mental health conditions are often co-occurring. To support individuals with substance-use disorders in the jail, the Sheriff's Office launched the Medication Assisted Treatment (MAT) program in 2020. MAT is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. The Sheriff's Office partners with Wellpath to provide this service and routinely treats approximately 50 incarcerated persons at any given time.

For more information on SCC Jail Policies, and in particular Mental Health Services Policies, see P. 324-327 of the [SCC Sheriff's Office Correction's Policy Manual](#).

For more monthly jail statistics, visit: [Santa Cruz County Sheriff's Office Monthly Agency Statistics](#) and click on Transparency, then Monthly Agency Statistics.

BEHAVIORAL HEALTH SUMMARY

WHAT IS YOUR ROLE IN RELATION TO CASES WITH A BEHAVIORAL HEALTH COMPONENT?

- Work with Wellpath (in the jail) to coordinate care for specialty MH clients in custody
- BH clinicians staff Collaborative Courts
- Collaborative Court Clinician responds to requests by the court for evaluation; conducts screenings, assessments, referrals, and services/ Available at courthouse for in-the-moment screenings and side bar consults (see page 9)
- Jail Discharge Planner works with partners to develop jail discharge plan and releases, provide status updates to court, serve as a court liaison to the jail, assist with advocating for IMOs, 1368 reports, etc
- Outpatient Team assesses/enrolls specialty MH clients into services, attends CIT meetings, monitors arrest reports/communicates with Wellpath to ensure continuity of care
- MOST Team clinicians work with Probation Officers to support people, provide intensive case management, therapy, and psychiatry services (see below)
- Provide resources to support court users and justice partners with cases involving BH needs

WHAT DO YOU DO WELL?

- Provide screenings both in and out of custody (see data below)
- Coordinate/collaborate to provide continuity of care and program placement (sometimes we differ in opinion)
- Behavioral Health Court: Collaborative, treatment-focused environment to support clients who are connected to the MOST Team (support clients to engage in BH services, connect with resources, complete legal obligations and maintain stability)
- Engage in a trauma informed manner, guided by client goals and treatment desires
- Strong relationships with jail and the court: Jail still relies on us and judges trust our recommendations and opinions
- Follow through; do the best we can with what we have

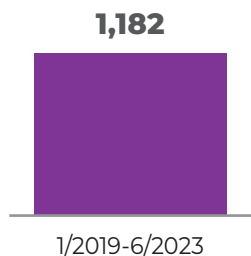
WHAT ARE YOUR CHALLENGES/LIMITATIONS?

- Duplication of services with system partners, creates confusion for clients
- Lack of coordination/communication on client goals/plan. Clients connected to MOST Team have a wrap-around supportive team and case plan they are required to adhere to: confusing when other system partners have conflicting plan/goals
- Wellpath psychiatrists making medication changes for county BH clients that are not in line with outpatient psychiatrist's recommendation: leads to client de-stabilization
- BH and Wellpath EHR systems are not integrated: BH unable to see client's current medications or adherence to prescribed medications; not always a two-way communication (new Wellpath discharge planner has helped)
- MH Diversion doesn't always consider the client's amenability to treatment
- Expectations that we serve everybody – have narrow focus in terms of who we serve
- Engaging with individuals who do not want treatment (can't require treatment unless mandated)
- Increasing demand for BH to provide monitoring and reports to court
- Lack of programs and housing opportunities, especially for individuals with high level offenses
- For those who do not meet the specialty mental health criteria, difficult to connect to appropriate services or create a solid discharge plan
- Not enough support/funding/staff to provide BH services once people leave jail

“Behavioral Health Court provides a collaborative, treatment-focused environment to support clients who are connected to the MOST team.”

**COUNTY BEHAVIORAL HEALTH
REPRESENTATIVE**

Total Number of Referrals to Screening by County BH for Individuals in Custody, January 2019-June 2023



Source: Santa Cruz County Behavioral Health

“And the team is really meant to be a supportive team rather than a punitive team. So if somebody is struggling in the community with substance use that person can go to anybody on the team, including Probation, and say hey, I’m having a hard time and they don’t get put in jail.”

COUNTY BEHAVIORAL HEALTH REPRESENTATIVE

MOST TEAM

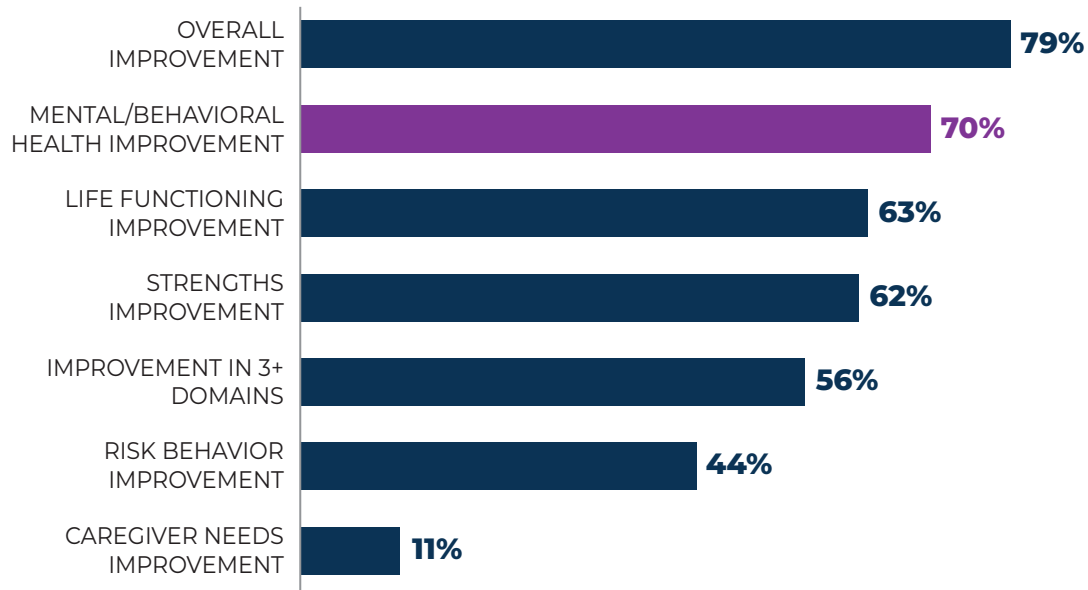
The Maintaining Ongoing Stability through Treatment (MOST) Team is County BH's forensic outpatient mental health team. The team works closely with the Probation Department to provide support to specialty mental health clients who are justice involved. For the defendant, joining the team is voluntary, and defendants must agree to certain mental health probation terms (see below). MOST clients participate in Behavioral Health Court to review their progress in treatment. If there are challenges and the client must be return to “home” court, the MOST Team provides treatment recommendations to that court. The MOST clinicians also work with mental health diversion clients who are not on probation. The MOST MHD clients receive “release terms” that are identical to the MOST probation terms. The clinicians support the MHD clients and provide reports to the court.

MOST Team Terms and Conditions/Release Terms for MOST Team Clients Mental Health Diversion

1. Comply with County Mental Health directives.
2. Take all medications as recommended by mental health professionals.
3. Do not possess any illegal or illegally obtained controlled substances, alcohol, marijuana, and /or drug paraphernalia.
4. Abstain from the use of alcohol, marijuana and controlled substances which are not prescribed.
5. Submit to testing for illegal or illegally obtained controlled substances, marijuana and alcohol at any time by any peace or probation officer.
6. Submit your person, residence, vehicle and areas under your dominion and control to search and seizure at any time of the day or night by a peace officer, with or without a warrant with or without cause; for controlled substances, paraphernalia, alcohol and marijuana.
7. Complete a Substance Use Disorder (SUD) assessment and participate in the recommended level of treatment. Do not discontinue unless otherwise directed by Probation or the Court.
8. Sign waiver of confidentiality for the purpose of sharing treatment plan recommendations and monitoring.
9. Participate in Behavioral Health Court for reviews.

Data on the MOST Team included below was collected for the 2015-2018 Mentally Ill Offender Continuum of Care (MIOCC) Final Evaluation Report. More recent data was not available for this report.

Percentage of MOST Participants Who Improved Their Strengths and Needs on the ANSA (2015-2018)

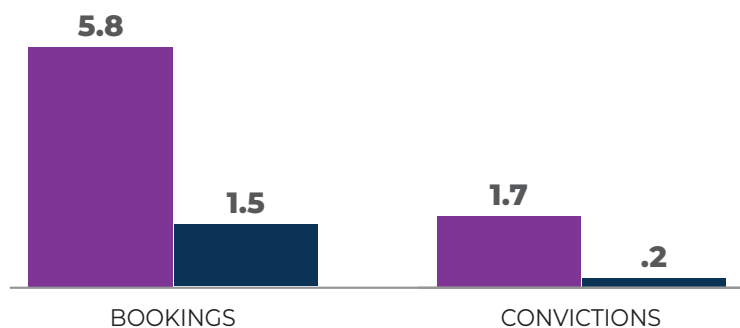


Source: Santa Cruz County Behavioral Health Division and Probation Department/ASR MIOCC Final Evaluation Report 2015-2018. N=63

Note: Assessments conducted between July 2016 and June 2018.

Average Bookings and Convictions, Pre and Post Entry to MOST Team (2015-2018)

■ PRE (12 MONTHS PRIOR TO ENTRY) ■ POST (12 MONTH PRORATED)



Source: Santa Cruz County Behavioral Health Division and Probation Department/ASR MIOCC Final Evaluation Report 2015-2018.

Bookings: In the 12 months prior to MOST, participants were booked with either felony or misdemeanor charges an average of 5.8 times. After joining MOST, participants were booked an average of 1.5 times (based on a 12-month prorated period). This is a decline of 74%, or 4.3 fewer bookings per year.

Convictions: In the 12 months prior to MOST, participants were convicted an average of 1.74 times. After joining MOST, participants were booked an average of 0.18 times (based on a 12-month prorated period). This is a decline of 90%, or 1.56 fewer bookings per year.

PROBATION DEPARTMENT SUMMARY

WHAT IS YOUR ROLE IN RELATION TO CASES WITH A BEHAVIORAL HEALTH COMPONENT?

- Occupy multiple lanes in the CJ system: Coordinator of services, provide info and collaborate with all partners, staff the court every day
- Evaluate cases for public safety risk if not incarcerated (pretrial to post sentence)/ provide client status information/complete sentencing report recommendations
- For adults released from jail, place ankle monitors when required; monitor those on community supervision
- Supervision tailored for those with identified BH components/collaborate with BH for specialty MH cases
- Make referrals for assessments
- Oversee funds to pay for assessments and services
- Apply for grants to establish new programs or expand resources
- Staff MOST Team (see page 21)
- Support jail when 5150 hold cases move from custody to Telecare PHF

WHAT DO YOU DO WELL?

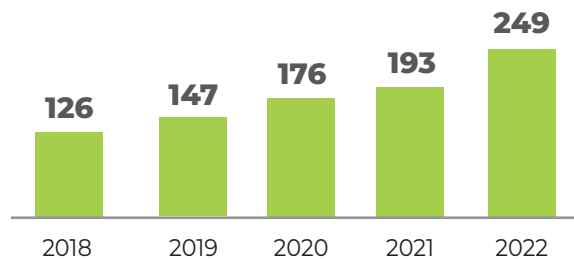
- Innovative and data driven - reflect, evaluate, and adapt/shift work as needed
- Diverse, inclusive, and value increasing equity to reduce disparities
- Ensure staff are trained to work with this specialized population – understand impacts of medications and related behaviors
- Available to partners and work well in a team to support clients and identify needs/challenges
- North and South County Success Centers

WHAT ARE YOUR CHALLENGES/LIMITATIONS?

- Information sharing/gathering can be difficult at times
- Communication with the jail to support mental health clients
- Lack of system integration reduces workflow speed and requires duplication of data entry
- Shortage of residential beds leads to extended stays in custody while awaiting program placement
- Low capacity at Telecare PHF, clients released from Telecare PHF without follow-up care
- Clients being ordered to participate in services they do not qualify for/If clients don't qualify for specialty MH services, there are few options: Can't get to the core of their needs
- Dual diagnosis clients: often excluded from SUD treatment because MH is their primary need but can't go to MH programs because they need SUD treatment
- Quick discharge from community/non-profit BH agencies for "challenging" clients
- Quick release from jail when residential MH treatment is needed (there are long waitlists)
- Understaffed: Should have lower ratios for caseloads with mild/moderate BH needs, too many roles
- Understaffing/staff changes in partner agencies impacts access to clients in jail and BH services
- Lack of supportive or transitional housing: Few (if any) SLE's accept MH clients
- Lack of culturally responsive services in the system: Race, LGBTQ+, or other identities
- Need to dispel myths within staff (training): not necessarily true that people with MH needs commit most crimes or are violent
- Providers not accepting Medi-Cal
- Limited BH options in the community, treatment is expensive if not covered by Medi-Cal or private insurance

PROBATION SYSTEM DATA

Average Daily Population (ADP) Monitored on Pretrial



Source: SCC Pretrial Division Annual Report 2022

“Probation has two coordinated MH caseloads that maintain an average of approximately 30-40 clients at any given time, and a wellness caseload, including veterans, which ranges closer to 45-50 cases.”

PROBATION DEPARTMENT
REPRESENTATIVE

Single-Day Snapshot of Number on Pretrial Services and Number with Mental Health Conditions, October 26, 2023

Source: SCC Pretrial Division

298
Total Number on
Pretrial Services

8 (3%)
Number on Pretrial
Services with MH
Conditions

Total Number on Pretrial Services and Number with Mental Health Conditions, 2022

Source: SCC Pretrial
Division

953
Total Number on
Pretrial Services

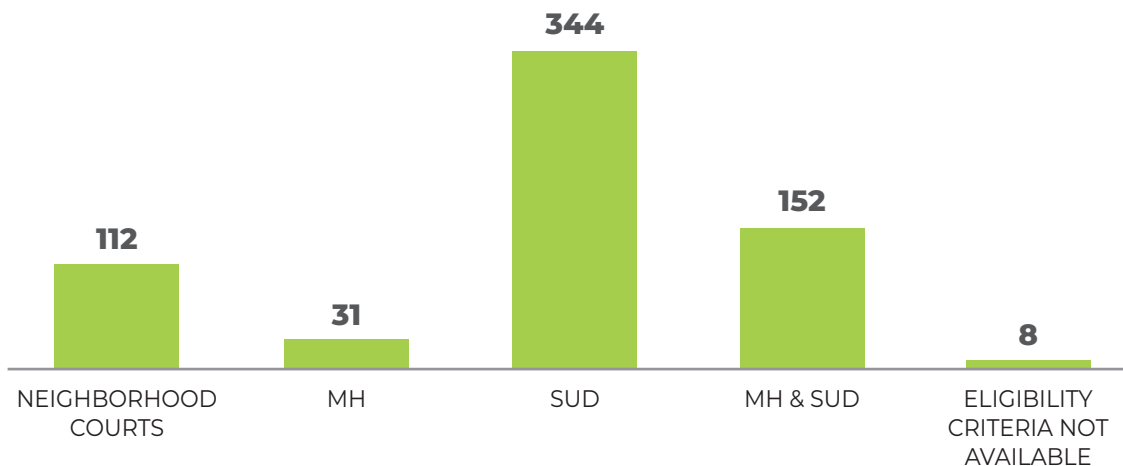
73 (8%)
Number on Pretrial
Services with MH
Conditions

For more information on the Pretrial Division, see the 2022 Report from Pretrial: [SCC Pretrial Division Annual Report 2022](#).

CAFES PROGRAM

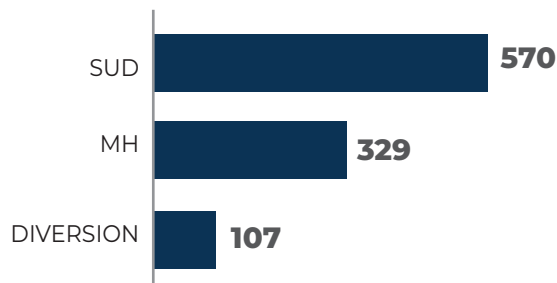
Under the Probation Department, the CAFES (Coordinated Access for Empowering Success) project was launched in January 2020 as a trauma-informed, evidence-based, multi-agency continuum of care model to expand and enhance services for underserved populations, focusing on first-time offenders, those who have been ruled out of specialty mental health treatment services, and those who do not receive funding through other sources such as AB 109 or Drug Medi-Cal. The CAFES project targets a significant gap in Santa Cruz County’s services for justice-involved individuals 18 years and older, providing diversion opportunities (see Appendix C for more information about Neighborhood Courts) and/or access to substance use treatment and mental health support, case management, peer support, and housing and employment support. Partners for the CAFES continuum include a robust collaboration between Probation, the District Attorney’s Office, Public Defender’s Office, Health Services Agency, the Superior Court, community-based organizations, and others as needed. Eligibility for CAFES services is based on the severity of charge for those who were arrested or cited for low-level and non-violent crimes, who have a criminal history with no prior “strikes,” and who have identified mental health and substance use needs. The Probation Department was awarded funding in Cohort II (January 2020 – December 2022) of the BSCC Prop 47 funding program, and was refunded for Cohort III (January 2023-December 2026). Below is selected data from the final evaluation of Cohort II. To read the full evaluation report, click here: [CAFES Cohort II Final Evaluation Report](#).

Number of People Authorized to CAFES, by Eligibility Criteria (2020-2022)



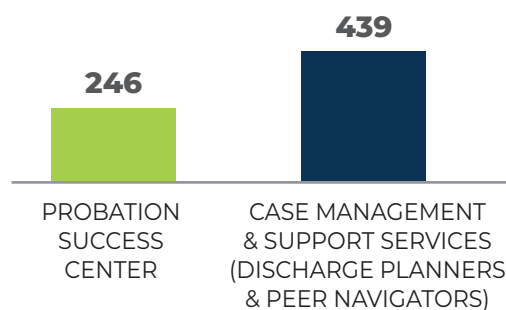
Source: CAFES Cohort II Final Evaluation Report May 2023
n=647

Number of CAFES Clients Screened and Assessed, by MH, SUD and/or Diversion Assessment/Screening (2020-2022)



Source: CAFES Cohort II Final Evaluation Report May 2023
n=1,006
Note: N does not add up to the unduplicated number of clients (647) because some clients were screened/assessed multiple times.

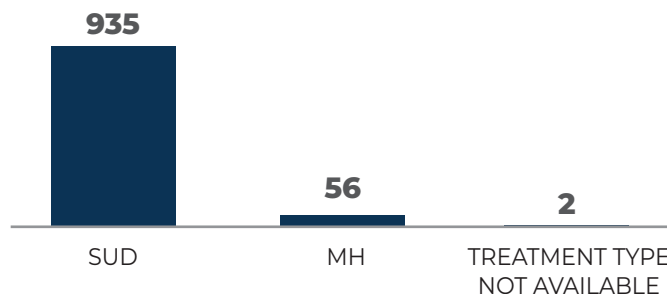
Number of CAFES Clients Receiving Additional Support, by Source (2020-2022)



Source: CAFES Cohort II Final Evaluation Report May 2023
n=685
Note: N does not add up to the unduplicated number of clients (647) because some clients may have been served by both sources.

Number of CAFES Clients Referred to Treatment, by Type (2020-2022)

Source: CAFES Cohort II Final Evaluation Report May 2023
n=993
Note: N does not add up to the unduplicated number of clients (371) who were referred to treatment because some clients were referred multiple times.



WHAT IS YOUR ROLE IN RELATION TO CASES WITH A BEHAVIORAL HEALTH COMPONENT?

- Defend people accused of crimes or facing involuntary commitment under a variety of civil laws (like conservatorships, contempt, and mentally disordered offender) who can't afford an attorney
- Represent clients from time of system-involvement to reentry, record clearance, or post-conviction relief
- Client advocates do holistic intake of eligible individuals who have been incarcerated without representation for at least 24 hours (look for MH and SU needs, and issues related to competency)
- Intakes screened by attorneys and taken into court to advocate for release, services, diversion, no files, or restorative justice
- Holistic Defense Division and Legal Division provide social workers, client advocates, attorneys, investigators, paralegals, and immigration advocacy related to the criminal case
- Collaborate with partners to get clients timely and effective treatment to address root causes of system involvement and enmeshed legal and social penalties
- Hire forensic psychologists and psychiatrists to provide as-needed, independent, confidential expert opinions

WHAT DO YOU DO WELL?

- Fierce advocates for person behind the case - get to know people/understand their goals, both as humans and in the legal system
- Completely confidential relationship - only role is to do what person wants (dignify their experience/uplift their voice)

Number of Clients Receiving Some Form of MH/SUD Support or Advocacy, July 2022 – June 2023

1,503

CLIENTS INTERACTING WITH HD ADVOCATES

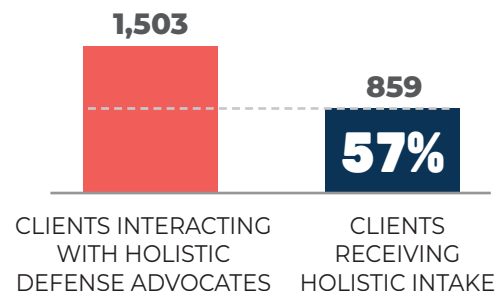
221

CLIENTS RECEIVING SOME FORM OF MH/SUD SUPPORT OR ADVOCACY

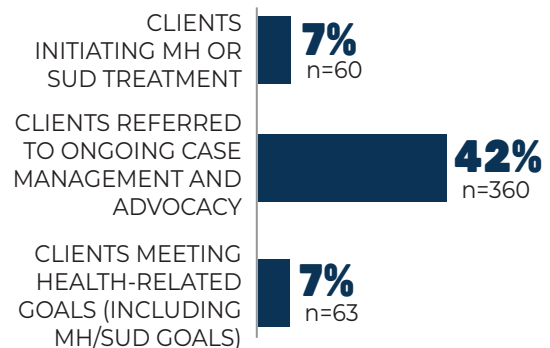
WHAT ARE YOUR CHALLENGES/LIMITATIONS?

- Capacity too low to serve clients in the most timely and effective manner, or to provide robust reentry services for individuals leaving custody
- Caseload laden with folks who have MH disorders with little capacity in the community for treatment, support, and system navigation
- Mission is different than the other stakeholders, in that each client, unless they are incompetent to stand trial, determines what "success" looks like to them; take marching orders from the client, not the system
- Ocean of need and doling out resources drop by drop: Not enough to do enough

Number of Clients Receiving Holistic Intakes, July 2022 – June 2023



Client Outcomes After Holistic Intake, July 2022 – June 2023



Source: Outcomes of Partners for Justice Partnership Report to the SCC Board of Supervisors, July 14, 2023
n=859

WHAT IS YOUR ROLE IN RELATION TO CASES WITH A BEHAVIORAL HEALTH COMPONENT?

- Public safety is paramount concern, then preventing recidivism
- Making determinations if a crime was committed, if it can be proven, and if charges should be filed
- In constant communication with the court and jail on how the needs of the accused and the victim can be best served
- Everything from competency, to trying to determine a sentence that takes into account someone's MH needs: (DAO) is an integral part of that discussion
- Working with judges and defense attorneys to find appropriate dispositions - don't always agree
- Making determinations about which low-level cases are appropriate to bypass the criminal court system and go to Neighborhood Court

WHAT DO YOU DO WELL?

- Collaborative
- Run a compassionate office

WHAT ARE YOUR CHALLENGES/LIMITATIONS?

- Accountability and individualized BH case plans – need both and resources are thin
- MHD: Sentencing consistency, long length of time between court appearances
- Balance between public safety and getting individuals back on track; constant risk assessment
- MH needs goes hand in hand with SUD, can't tackle one without the other
- Lack of resources/services: Housing, actual BH services, Medi-Cal/Insurance confusion
- Re: competency issue, delays getting out of county jail, getting assessed, and getting back from the state system - State has imposed sanctions on counties who find over a certain # of people IST

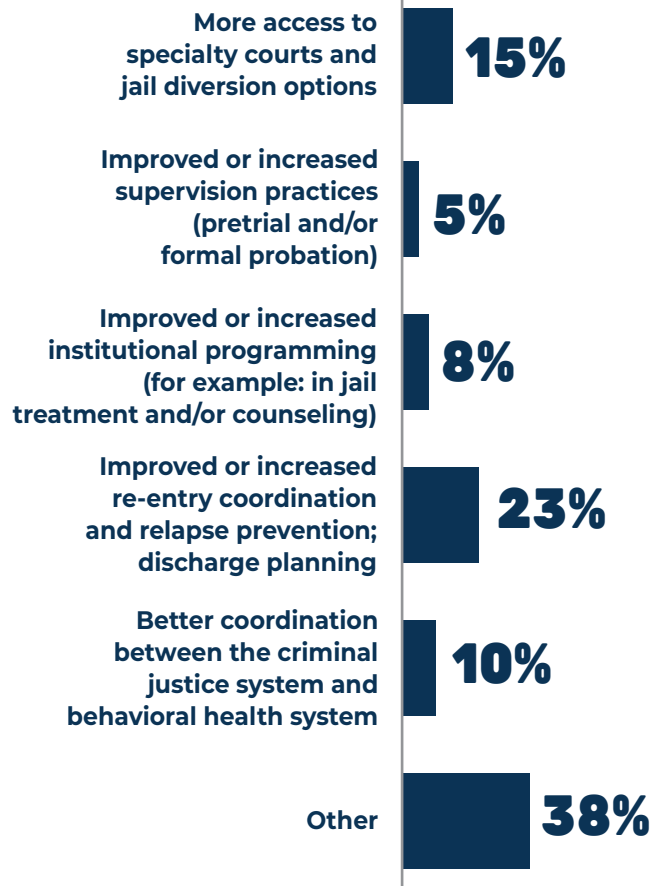
"We are very understanding and compassionate... It's not just all about punishment but trying to fashion realistic long-term solutions to problems involving individuals that have mental health issues."

**DISTRICT ATTORNEY'S OFFICE
REPRESENTATIVE**

SOLUTIONS TO IMPROVE OUTCOMES

BUILDING SYSTEM CAPACITY

Both survey respondents and interviewees were asked for their ideas about potential solutions to improve outcomes for people with BH needs that interact with the criminal justice system. Knowing that lack of treatment options/beds is a major need in Santa Cruz County, respondents and interviewees were asked specifically for other solutions.



*n=27 respondents offering 39 responses.
Note: The data reflected in this chart is a combination of survey data, where respondents were asked a multiple-choice question, and coded KII responses.*

“Other” responses included: More treatment options/facilities/beds, improved data system/information sharing, more affordable housing options, reopen shelters, diversion that includes housing, new jail, consequences, stop prosecuting people who are mentally ill, and intensive training on empathy for all system partners.

SELECTED QUOTES FROM KIIS

“As with most jurisdictions, even with the best intentions, understanding, and case plans, the reality is that there simply are not enough programs and service providers in the community which can provide the intensive services needed.”

COURT REPRESENTATIVE

“We [should] draw a line about who can be in jail, and who can’t. Having folks with behavioral health issues winding up in jail - unless they’re truly violent or a harm to others or themselves - let’s not use the jail. Let’s draw a hard line there.”

PROBATION DEPARTMENT
REPRESENTATIVE

“Stop prosecuting people who are mentally ill. It is senseless, and there are a thousand cheaper and more humane and better solutions that are working across the country.”

PUBLIC DEFENDER’S OFFICE
REPRESENTATIVE

“Over the last several years, the number of people who are involved in criminal activity that have significant mental health issues has risen. There’s a lot of debate about the reasons for this.”

DISTRICT ATTORNEY’S OFFICE
REPRESENTATIVE

WORKING TOGETHER BETTER

Survey respondents and interviewees were asked how the court system, jail system, and BH services could work together better in response to cases with a BH component. In reviewing the responses, many themes emerged:

BUILD SYSTEM CAPACITY

Increase community resources and services

- Incentives/opportunities for providers to build capacity to treat individuals
- Increase utilization of the Probation Success Centers
- Improve the continuity of care from jail to the community (e.g., release people from custody with a 30-day supply of medication)

Create alternative facilities to the jail

- Need a high security BH facility
- A better place to send people who meet the criteria for 5150

Increase funding for BH and Collaborative Courts

- Address future loss of funding for Collaborative Courts
- Better fund County BH
- Embed more BH staff in the court to advise on defendant's condition/treatment

“[There is] limited community resource capacity to address the underlying mental health issues or issues that contribute to mental health challenges. (lack of affordable housing, employment, sober living environment, adequate family support, proper medical support).”

COURT REPRESENTATIVE

“We have a very old jail. It was designed in the seventies and built and opened in ‘81. The population that the jail was serving at that time was significantly different than what we’re treating and what we’re dealing with now in modern day corrections.”

JAIL REPRESENTATIVE

“Most people with extreme MH problems should not be in jail and it ends up being the de-facto place to drop people.”

JAIL REPRESENTATIVE

INCREASE COLLABORATION & COMMUNICATION

Regular multidisciplinary meetings to increase and improve case coordination

- Get outside silos to review cases/“Case conferences” for challenging cases
- Weekly meetings driven by the court to discuss client conditions and expedite cases
- Improved collaboration between agencies to take into account client history, needs, stability: Don't solely focus on getting them out of custody quickly
- Openness to system partners thoughts/plans
- Need to meet the individual needs of the accused, but consistency is needed

Better communication and increase understanding of each other's roles

- Better understanding between agencies of roles and limitations, to avoid duplication of services
- Strengthen communication related to desired outcomes and limitations from each system's perspective
- Need a common goal when dealing with cases that have BH components
- Dedicate time for relationship building
- Consider more formalized MOU-type relationships

“More communication between all involved parties would be helpful. It feels as if each system has a different goal. A common goal when dealing with persons who have a behavioral health component would be beneficial and provide better clarity.”

JAIL REPRESENTATIVE

“I think one of the huge challenges is just the absolute complexity around the law. And I think there continues to be a level of confusion around what we can do under this body of law.”

COURT REPRESENTATIVE

“Streamline the system. Eliminate unnecessary factors so that there aren't multiple people working at cross purposes.”

COUNTY BEHAVIORAL HEALTH REPRESENTATIVE

IMPROVE DATA AND INFORMATION SHARING

Integrate case management systems

- Integrated case management system (link the jail, court, County BH, and probation computer systems) would be helpful to immediately know what's happening with clients/partners
- Integration is challenging, but needed

Better data

- Share data while maintaining confidentiality
- Evaluate return on investments
- Use data to better understand what truly works

Increase awareness of resources

- Being aware of what resources are/are not available in real time
- Educate judges and attorneys about what programs are currently available

“A joint case management system, or the ability to link the jail, court, behavioral health, and probation computer systems would allow for real time information sharing. Jail information, behavioral health information and probation information would be accessible very quickly for the judicial officers to make swift and informed decisions.”

COURT REPRESENTATIVE

“The lack of system integration reduces the speed of the workflow and requires the need for duplication of data entry. Additionally, communications are restricted because certain releases are required when departments are working with the same person on the same goal.”

PROBATION REPRESENTATIVE

“EHR with Wellpath, we are unable to see a client’s current medications or adherence to prescribed medications, and vice versa.”

COUNTY BEHAVIORAL HEALTH REPRESENTATIVE

CLIENT ENGAGEMENT

Shorten client system engagement

- Conduct assessments, program enrollment and jail releases as quickly as possible, so people don't linger in jail (not good for that person, other inmates, or jail staff)
- Streamline/speed up MH cases: Get people through the process and, hopefully, to a place that's designed to treat their needs, not just keep them in custody/keep them stable
- Create more efficient workflows. Entrenched bureaucracies are hurting people. Need to look critically at how to cut down steps

"It would also be beneficial if the court and jail were able to receive some level of communication so that people are not ordered to assessments/programs and end up being housed in the jail for extended periods of time because assessments cannot happen timely and there is no place in the community to place them."

PROBATION DEPARTMENT
REPRESENTATIVE

"Capacity is too low to serve our clients in a timely and effective manner."

PUBLIC DEFENDER'S OFFICE
REPRESENTATIVE

"At any given time, there are 20-30 individuals [in custody] who are releasable but there aren't beds for them – it's frustrating for everyone."

JAIL REPRESENTATIVE

CONCLUSION

Criminal justice partners shared many overlapping challenges that arise when dealing with cases with a BH component. In what is an already complex system, many components are regularly changing including local, state and federal laws, policies/practices within each agency, availability of services/programming, ongoing staffing changes, and funding to support the work. Despite the myriad of challenges, system partners consistently expressed an understanding of the complexity of the work and acknowledgement of each other's varying roles and efforts. All partners expressed a strong commitment to finding appropriate and collaborative ways to meet the needs of those dealing with BH conditions in the criminal justice system and the broader community.

APPENDIX A: 2022 Draft Intercept Mapping/Sequential Intercept Model (SIM)

The Sequential Intercept Model (SIM) was introduced in the early 2000s with the goal of helping communities understand and improve the interactions between criminal justice systems and people with mental illness and substance use disorders.

The SIM has three main objectives:

1. Develop a comprehensive picture/map of how people with mental illness and co-occurring disorders flow through the Santa Cruz County criminal justice system
2. Identify gaps, resources, and opportunities at each intercept
3. Develop priorities to improve system and service level responses

In Santa Cruz County, this is an important planning document that can help to guide analysis and planning to align programming efforts, grant seeking, and operations to best meet the needs of people across agencies. (First done in 2019, revised in 2022)

In general, a SIM is used to identify community resources and help plan for additional resources for people with mental and substance use disorders at each phase of interaction (intercept) with the justice system. The 6 intercepts are described below:

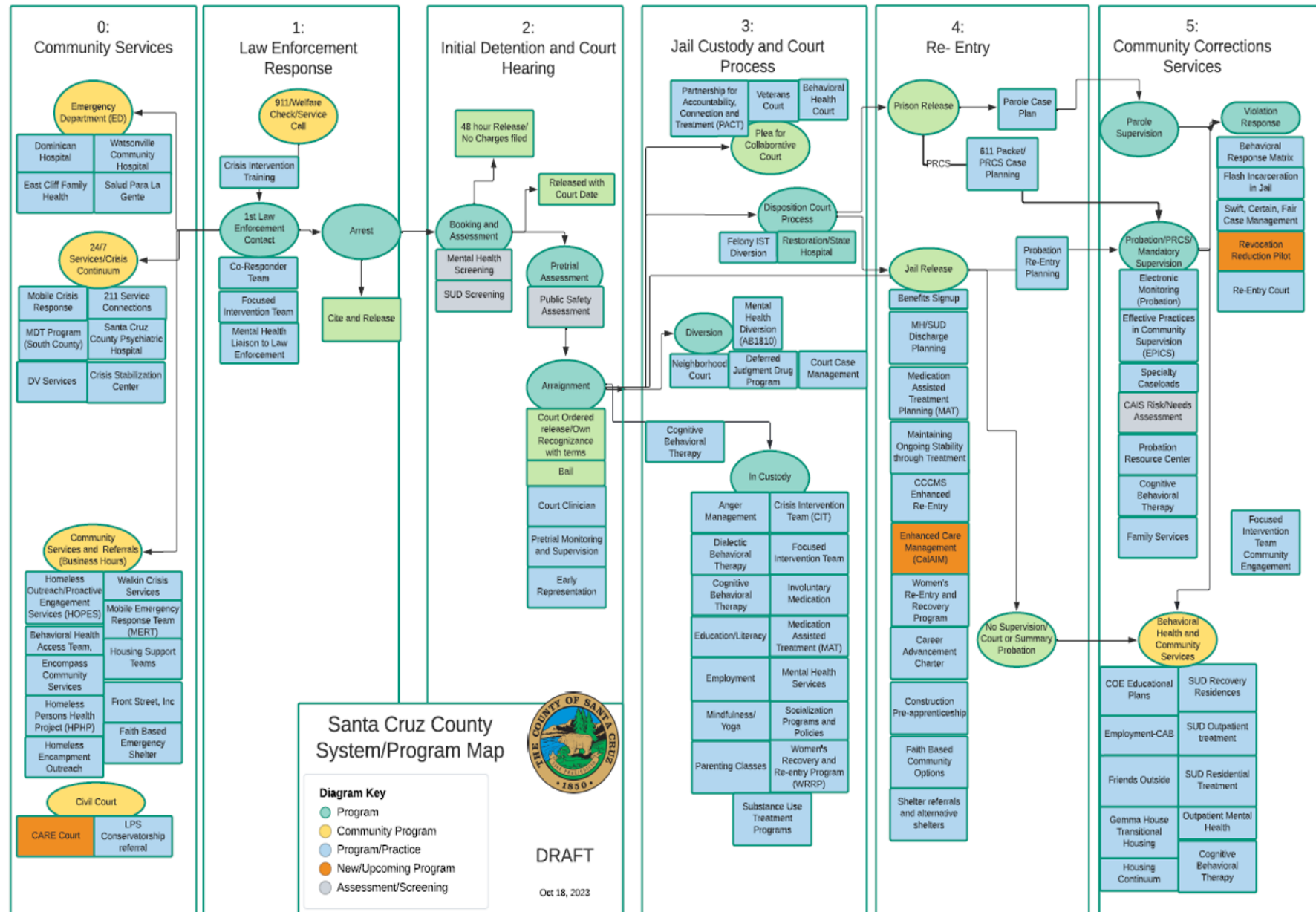
- **Community Services:** This area focuses on process and programs that are offered to a general population that may or may not tie into law enforcement engagement. Examples: crisis response, 911 call centers, Continuum of Care planning, and early intervention/prevention.
- **Law Enforcement Response:** This area focuses on how law enforcement entities engage at the point of first contact. Some of these interactions will result in an arrest, but others will not. Examples: 911 Dispatcher training, specialized police training, and specialized responses to high utilizers.
- **Initial Detention and Initial Court Hearings:** This area covers the initial jail booking or detention, then the time and choices made leading up to and during arraignment. Examples: screening tools used at booking, and Supervised Own Recognizance programs.
- **Jails and Courts:** This area focuses on the time between arraignment and case disposition when the person is held in custody. This includes services offered while in jail, as well as through court processes. Examples: in-custody services, care coordination, counseling or therapies, mental health courts, drug courts, etc.
- **Reentry:** This area looks at the efforts to prepare a person for release to the community. This can come in the form of making connections with community providers, probation, or other ways of ensuring a warm handoff to the community. Examples: Re-Entry Case Planning and care coordination, “warm handoffs” to the community, and Peer Navigators.
- **Community Corrections:** This area looks at the role of community corrections agencies like probation or parole in keeping the person connected to services based on risk need responsiveness, engaged with their probation officer, and other efforts to avoid future recidivism. Examples include Risk Needs Assessment, Graduated rewards and Sanctions in response to violations, and Correctional Case planning.

Source: Santa Cruz Probation (2023) - Santa Cruz Program and System Map & SIM Overview_v1

SYSTEM MAP

The following revised map shows how different treatment, law enforcement, court, and corrections process overlap and flow to and from one another. The intent is to show a medium level of detail and provide a window into opportunities at each intercept. One can see where treatment options or pathways are present, as well as where services or processes could be augmented.

Follow this [link](#) for a larger version of the map.



APPENDIX B:

Additional Court-Related Context for Mental Health Diversion

Department Assignments	<p>Judges may retain MHD cases in the home department or assign them to a Collaborative Court program for progress reviews (Veteran's Court, PACT, or BHC). Since space in these programs is limited to approximately 35 participants, the Pre-Diversion Case Manager will note on the case plan if there is space to accept a defendant into a specific Collaborative Court program.</p> <p>Judges who want to keep a MHD case in the home department may use the Court Clinician for an initial screening and the Pre-Diversion Case Manager to create a case plan.</p>
Responsibility of Counsel	<p>Defense counsel is responsible for coordinating and procuring a diagnosis and eligibility/suitability opinions from a qualified mental health expert. Defense counsel shall provide a copy of the diagnosis and opinions to the Pre-Diversion Case Manager if requesting the Collaborative Courts create a case plan.</p> <p>In all cases, defense counsel shall file a proposed case plan, signed by the defendant, as an exhibit with the MHD motion. The court may also require relevant and credible evidence (i.e., a preliminary hearing transcript, police reports, etc.) of displayed symptoms at or near that time of the charged offense.</p> <p>If a judge grants MHD, a final case plan shall be filed as a separate document that can be easily referenced throughout the case and maintained as a confidential document viewable only to the parties.</p>
Ongoing Criminal Proceedings	<p>When defense counsel indicates they will seek MHD, the court has discretion to order the criminal proceedings continue until the MHD motion is formally heard. The court may, for instance, order a felony case proceed to preliminary hearing while MHD is being considered. By doing so, the court avoids significant delay in instances where MHD is denied, the MHD motion is never filed, or MHD is granted but terminated prior to successful completion.</p>
Restraining Orders	<p>When a defendant is the subject of a restraining order in a MHD case, any modification to the order shall be made by the home department only.</p>
Non-Compliance With Mental Health Diversion	<p>Only the home court will determine whether to terminate a defendant from mental health diversion. If the case is referred to a Collaborative Court for reviews and grounds for termination of MHD exist, the Collaborative Court judge shall order the defendant to appear in the home court for a hearing to determine whether to terminate diversion and reinstate criminal proceedings.</p> <p>The home court judge shall hold a hearing on termination of MHD. If the home court judge determines that MHD should be terminated, criminal proceedings will be reinstated. Alternatively, upon proof that the person who was not in compliance is back in compliance at the time of the hearing, and upon stipulation of the defendant and their counsel, the judge may extend the time for MHD by the period of time during which the defendant was out of compliance with the case/treatment plan.</p>
Successful Completion of Mental Health Diversion	<p>Upon granting a MHD motion, the home court shall establish the length of term for diversion. If the case is assigned to a Collaborative Court for reviews, and that court determines that the defendant has successfully completed the term of diversion earlier than originally ordered, the defense shall request a hearing in the home court for modification of the original term. A Collaborative Court shall not modify the original term without authorization from the home court.</p> <p>When a defendant successfully completes MHD in a Collaborative Court, a graduation may be held. However, all cases shall be sent to the home court for the final hearing, at which the court will enter orders to dismiss and seal the case. If the prosecution does not object to the successful completion finding, the defendant's attorney may appear on behalf of the defendant for the final hearing in home court.</p> <p>Local court Form SUPCR 1135 (Order After Diversion) will be used when the court finds the defendant successfully completed diversion. Once the court orders a case sealed, a clerk will send a copy of Form SUPCR 1135 to applicable criminal justice departments to advise them of the order.</p>

Source: Mental Health Diversion Benchguide for Judges and Justice Partners

APPENDIX C:

Description of and Eligibility Criteria for Collaborative Courts

CRIMINAL COLLABORATIVE COURTS

BEHAVIORAL HEALTH COURT

Behavioral Health Court (MH/BHC) is a supportive post-adjudication review court in partnership with Santa Cruz County BH services designed to address the complex needs of participants with severe mental illness and co-occurring substance use disorders through an integrated multidisciplinary team (MOST Team). The program operates using the Collaborative Court principles and proven practices for successful problem-solving courts.

Eligibility Criteria:

- Diagnosed with a significant & persistent mental health disorder.
- Experience significant impairment in functioning resulting from a mental health disorder.
- Eligible for county case coordinator through an access assessment completed through the county.
- Amenable to psychiatric treatment and taking medication as prescribed.
- Santa Cruz County Medi-Cal beneficiary.
- Amenable to participate in MH/BHC.

VETERAN'S COURT

Veteran's Court (VC) is a peer-support based Collaborative Court program, operating under CA Penal Codes § 1170.9 and § 1001.80, which provide alternative sentencing for veterans with service-related mental health and substance use issues. The goal is to connect justice system-involved veterans and their families with opportunities to improve the quality of life and to access treatment to address health concerns through a collaborative effort among justice system partners, community-based organizations, and local and national veteran's services. The program operates using the Collaborative Court principles and proven practices for successful problem-solving courts.

Eligibility Criteria:

- Served in the U.S. Military, regardless of length of service, combat experience or characterization of discharge.
- Struggle with a diagnosis of PTSD, Traumatic Brain Injury (TBI), Military Sexual Trauma (MST), substance use or other mental health symptoms directly related to military service.
- Amenable to participate in VC and voluntarily agree to all conditions including treatment for their qualifying conditions.

PACT COURT

Santa Cruz Bob Lee Community Partnership for Accountability, Connection & Treatment (PACT) Court is a supportive pre-adjudication review court that partners with community services providers to address the complex needs of participants who struggle with homelessness, mental health, and co-occurring substance use disorders using an integrated multidisciplinary team approach. PACT Court supports people on mental health diversion to meet their treatment goals and successfully complete their court terms.

Eligibility Criteria:

- Living with mental illness and/or substance use conditions - impacting their lives and daily functioning.
- Experiencing high level of need, criminality and risk to recidivate.
- Post plea, non-violent misdemeanors.
- Granted mental health diversion
- Be amenable to participate in PACT-this is a voluntary court.

NEIGHBORHOOD COURTS

The Neighborhood Courts program is a community driven, pre-filing diversion program designed to divert low-level misdemeanor offenses from entering the criminal justice system.

First time offenders are given an opportunity to take responsibility and repair the harm they caused through a community-based process using restorative justice principles instead of a courtroom. The Neighborhood Courts program addresses criminal violations that impact the quality of life in the community and provides an alternative to entering into criminal court.

The purpose of the program is to reduce recidivism by understanding why people offend, address the harm the offense had on the victim (if applicable) and the community and, using restorative principles rather than punitive principles, effectively and efficiently restore the local community, victim and offender back into community.

Eligibility Criteria:

- Cited or arrested for a low-level (non-violent) offense. Eligible offenses initially included burglary, larceny, motor vehicle theft, arson, simple assaults, forgery/counterfeiting, fraud, embezzlement, stolen property, vandalism, weapons, prostitution/commercialized vice, sex offenses, driving under the influence, liquor laws, drunkenness, disorderly conduct, vagrancy, and other offenses.
- No (or limited) criminal history and no prior "strikes."
- Agreed to take responsibility for the incident.
- Willing to pay restitution, if warranted.

PAROLE REENTRY

Reentry Court (RC) is a supportive review court that partners with Goodwill Central Coast to address the complex needs of people on parole suffering from mental illness, substance use disorders or co-occurring disorders using an integrated multidisciplinary team approach. This court is guided by Collaborative Court principles that keep people connected to health care in the community and out of custody to improve outcomes, reduce recidivism, respond to public safety and victims' rights concerns, and more effectively utilize public resources.

Eligibility Criteria:

- Be on an active parole caseload.
- Have a documented history of substance use and/or mental health disorder.
- Have committed or at-risk of committing a violation of their parole terms.
- Be experiencing high level of need, have a history of criminal justice involvement and be at high risk to recidivate.
- Be amenable to participate in RC.

NON-CRIMINAL COLLABORATIVE COURTS

FAMILY PRESERVATION

Family Preservation Court (FPC) is a voluntary court program for families with an open dependency case and for Non-Minor Dependents involved in Child Welfare. FPC is designed to preserve and reunify families by addressing issues that lead to court involvement. We promote accountability through supervision services and treatment to support participants in reunification and long-term permanency (when safe to do so) and to improve public safety. FPC increases access to treatment and services including substance use, mental health, parent-child relationships, traumatic brain injury, and trauma.

Eligibility Criteria:

- Have an open dependency case or a Non-Minor Dependent.
- Struggles with substance use disorder.
- Amenable to participate in FPC voluntarily.

CARE COURTS - CARE ACT (COMING 12/2024)

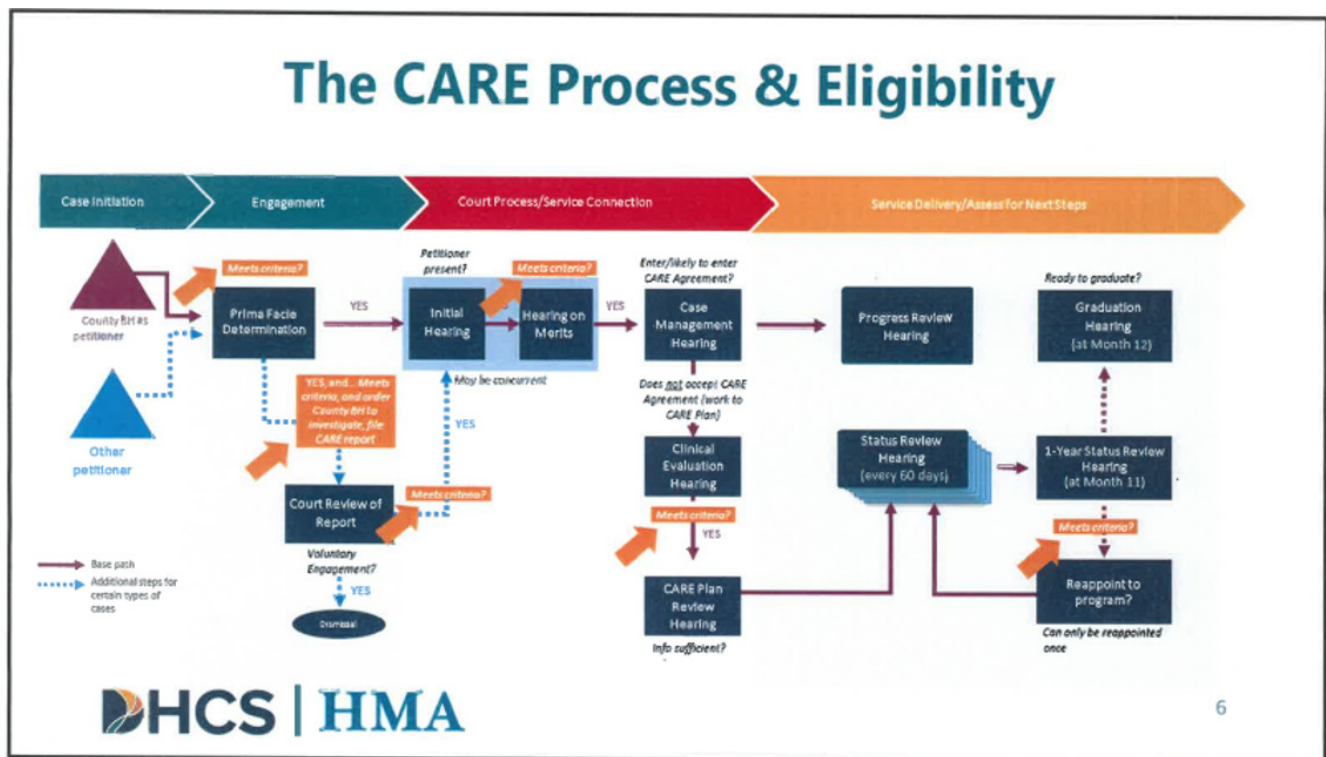
The Community Assistance, Recovery, and Empowerment (CARE) Act authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan that can include treatment, housing support, and other services for persons with untreated schizophrenia or other psychotic disorders. The CARE Act creates a new pathway intended to deliver mental health treatment and support services upstream to the most severely impaired Californians who often experience homelessness or incarceration without treatment. This pathway is accessed when a person, called the “petitioner”, requests court-ordered treatment, services, support, and housing resources under the CARE Act prioritized for another person, called the “respondent”. The petitioner must fall under a specific group of people, such as specific family members, housemates, first responders, and BH workers. The respondent must have a diagnosis on the schizophrenia spectrum or other psychotic disorders.

Eligibility Criteria:

To be eligible for CARE Act proceedings, the individual must meet all the following criteria:

- Be 18 years old or older.
- Have a diagnosis of schizophrenia spectrum or other psychotic disorder.
- Be currently experiencing a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.
- Not currently clinically stabilized in an on-going voluntary treatment program.
- Meet one of the following:
 - The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating.
 - The person is in need of services and supports in order to prevent a relapse or deterioration that would likely result in grave disability or serious harm to the person or others, as defined in Section 5150.
 - Be likely to benefit from participation in CARE.

CARE would be the least restrictive alternative to ensure the person's recovery and stability.



Source: Santa Cruz County Superior Court.

APPENDIX D:

Survey and KII Questions

SURVEY QUESTIONS:

1. What is your specific role in relation to individuals with court cases that have a behavioral health component [title and responsibilities]?
2. In which of the following do you work?
 - a. Court System
 - b. Jail System
 - c. County Behavioral Health
 - d. Public Defender's Office
 - e. District Attorney's Office
 - f. Probation Department
3. In what ways does the [court, County Behavioral Health, jail system, your office, your department] respond to (or interact with) individuals with court cases that have a behavioral health component?
4. Describe what the [court, County Behavioral Health, jail system, your office, your department] does well when interacting with the courts, the jail system and behavioral health services in response to individuals that have cases with a behavioral health component.
5. What are the challenges the [court, County Behavioral Health, jail system, your office, your department] faces when interacting with the courts, the jail system and behavioral health services in response to individuals that have cases with a behavioral health component?
6. What are your limitations when responding to (or interacting with) individuals that have cases with a behavioral health component?
7. [COURT ONLY] Thinking of the three system elements we are studying (court system, jail system, behavioral health services), how does the court work with the jail system and behavioral health services in response to court cases with a behavioral health component?

[JAIL ONLY] Thinking of the three system elements we are studying (court system, jail system, behavioral health services), how does the jail system work with the court system and behavioral health services in response to court cases with a behavioral health component?
8. How could the court system, the jail system and behavioral health services work better together in response to cases that have a behavioral health component?
9. We know the issue is complex, but if you had to pick only one area or solution that could improve outcomes for people with behavioral health needs that interact with the court system and jail system, what would it be? (Aside from more treatment beds or treatment options which we know is a MAJOR need in our county.)
 - a. More access to specialty courts and jail diversion options
 - b. Improved or increased supervision practices (pretrial and/or formal probation)
 - c. Improved or increased institutional programming (for example: in jail treatment and/or counseling)
 - d. Improved or increased re-entry coordination and relapse prevention; discharge planning
 - e. Better coordination between the criminal justice system and the behavioral health system
 - f. I'm not sure/I don't know
 - g. Other (please specify)
10. Is there anything else you would like to add?

KII QUESTIONS:

1. What is your role in relation to individuals with court cases that have a behavioral health component?
2. In what ways does the [court, County Behavioral Health, jail system, your office, your department] respond to (or interact with) court cases that have a behavioral health component?
3. Describe what the [court, County Behavioral Health, jail system, your office, your department] does well in response to (or interacting with) court cases that have a behavioral health component.
4. What are the challenges the [court, County Behavioral Health, jail system, your office, your department] faces when responding to (or interacting with) court cases that have a behavioral health component?
5. [COURT ONLY] What are your limitations when responding to (or interacting with) individuals that have behavioral health issues, regardless of whether their court case has a behavioral health component?
6. [JAIL ONLY] What are the jail system's limitations when responding to (or interacting with) individuals with behavioral health issues, regardless of whether their court case has a behavioral health component?
7. [COUNTY BEHAVIORAL HEALTH ONLY] What are your limitations when responding to (or interacting with) individuals that have cases in the court system and jail system that have a behavioral health component?
8. [DAO, PDO & PROBATION ONLY] What are your limitations when responding to (or interacting with) individuals that have cases with a behavioral health component?
9. [COURT ONLY] Thinking of the three system elements we are studying (court system, jail system, behavioral health services), how does the court work with the jail system and behavioral health services in response to court cases with a behavioral health component?
10. [JAIL ONLY] Thinking of the three system elements we are studying (court system, jail system, behavioral health services), how does the jail system work with the court system and behavioral health services in response to court cases with a behavioral health component?
11. How could the court system, jail system and behavioral health services work better together in response to cases that have a behavioral health component?
12. We know the issue is complex, but if you had to pick only one area or solution that could improve outcomes for people with behavioral health issues that interact with the court system and jail system, what would it be? (Aside from more treatment beds or treatment options which we know is a MAJOR need in our county) As we are looking at this system, what else should we be thinking about, asking, or looking into to gain a better understanding of how the court system and jail interact in response to cases with a behavioral health component?
13. Is there anything else you would like to share?

APPENDIX E:

Glossary of Terms and Acronyms

5150 - refers to the Welfare and Institutions Code under California State Law, which allow involuntary detainment of an adult who is experiencing a mental health crisis for a 72-hour psychiatric hospitalization when evaluated to be a danger to others, or to himself or herself, or gravely disabled

ACCESS - a psychological assessment tool

ADJUDICATION - make a formal judgment or decision about a problem or disputed matter

ADMINISTRATIVE SEPARATION - the physical separation of an incarcerated person who has (15 CCR 1053): a.) A documented history of activity or behavior, or promoting such activity or behavior, that is criminal in nature, disruptive to facility operations, or affects the safety of the facility, other incarcerated persons, and facility staff; b.) Influenced or participated in activity that is criminal in nature or disruptive to facility operations or affects the safety and security of the facility, other incarcerated persons, and facility staff; c.) A history of escape or recently attempted escape; d.) Committed assault, attempted assault, or participated in a conspiracy to assault or harm other incarcerated persons or facility staff; e.) A demonstrated need for protection from other incarcerated persons and facility staff. This is a non-punitive classification process and must not adversely affect an incarcerated person's health.

BEHAVIORAL HEALTH COMPONENT - for this report, cases with a "behavioral health component" are cases where mental or behavioral health needs are present and have been raised as a factor in the case before the court

BEHAVIORAL HEALTH UNIT (BHU)/PSYCHIATRIC HEALTH FACILITY (PHF)/TELECARE - Telecare's acute program provides a therapeutic inpatient environment for individuals experiencing a mental/behavioral health emergency. Services are provided on a voluntary or involuntary basis

CIVIL PROBATE - probate court is a specialized type of court that deals with the property and debts of a person who has died. The court appoints someone to take control of the deceased person's assets, ensure that all debts are properly paid, and distribute the remaining property to the proper beneficiaries

CONSERVATORSHIP - a conservatorship is when a judge appoints another person to act or make decisions for the person who needs help. A judge can only appoint a conservator if other less restrictive options won't work

CULTURALLY RESPONSIVE SERVICES - having the ability to understand cultural differences, recognize potential biases, and look beyond differences to work productively with communities whose cultural contexts are different from one's own

CRIMINOGENIC NEEDS - factors in an offender's life that are directly related to recidivism

DEFENDANT - an individual, company, or institution sued or accused in a court of law

DISPOSITION - the final judgment of the court

DIVERSION - provides an alternative to criminal prosecution. Instead of the defendant going through a trial, a judge may "divert" the case and order the defendant to complete specific terms, conditions, and programs

DUAL DIAGNOSIS - (also referred to as a co-occurring disorder) is a term used when someone experiences a mental illness and a substance use disorder simultaneously

FELONY - a crime, typically one involving violence, regarded as more serious than a misdemeanor, and usually punishable by imprisonment for more than one year or by death

FILINGS - the process of submitting documents, either electronically or in physical form, to commence or supplement an ongoing legal action

HIGH UTILIZERS - are a small group of patients who impose a disproportionately high burden on the healthcare system due to their elevated resource use

INCARCERATED - imprison or confine

INMATE - a person confined to an institution such as a prison or hospital

LEGISLATION - laws, considered collectively

MANDATES - a criminal court may impose a “mandate” as part of a legal process on a person accused of a crime consisting of an obligation to engage in certain conditions or activities in exchange for suspension or reduction in penalty; such as, conditions of probation, conditional discharges, or other conditional sentences

MEDI-CAL - free or low-cost health coverage for California residents who meet eligibility requirements

MEDICATION-ASSISTED TREATMENT (MAT) - the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders

MISDEMEANOR - a nonindictable offense, regarded in the US as less serious than a felony

PENAL CODE - a code of laws concerning crimes and offenses and their punishment

PRETRIAL - a hearing prior to trial, which all parties involved in the trial attempt to determine the issues, laws, or facts matter, before the court trial

RECIDIVISM - a person’s relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime

RECORD CLEARANCES - criminal and infraction convictions “cleared” from one’s record

RESTORATIVE JUSTICE - a system of criminal justice which focuses on the rehabilitation of offenders through reconciliation with victims and the community at large

SENTENCED - refers to the term of imprisonment or probation imposed on a convicted defendant for criminal wrongdoing

WELLPATH - contracted medical services provider in the jail system in Santa Cruz County

ACRONYMS:

BHC – Behavioral Health Court

CAFES – Coordinated Access for Empowering Success

CPC – California Penal Code

DAO – District Attorney’s Office

DSH – Department of State Hospitals

EASS – Early Access and Stabilization Services

EHR – Electron Health Record

IMOs – Involuntary Medication Orders

IST – Incompetent to Stand Trial

JBCT – Jail Based Competency Treatment Program

MHD – Mental Health Diversion

MIOCC – Mentally Ill Offender Continuum of Care

MOST – Maintaining Ongoing Stability through Treatment

MOU – Memorandum of Understanding

PACT – Partnership for Accountability, Connection & Treatment

PDO – Public Defender’s Office

SCC – Santa Cruz County

SLE – Sober Living Environment

SUD – Substance Use Disorder



The Criminal Justice Council of Santa Cruz County (CJC) was created over thirty years ago in an effort to provide a more effective criminal justice system for the residents of Santa Cruz County. The all-volunteer membership works to:

- increase coordination and cooperation between criminal justice partners - government, non-profit, educational and others
- to reduce youth involvement in gangs
- to provide a forum for discussion and development of recommendations for strategies related to solutions to crime and violence locally
- provide long-range planning for the criminal justice system – with a focus on addressing countywide gang prevention and intervention
- provide timeline information on criminal justice matters and act as an advisory body to public entities in Santa Cruz County

MEMBERSHIP AND PROCEDURES

The CJC has a diverse membership that includes community leaders and subject matter experts from throughout the county. The membership includes local elected leaders from the Board of Supervisors and local City Councils, all of the Chiefs of Police and the Sheriff, the District Attorney and Chief Probation Officer, the Public Defender, the County Superintendent of Schools, the President of Cabrillo College, the Superior Court, the County Behavioral Health Director and local non-profit leaders. The CJC meets quarterly and these meetings are open to the public. More information about meetings and the CJC can be found on the CJC's website.

www.santacruzjc.org