

BEHAVIORAL HEALTH ADVISORY BOARD

2022 Annual Report

County of San Diego Board of Supervisors

Paloma Aguirre

District 1

(Anticipated to be sworn in on July 22, 2025)



Joel Anderson

District 2



Terra Lawson-Remer

District 3



Monica Montgomery Steppe

District 4



Jim Desmond

District 5

County of San Diego Executives



Ebony N. Shelton

Chief Administrator Officer

County of San Diego



Kimberly Giardina

Deputy Chief Administrative Officer

County of San Diego Health and Human Services Agency



Nadia Privara Brahms

Acting Director

County of San Diego Health and Human Services Agency
Behavioral Health Services

Table of Contents

Preface…….....3

Overview…….....5

BHAB Executive Committee……...9

BHAB Subcommittees……...11

Alcohol and Other Drugs (AOD) Prevention Subcommittee.....11

Criminal Justice (CJ) Subcommittee…….....14

Preface

On behalf of the Behavioral Health Advisory Board (BHAB), the County of San Diego Health and Human Services Agency (HHSA) Behavioral Health Services (BHS) prepared the 2022 BHAB Annual Report in accordance with the requirements of California Welfare and Institutions Code, Section 5604.2(5).[1]

To learn more about BHAB or access meeting links and information visit: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/bhab.html

Acknowledgements

BHAB wishes to acknowledge the support, facilitation, and coordination of advisory board functions as provided by BHS staff.

County of San Diego HHSA, BHS

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BHAB Coordinator

Maya Shahar
Administrative Analyst II

Philip Ainsworth
Administrative Analyst II

Karen Aguilar
Administrative Secretary II

Vivian Kou
Graduate Student Worker

[1] California Code, Welfare and Institutions Code, WIC § 5604.2 et seq.

Our Local Community

BHAB would like to acknowledge San Diego community members who have participated in BHAB's meetings throughout the year. In 2022, more than 56 public comments were provided during BHAB's general meetings. BHAB is committed to elevating important behavioral health issues on behalf of the community.

Word Cloud Generated from BHAB Public Comments in 2022*



*The word cloud was created using individual quotes extracted from the 'Public Comment' section of monthly "BHAB Meeting Minutes"[1] in 2022, as well as comments that were emailed to BHAB in 2022. These words represent the themes found in the public comments

Overview

Purpose

The County of San Diego BHAB was established on December 4, 2014, by the San Diego County Board of Supervisors (Board) pursuant to California Welfare and Institutions Code Section 5604[1] and California Health and Safety Code Section 11805.[2] The purpose of BHAB is to review and evaluate the community's behavioral health system and advise the Board, the County of San Diego's Chief Administrative Officer, Agency Director of the Health and Human Services Agency (HHSA) and Director of HHSA, Behavioral Health Services (BHS) on behavioral health services delivered by the HHSA.

Membership

BHAB consists of 21 member seats. The Board appoints 20 members from the general public, consisting of four members per supervisorial district, and the 21st seat is held by a designated member of the Board. Further law requires 50% of BHAB membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. Both consumers and families of consumers constitute at least 20% of the membership. Finally, at least one veteran or veteran advocate must be on the board.

COVID-19 Pandemic

Due to the COVID-19 public health emergency, BHAB utilized teleconferencing to ensure the health and safety of commissioners, staff, and the public. California Governor's Executive Order waived all in-person requirements for public meetings.[3]

[2] California Code, Health and Safety Code, HSC § 11805 et seq.
[3] Office of Governor Gavin Newsom. (5, Jan 2022). *Executive Order N-1-22.* https://www.gov.ca.gov/wp-content/uploads/2022/01/1.5.22-Bagley-Keene-waiver-EO.pdf.

2022 BHAB Member Roster

District 1

Seat 1: William “Bill” Stewart, Chair
Seat 2: Janice Luna Reynoso
Seat 3: Che Hernandez, Member-at-large (term ended 2022) | Gaurav Mishra (appointed 9/1/2022)
Seat 4: Joel H. San Juan

District 2

Seat 5: Todd Boyer
Seat 6: Jim Taylor
Seat 7: James Merino

District 3

Seat 8: Serita Polinaire (appointed 9/1/2022)
Seat 9: Shannon Jaccard (term ended 2022) | Vacant
Seat 10: Robin Sales
Seat 11: Michael Grattan

District 4

Seat 12: Stuart Gaiber (appointed 2/8/2023)
Seat 13: John Strum, 1st Vice Chair (term ended 2022) | Shea Benton (appointed 2/7/2023)
Seat 14: Amina Sheik Mohamed (term ended 2022) | Vacant
Seat 15: Janessa Goldbeck (appointed 12/1/2022)
Seat 16: Judith Yates, Member-at-Large

District 5

Seat 17: Richard P. McGaffigan
Seat 18: Carol Clemens
Seat 19: K.C. Strang
Seat 20: Phil Deming, 2nd Vice Chair (term ended 2022) | Vacant

Board of Supervisors

Seat 21: Nathan Fletcher, District 4 Supervisor

General BHAB Meetings

BHAB meetings were held virtually via Zoom on the 1st Thursday of each month. A quorum was established at all twelve meetings. Monthly meetings provide BHAB an opportunity to better understand the behavioral health system of care through presentations, Board Letters, and discussion of special topics.

2022 Notable BHAB Meeting Presentations

Mental Health Screening to Care Initiative

On March 3, 2022, BHAB voted in support of the Mental Health Screening to Care Initiative. County staff provided an overview of the initiative, which was developed to address the mental health needs of middle school students in school districts across San Diego County. Following the presentation and discussion of this initiative, staff sought BHAB's support in requesting authorization from the Board of Supervisors (Board) to solicit for the procurement of Screening to Care services.

Community Experience Partnership (CEP) Update - Special Presentation

The CEP is an initiative of the County of San Diego BHS and University of California, San Diego's Child and Adolescent Services Research Center (CASRC) and Health Services Research Center (HSRC). On July 7, 2022, Dr. Steve Tally from HSRC presented an update on the CEP. The three CEP primary components were broken down and presented as the Community Experience Dashboard, the Behavioral Health Equity Index, and the Community Profiles & Action Reports. Dr. Tally provided a demonstration of the dashboards by going to the CEP website and presented an example of the different client and community dashboards options.

Mental Health Student Services Act (MHSSA) Grant Funds

On August 4, 2022, BHAB voted in support of the acceptance of approximately $1.1 million in additional MHSSA Grant funding from the Mental Health Services Oversight & Accountability Commission (MHSOAC) for Fiscal Year (FY) 2022-23 through FY 2025-26 to enhance the current *Creating Opportunities in Preventing and Eliminating Suicide* program.

Harm Reduction Coalition of San Diego (HRCSD)

On November 3, 2022, Tara Buesig, Executive Director of HRCSD was invited to present to BHAB on the organization's innovative efforts in harm reduction and overdose prevention. Ms. Buesig discussed the San Diego Overdose and Education Distribution Project, which serves as the primary distributor of Narcan across San Diego County. The presentation included updates on strategies to expand access to overdose prevention

tools and services, such as the installation of Narcan vending machines and iPads at various sites to support access to telehealth services.

Addressing Behavioral Health Care for Children and Youth

On December 1, 2022, Dr. Ben Maxwell, Director of Child and Adolescent Psychiatry, Rady Children's Hospital presented to BHAB and provided an overview of Rady's efforts and strategies to address the regional behavioral health needs of children and youth.

BHAB Executive Committee

Chair: Bill Stewart
1st Vice Chair: John Sturm
2nd Vice Chair: Phil Deming
Member-at-Large: Che Hernandez
Member-at-Large: Judith Yates

In 2022, BHAB Executive Committee was committed to building a better BHAB, which meant ensuring BHAB members performed their roles and responsibilities to the best of their abilities.

Key activities and priorities included the following:

- Approval of BHAB's 2022 priorities with an emphasis on aligning to Board priorities.
- Established subcommittees to drive work forward in achieving 2022 priorities.
- Increased understanding of Brown Act rules.
- Increased understanding of Robert's Rules of Order.
- Established standard time allotments for public comment.
- Assessing BHAB member attendance at meetings to strengthen member engagement.

BHAB 2022 Priorities

Annually, BHAB members identify priority areas of focus with an emphasis on enhancing BHAB's value to the community. The 2022 BHAB Priorities are as follows:

Criminal justice
In support of diversion programs, BHAB will coordinate with BHS to establish coordination with the County to stay informed, engaged, and contribute recommendations towards alternatives to incarceration to be considered by the Board of Supervisors.

Areas of focus:

- Implementation of the Clean Slate Act AB 1076
- No cash bail policies
- BHS and Sheriff's Department comprehensive plan to address behavioral health services in the jails

Building community & stakeholder engagement
In support of the need to improve behavioral health stakeholder engagement, BHAB will continue to advise BHS on stakeholder engagement to encourage and enable greater focus on this need while building connections to communities of interest that can help inform program and service needs in the community.

Areas of focus:

- Data on disparities among underserved and underrepresented populations
- Representation by communities of color
- Connections to community groups to inform access to care

Behavioral health workforce challenges
In support of strengthening the continuum of care, focused on network adequacy and building new programs, more attention to both the depth and breadth of the existing workforce is critical to success. To this endeavor BHAB will thread to the County Workforce Steering Committee through existing channels and establish formal updates to members in order to lend support and offer recommendations towards solutions that address workforce challenges.

Area of focus:

- Create innovative incentives to recruit and maintain professional and para-professional workforce.

Alcohol and other drug prevention
In support of alcohol and other drug (AOD) prevention, BHAB will collaborate with BHS to support and inform AOD prevention strategies particularly those led by the Population Health Steering Committee.

Areas of Focus:

- Harm reduction strategies (i.e., expanded access to naloxone and syringe services).

BHAB 2022 Subcommittees

Based on the 2022 BHAB Priorities, members voted to approve establishing the following three subcommittees to drive work forward on the identified priorities.

Alcohol and Other Drugs (AOD) Prevention Subcommittee

Chair: Phil Deming
Co-Chair: Serita Polinaire

Mission: In support of AOD prevention, BHAB will collaborate with BHS to support and inform AOD prevention strategies, particularly those led by the Population Health Steering Committee.[4]

Identified Areas of Focus

Harm Reduction Strategies
The Harm Reduction Strategy set forth by the Board on January 26, 2021, guided the AOD subcommittee's commitment to reduce harms related to substance use in San Diego County.[4]

Overdose and Suicide Prevention
A focus on overdose and suicide prevention was identified to tackle the increase in opioid overdose deaths and the suicide rate in San Diego County.

Recommendations for AOD Prevention

The AOD subcommittee identified as a focus area becoming better informed on local efforts to reduce fentanyl use and overdose. The following are the recommendations proposed by the AOD subcommittee to address fentanyl use and overdose.

<u>People At-Risk for Opioid Overdoses</u>
In 2021, the demographic groups with the highest age-adjusted rates of fentanyl-related emergency department visits, hospitalizations, and deaths were those aged 25-59, males, and persons of Black/African American race.[5] Furthermore, 50% of fentanyl overdose

[4] County of San Diego Agency Executive Office (AEO) (2021), *Agenda Item: Report Back on Comprehensive County Substance Use Harm Reduction Strategy (Districts: All).*
[5] County of San Diego HHSA, Public Health Services, Epidemiology and Immunization Service Branch (2023), *Overdose Quarterly Report, April 2023.*

deaths were among those with only a high school diploma, followed by 23% among those with some college.[5]

According to research from the Regional Task Force on Homelessness, no less than 8,427 individuals experiencing homelessness across San Diego County, a 10% increase from 2020.[6] San Diego's growing homeless population are disproportionately at risk for opioid addiction. The AOD subcommittee recognizes the need for coordinated efforts for homeless outreach teams to meet individuals experiencing homelessness where they are located.

Recommendation:

- During the Community Program Planning (CPP) process, advocate for people from under-resourced communities that are overrepresented in fentanyl-use and opioid overdoses.

Substance Use Disorder (SUD) Prevention Services

On June 28, 2022, the Board voted to declare illicit fentanyl a public health crisis. The AOD subcommittee recommends prioritizing *Strategy 5: Integration of Local and State Prevention and Response Effort* of the Overdose Data to Action (OD2A) grant. Overdose prevention education will increase awareness of the negative consequences of fentanyl-use among high-risk individuals.

Recommendation:

- Support overdose prevention education activities from the OD2A grant.

SUD Treatment Services

In 2019, despite over 20 million people aged 21 and older in the U.S. reporting a past year SUD, only 10% reported receiving care.[7] About one in four (24%) of those who had a SUD did not know where to seek services. Black and Hispanic people compared to white people had more limited access to buprenorphine and were less likely to utilize specialty treatment and complete publicly-funded treatment programs.[7] Additionally, access to timely treatment is an important component for reducing opioid overdose deaths. The AOD subcommittee recommends increasing outreach of SUD treatment services for people living with SUD(s), especially among people of color. SUD treatment programs should also be encouraged to reduce wait times for care.

Recommendations:

- Increase outreach of SUD treatment programs.

[6] Regional Task Force on Homelessness (2022), *2022 WeAllCount Point-in-Time Count.*
[7] KFF (2022), *Substance Use Issues Are Worsening Alongside Access to Care.*

- Increase timely access to SUD treatment services.

Behavioral Health Workforce Development

According to research conducted by the San Diego Workforce Partnership, 55% of behavioral health professionals were dissatisfied with pay.[Error! Bookmark not defined.] Of those surveyed, 44% were likely to search for a job in the next 12 months, versus 18-37% nationally. The AOD subcommittee supports investing in competitive compensation for San Diego behavioral health professionals, as recommended in the needs assessment.

Recommendation:

- Invest in competitive compensation for San Diego BH Professionals.

Medi-Cal Peer Support Specialists

Barriers such as limited number of appointment slots and a limited supply of buprenorphine prescriptions make it difficult for patients to receive care in a timely manner. Medi-Cal enrollees in San Diego can use peer support specialists to assist them with their mental health and/or substance use challenges, including navigation across systems of care.

Recommendation:

- Encourage Medi-Cal enrollees to use peer support specialists, who can advocate on the enrollee's behalf and support enrollee's navigation across systems of care.[8]

Next Steps

The AOD subcommittee recommended several areas of focus for future BHAB and AOD subcommittee members. The following areas of focus were identified the prior year and remain as areas of focus for continued attention.

- Continue supporting harm reduction efforts.
- Support increased alternatives to incarceration (ATI) within the criminal justice system.
- Increase focus on SUD treatment services for homeless individuals.
- Ensure a data-informed approach to address needs in the SUD System of Care, with a focus on access times and back-end challenges, as well as community needs and network adequacy.
- Recognize the value of feedback from users of treatment services and include them during program planning and other initiatives.

[8] California Mental Health Services Authority (CalMHSA) (2022), *CalMHSA's Landscape Analysis Peer Certification Training Curriculum Core Competencies*

- Support the Social Model Approach[9] when treating addiction and recognize its role among more clinically oriented recovery options. Recovery programs that emphasize peer-to-peer interactions can assist in the Behavioral Health Continuum of Care (Continuum of Care).[10]
    - Alcoholics Anonymous and Narcotics Anonymous provide anonymity for their members.
    - Invest in residential and withdrawal management programs that cut down on relapse rates.[9]
- Decrease the impact of changes in Medi-Cal policies and procedures on medical prescription processes.
- Continue supporting the mental health and well-being of incarcerated individuals through San Diego Association of Governments' (SANDAG) Alternatives to Incarceration (ATI) Project.[11]
- Encourage sustained participation of at least six BHAB members to ensure a robust future participation. Without this level of commitment, further effort should be delayed until such level of interest is present.

Criminal Justice (CJ) Subcommittee

Co-chairs: Richard McGaffigan and Robin Sales

Mission: In support of the health and mental well-being of those who encounter the criminal justice system, BHAB will coordinate with BHS to establish coordination with the County of San Diego to stay informed, engaged, and contribute recommendations to be considered by the Board of Supervisors.

Identified Areas of Focus

The CJ subcommittee planned to expand on the work outlined in ***2021 CJ Workgroup Final Report*** that was presented to BHAB in March 2022. The CJ subcommittee agrees the following Areas of Focus were appropriate for the ongoing efforts of supporting ATI.

AB 1076 "Clean Slate Act"

On October 8, 2019, California Governor Gavin Newsom signed into law AB 1076, which authorizes automatic record relief in the form of set-aside or sealing for individuals with

[9] Echo Recovery (2018), *Overview of the Social Model Approach to Addiction Recovery.*
[10] County of San Diego AEO (2021), *Agenda Item: Update On Advancing The Behavioral Health Continuum Of Care, Recalibrating Long-Term Care Through The Optimal Care Pathways Model (Districts: All).*
[11] San Diego Association of Governments (SANDAG) (2023), *Current Adult Projects.*

certain convictions and arrests under California law.[12] Sponsors of AB 1076 emphasize the automated system will significantly reduce "barriers to employment and housing opportunities for millions of Californians.

SB 10 "California Money Bail Reform Act"

On August 28, 2018, then California Governor Jerry Brown signed into law SB 10, which eliminated cash bail for defendants who can't afford it.[13] The bill created a "risk-based" pretrial analysis that will be conducted by local counties. Of note, defendants do not have a right to bail when charged with a capital crime, such as homicide; a felony involving violence or sex; if the judge decides the person's release would result in great bodily harm to someone; or when the defendant has threatened someone.

Restorative Justice

Restorative justice is defined as a response to wrongdoing that prioritizes repairing harm, to the extent possible, caused or revealed by the wrongful behavior.[14] Restorative justice repairs harm because the stakeholders impacted most by the wrongdoing cooperatively decide how to repair victim harm, hold offenders accountable and strengthen the community's relational health and safety.[14]

Sequential Intercept Model (SIM)

The SIM details how individuals with mental and SUDs come into contact with and move through the criminal justice system.[15] The SIM mapping fosters collaboration between different systems to identify strategies that can divert people with mental and substance use disorders away from the justice system into treatment.[15] The SIM will guide the CJ subcommittee's commitment to support ATI.

Strategic Goal: To support the mental health and well-being of incarcerated individuals through San Diego Association of Governments' (SANDAG) Alternatives to Incarceration (ATI) Project.[11]

The CJ subcommittee will monitor SANDAG's ATI Study. The following objectives include:

- Assign a member to participate in ATI virtual community listening sessions.

[12] Collateral Consequences Resource Center (CCRC). (2019, October 10). California becomes third state to adopt "clean slate" record relief. *CCRC.* https://ccresourcecenter.org/2019/10/10/california-becomes-third-state-to-adopt-clean-slate-record-relief/
[13] Bizjak, T., Sullivan, M., & Koseff, A. (2018, August 29). How will no cash bail work in California? Here are answers to common questions. *The Sacramento Bee.* https://www.sacbee.com/news/local/crime/article217483800.html
[14] Restorative Justice Exchange (n.d.). *The Issue*. https://restorativejustice.org/why-restorative-justice/the-issue/
[15] Substance Abuse and Mental Health Service Administration (SAMHSA). (27, September 2022). The Sequential Intercept Model (SIM). *SAMHSA*. https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

- Review ATI reports and presentations reports and advise the Board of Supervisors (Board), as needed.
- Collaborate with the ATI Advisory Group and ATI Working Group.

Strategic Goal: To develop an Action Plan that promotes the efficacy of crisis stabilization services.

The CJ subcommittee will provide recommendations for the following:

- Reduce incarceration of individuals with mental health and/or substance use disorders, including those who are homeless.
- Diversion programs such as Crisis Stabilization Units,[16] Mobile Crisis Response Teams (MCRT),[17] Psychiatric Emergency Response Teams (PERT),[18] substance abuse drop off to treatment, mental health program(s), etc.

Sample Action Plan

1. Reduce suicides in jail -> (review In-Custody Death Study) -> High percentage of suicides in jail prior to adjudication -> Implement no cash bail -> BHS measures change.
2. Establish a comprehensive assessment process -> Suggest using MCRT or PERT as assessment unit ->Move individuals out of jail into appropriate services quickly.

See **Appendix C** for the SMART goals worksheet used to develop the CJ subcommittee's 2022 strategic goals.

Barriers in CJ

The CJ subcommittee's final report for 2022 identified several barriers to the health and mental well-being of those who encounter the justice system. Similar to other counties, San Diego faces a behavioral health workforce shortage that makes it difficult to meet the needs of the community. Additionally, challenges in collaboration between the San Diego Sheriff's Department (Sheriff's Department) and County of San Diego BHS leads to decrease effectiveness, safety, and efficiency in both the criminal justice and behavioral health care system.

Behavioral Health Workforce Shortage

According to Chula Vista Police Department's dispatch team, a workforce shortage has made it difficult for MCRT to cover calls. Similarly, San Diego County jails also face

[16] County of San Diego HHSA, Behavioral Health Services (BHS). (n.d.). *County of San Diego Crisis Stabilization Units*. https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/csu.html
[17] County of San Diego HHSA, BHS. (n.d.). *About Mobile Crisis Response Teams (MCRT)*. https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/BHS_MCRT/About_MCRT.html
[18] Community Research Foundation (n.d.). *Psychiatric Emergency Response Team.* http://www.comresearch.org/pert.php

staffing shortages. This makes it difficult to ensure individuals are receiving timely, quality behavioral health services.

Challenges in Coordination Between Sheriff's Department and County of San Diego BHS

San Diego County's Emergency Services Dispatchers are under the Sheriff's Department's jurisdiction whereas MCRT is a program under the County of San Diego BHS. Separate entities make it difficult to coordinate care and ensure the dispatch the appropriate services. For example, 51 calls for service with an initial code of law enforcement/PERT had a final code of MCRT.

Data Transparency

The CJ subcommittee faced challenges in obtaining data from the Sheriff's Department's Communications Center. One CJ subcommittee member expressed concerns in obtaining dispatch data, specifically for MCRT and PERT. Additionally, there were delays in obtaining additional information requests from the Sheriff's Department.

Recommendations in CJ

The CJ subcommittee recommendations focus on two areas –MCRT and San Diego County Jails.

MCRT

In January 2021, the MCRT program was launched by the County of San Diego BHS to help people who are experiencing a mental health or substance use crisis by dispatching behavioral health experts to emergency calls instead of law enforcement, when appropriate. Teams are deployed through calls made to the Access and Crisis Line, contracted through Optum.[19] Within the Chula Vista Police Department, there has been a total of 284 MCRT referrals and a decrease in 5150 incident type codes among calls for service since MCRT implementation.

Recommendations:

- Increase the MCRT behavioral health workforce.
- Foster collaboration between County of San Diego BHS/MCRT and law enforcement/PERT to provide appropriate referrals for individuals.
    - Provide comprehensive training for police officers, dispatchers, and mental health staff.

[19] County of San Diego HHSA, BHS. (n.d.). *MCRT Frequently Asked Questions.* https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/BHS_MCRT/BHS_MCRT_FAQs.html

- Reassess the PERT program resources to determine if MCRT would be a more appropriate intervention with law enforcement.
- Review the MCRT contract and reassess client wait times for services after leaving a stabilization center. If needed, establish a new behavioral health referral system to provide clients services with a warm handoff.
- Improve the dispatch system process decision tree to appropriately refer clients to MCRT.

San Diego County Jails

According to the California State Auditor, from 2006 through 2020, 185 people died in San Diego County's jails—one of the highest totals among counties in the state of California.[20] Additionally, a total of 52 individuals in the Sheriff's Department's jails died by suicide over the past 15 years, which is more than twice the number in each of the comparable counties.[20] The audit's review of 30 individuals' deaths from 2006 through 2020 found that some of these individuals had serious medical or mental health needs that the Sheriff's Department's health staff did not identify during the intake process. The audit recommended that the Board of State and Community Corrections should require mental health evaluations to be performed by mental health professionals at intake, and it should clarify and improve procedures for safety checks. The CJ subcommittee is committed to supporting initiatives that assist in the health and well-being of incarcerated individuals.

- Establish transparency of processes within the jail system for the booking of all individuals which include:
    - Appropriate screening assessment tools.
    - Comprehensive assessment conducted by behavior health professional.
    - Timely determination of placement (diversion).
    - Mental health and substance use disorder treatment or a referral to provide the appropriate services.
- Request information on:
    - The roles and responsibilities of NaphCare, Inc. staff
        - When they are utilized.
        - Authority they have in the referral of arrestees.
    - The scope of mental health and substance use disorder training among Sheriff Deputies
- Build stabilization services in or near jails to provide additional services for incarcerated individuals.

[20] Auditor of the State of California. (3, February 2022). *San Diego County Sheriff's Department.* https://www.bsa.ca.gov/reports/2021-109/index.html#section1

Next Steps in CJ

The CJ subcommittee recommended several areas of focus for future BHAB and CJ subcommittee members. The following areas were identified (and listed in no particular order):

- Establish a comprehensive data collection system (outside of HIPPA requirements) to increase communication between all BHS-driven service providers.
- Monitor best practices in the state of California and the U.S. on comprehensive programming in the criminal justice system.
- Establish a screening and assessment system that is transparent to the community, demonstrating that San Diego County jails provide appropriate services to incarcerated individuals.
- Continue collaborating with the ATI Advisory Group and ATI Working Group.
- Continue collaborating with law enforcement and County of San Diego BHS staff.
- Continue supporting care coordination for justice-involved individuals.