



County of San Diego

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March 25, 2021

TO: The Behavioral Health Advisory Board (BHAB)

FROM: Luke Bergmann, Ph.D., Director, Behavioral Health Services (BHS)

BEHAVIORAL HEALTH SERVICES DIRECTOR'S REPORT – April 2021

ACTION ITEM: REPORT BACK ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY

On January 26, 2021 (13), the San Diego County Board of Supervisors (BOS) approved overturning prior Board direction opposing harm reduction programs including the December 9, 1997 resolution entitled "Resolution to Oppose Needle Exchange Programs". The Board further directed the Chief Administrative Officer to:

- Create an Action Plan to realize a Syringe Services Program to meet the needs of San Diego County's population, including identification of necessary resources, and program partnerships; and in accordance with findings and recommendations in the January 14, 2021, Health and Human Services Agency (HHSA) memo and accompanied the Family Health Centers of San Diego (FHCSD) and San Diego State University's Institute for Public Health (IPH) study, *Environmental Assessment on People Who Inject Drugs*, and report back to the Board with regular updates; and
- Return within 90 days to the Board with a comprehensive County Substance Use Harm Reduction Strategy including immediate, intermediate and long-term actions that broadens the existing "Opioid and Prescription Drug Misuse" strategy to bring a harm reduction approach to all substance use interventions across the County.

On May 4, 2021, Behavioral Health Services and Public Health Services will return to the BOS with a recommendation to receive the report back on this direction, noting that the Syringe Services Action Plan is a component of the Harm Reduction Strategy.

It is THEREFORE, staff's recommendation that your Board vote to support the authorizations and approvals needed to advance the recommendation in this Board Letter.

LIVE WELL SAN DIEGO UPDATES / SPECIAL EVENTS

Upcoming Events

May Is Mental Health Month 2021

Planning continues in preparation for May Is Mental Health Month, with this year's theme being *Hope for Change*. Once again, activities in recognition of the month will be held virtually. Additional plans include a webpage with an events calendar, list of activities, resources, and a special "5 Trails Challenge" to highlight the importance of mental and physical health and was created in collaboration with the County of San Diego's Park and Recreation department.

Providers, faith-based organizations, and community organizations are encouraged to submit planned activities in recognition of May Is Mental Health Month to Nancy Page (Nancy.Page@sdcounty.ca.gov) for inclusion on the events calendar.

Children and Youth Mental Health Awareness Day Celebration - May 7, 2021

The BHS Children, Youth, and Families (CYF) System of Care unit is partnering with NAMI San Diego to recognize the importance of children and youth mental health with a special virtual gathering that will use art to engage children and youth who are living with serious challenges and their families. This event is to serve as a reminder that we can be physically distanced and remain socially connected. Visit <https://cyfliaison.namisandiego.org/may-event-2020/> to view last year's event and artwork.

UPDATES FROM THE ADULT AND OLDER ADULT (AOA) SYSTEM OF CARE

Advancing the Behavioral Health Continuum of Care

Expansion of Regional Crisis Stabilization Units

Palomar Health

On August 4, 2015, the San Diego County Board of Supervisors (BOS) approved a contract with Palomar Health to provide specialized services for crisis stabilization. On July 1, 2020, Palomar Health moved into their new modular building next to their hospital in Escondido, CA. The modular building is a state-of-the-art facility located directly outside the emergency room at Palomar Hospital. The two-story building accommodated eight additional recliners increasing the total number of recliners to 16 by the end of 2020. Crisis stabilization services are designed to prevent clients from being admitted to a more intensive inpatient setting, which can be disruptive to one's life. By June 2020, Palomar was able to divert 86.9% of their clients from admitting into their inpatient program. The service is designed to last 24 hours and provide intensive assessment, medications, monitoring, peer support and case management services. Additionally, Palomar provides clients with one-time funding for housing or other basic needs.

Paradise Valley

On August 4, 2020, the BOS approved a contract with Paradise Valley to provide specialized services for crisis stabilization. This newest crisis stabilization unit (CSU) will be housed at the Bay View Hospital, serving the south region. This site will accommodate 12 recliners and will provide 24-hour crisis stabilization. Services will include psychiatric assessments, monitoring, medications, peer support, case management, and care coordination. The CSU is scheduled to open in April 2021.

North Coastal Live Well Health Center

The North Coastal Live Well Health Center CSU will be an outpatient program operating 24 hours a day, to provide community-based, crisis stabilization services in a comfortable, welcoming environment. The program will assist in de-escalating the severity of a person's level of distress and/or reducing the need for urgent care associated with substance use or serious mental illness, while providing support in a recovery-oriented setting. This CSU will be located at the North Coastal Live Well Health Center at 1701 Mission Avenue in Oceanside, where an array of other behavioral health services are co-located. Additionally, there will be a care coordination component to ensure clients are connected to ongoing behavioral health and community support services. This program will serve both as a walk-in assessment center for 5150 clients and provide voluntary stabilization services.

North Coastal Pilot Mobile Crisis Response Team Procurement

On November 3, 2020, the North Coastal Mobile Crisis Response Team (MCRT) pilot contract was awarded to Exodus Recovery, Inc. On January 11, 2021, the MCRT launched with a soft opening providing field-based, non-law enforcement, crisis intervention services. Working in tandem with the Access and Crisis Line, teams consisting of a clinician and a peer respond to individuals experiencing a behavioral health crisis in the field with the goal of de-escalating the crisis and diverting the client from more costly levels of care. After the MCRT team mitigates the immediate crisis, the enhanced care coordination component allows for care coordinators to assist clients further, linking them with appropriate and ongoing services.

COVID-19 BHS Response

In response to the COVID-19 pandemic, BHS partnered with Public Health Services and other Health and Human Services Agency (HHSA) departments to ensure the behavioral health needs of individuals impacted by COVID-19 were addressed.

Mental Health Systems, Inc. (MHS)/Convention Center

Effective April 1, 2020, several contracts with MHS, Inc. were amended to deploy to the Convention Center in partnership with the City of San Diego, San Diego Housing Commission (SDHC), County of San Diego (County) Public Health Services and Medical Care Services, homeless service providers, and additional community service agencies to ensure establishing a temporary shelter space that would allow for physical distancing, COVID-19 testing, and connection to services. MHS, Inc. provides on-site crisis intervention, medication management, individual counseling services, and referrals to additional behavioral health services. As of March 1, 2021, MHS, Inc. has provided over 8,000 contact/service encounters to guests at the convention center. Services at the Convention Center will cease effective March 24, 2021, due to demobilization efforts led by the City of San Diego in partnership with other providers.

As part of the clinical intervention at the Convention Center, MHS, Inc. supported clients in developing an artwork display that is reflective of their experiences and trauma. MHS, Inc. is working with SDHC and the City of San Diego to capture the "history of this unique experience at the Convention Center" by creating a permanent display of the residents' artwork. It's been proposed that the artwork becomes a mobile art display that travels to locations around the region.

Telecare Tesoro/Convention Center

On May 1, 2020, Telecare Tesoro was co-located at the Convention Center to accept referrals for individuals who met eligibility criteria for Assertive Community Treatment (ACT) and project-based

housing vouchers through the SDHC. Up to 25 housing vouchers were made available along with treatment appointments for guests on site. Telecare Tesoro will cease services at the Convention Center effective March 24, 2021, as part of the Convention Center demobilization process but will continue to provide ongoing care and support to the enrolled ACT program clients.

Public Health Lodging Sites

Effective April 1, 2020, several contracts with Telecare were amended to deploy staff to the public health lodging sites in partnership with the Public Health Services to provide on-site behavioral health services for COVID-19 positive individuals requiring safe isolation. Telecare provides 24/7 support to the public health lodging site to include crisis intervention, case management, treatment/safety planning, coordination with external providers, and discharge planning for services. As of March 1, 2021, Telecare had provided services to over 3,000 guests at the public health lodging site.

Housing and Homeless Services

Local Government Special Needs Housing Program (SNHP)

BHS and Mental Health Services Act (MHSA) development partners have begun the lease-up process for two new housing developments with dedicated MHSA units: Ivy Senior Apartments and Trinity Place. Both will serve seniors (55+) with serious mental illness who are experiencing homelessness, and both will provide clients access to project-based housing vouchers through the SDHC.

Ivy Senior Apartments (Ivy) is a new construction development that will be located in the Clairemont area of San Diego and will have seven units dedicated to MHSA-eligible senior tenants. Trinity Place is also a new construction development that will be in the Grantville area of San Diego; the development will include 18 MHSA-dedicated senior units. The SNHP provides funding to affordable housing developers to create permanent supportive housing units for MHSA-eligible clients. Trinity Place and Ivy will be the fifth and sixth developments to become operational that were funded, in part, by SNHP. Funded by \$20 million in MHSA funds allocated by the BOS, SNHP will ultimately lead to the creation of 128 supportive housing units, as well as the augmentation of Capitalized Operating Subsidy Reserves (COSR) to maintain the affordability of existing MHSA units.

Eligible MHSA tenants are scheduled to move into Trinity Place and Ivy beginning in August and October 2021, respectively. The lease-ups will bring the total number of operational MHSA permanent supportive housing units to 389.

No Place Like Home (NPLH)

Valley Senior Village, to be located in Escondido, is the sixth development countywide to receive a conditional funding and services commitment through the NPLH program. NPLH provides loans to affordable housing developers to create permanent supportive housing units for individuals with a serious mental illness (SMI) or severe emotional disturbance (SED) diagnosis who are at risk or experiencing homelessness or chronic homelessness. Like SNHP, supportive services for the NPLH units will be provided by BHS. Unlike previous MHSA-funded housing programs, NPLH loans are administered locally by County Housing and Community Development Services (HCDS). Valley Senior Village joins five other developments with NPLH commitments; the other developments will be in Downtown San Diego, San Ysidro, Carlsbad, and Chula Vista. The six developments combined will contain a total of 172 NPLH-funded units and will be deed-restricted to serve this

population for 55 years. The first NPLH developments are scheduled for completion beginning in 2022.

The 2nd Round NPLH Notice of Funding Availability is currently open, and additional NPLH funding is still available.

Housing Convention Center Resources

In response to the COVID-19 pandemic, BHS has partnered with the SDHC to direct BHS associated housing resources to eligible individuals with behavioral health needs who are sheltered by Operation Shelter to Home in the City of San Diego, including the Convention Center. In December 2020, the SDHC awarded 80 additional sponsor-based subsidies to the BHS-contracted Alpha Project Home Finder program to connect individuals to permanent supportive housing. The Home Finder program serves clients enrolled in services at BHS outpatient mental health clinics in the Central and North Central Regions. Since December, more than 40 clients have already been connected to these new subsidies.

The 80 subsidies are in addition to 100 subsidies that were awarded to Home Finder in September 2018, more than 40 of which were also issued to BHS clients sheltered at the Convention Center.

Drug Medi-Cal Organized Delivery System (DMC-ODS) Updates

Residential: The Way Back

The Way Back, a residential DMC program serving ASAM LOC 3.1 and 3.5, has modified operations to ensure compliance with the Center for Disease Control (CDC) requirements for congregate care facilities. The measures taken to ensure the safety of clients and staff include hiring additional maintenance staff to sanitize and clean on a more frequent basis, socially distancing beds, and chairs in the facility.

During the COVID-19 pandemic, the program has maintained 80% occupancy of the 22 contracted beds to serve clients in need of high intensity substance use residential services.

Outpatient: Union of Pan Asian Communities

Union of Pan Asian Communities (UPAC) Substance Use Outpatient Treatment Program made an impressive transition from February 2020 to April 2020 from no telehealth services to offering most of their services via telehealth. As of December 2020, 80% of all services were completed utilizing telehealth.

While most of UPAC's client population have access to technology, those who do not or need assistance accessing services can visit the clinic and use a laptop that is provided in a sanitized area for therapeutic services via telehealth.

UPAC Outpatient Clinic has increased DMC services by 28% compared to data from February 2020 to December 2020.

Opioid Treatment Program: SOAP MAT

The following updates highlight recent accomplishments of the SOAP MAT program:

- Take home exceptions have been submitted and approved for patients per DHCS, DEA, and SAMHSA guidelines to reduce possible exposure and infection of COVID-19. Currently

76% of active patients have take-home medications approved, reducing clinic visits from five days a week to once a month.

- Curbside dosing has been offered and implemented for all patients who suspect possible exposure/infection or have reported symptoms of COVID-19.
- Telehealth services are being utilized frequently to reduce contact among patients at high risk for infection. Telehealth services include intakes, doctor consults with patients, counseling, and case management sessions.
- The number of services at SOAP MAT have remained consistent during the COVID-19 pandemic. There was less than a 3% variance in the number of services available when comparing data from February 2020 and August 2020.
- In response to the increase of opioid and fentanyl use, SOAP MAT initiated an outreach program at Tri-City Hospital. The program provides information regarding access and availability of Opioid Treatment Program (OTP) services.
- SOAP MAT delivered school and art supplies, cleaning products, Personal Protective Equipment (PPE) masks and gloves, kitchenware, milk, and miscellaneous goods to Project HOPE, a homeless shelter in Vista.
- The program has launched social media campaigns amid the COVID-19 pandemic on various platforms with the intention to deliver education on OTPs to a wide audience and promote the use of Medication Assisted Treatment.

Medication Assisted Treatment: ACTION East

The ACTION East Program provides supportive housing services integrated with SMI and substance use disorder (SUD) treatment services for homeless individuals in East Region. ACTION East operates two treatment program tracks: (1) Short-Doyle/Medi-Cal MHSA Full-Service Partnership (FSP) ACT and recovery services; and (2) DMC-certified Alcohol and Other Drug (AOD) treatment and recovery services.

ACTION East began offering medication assistance treatment (MAT) services in May 2020, adhering to all applicable federal, state, and local guidelines in the administration of FDA-approved medications for SUD, including the utilization of long-acting injectable naltrexone. The addition of this service has increased care coordination and supports clients in remaining connected to on-site care.

Supported Employment

Five-Year Strategic Employment Plan

Maximizing employment opportunities has been a key goal for the County Behavioral Health Services and the new Five-Year Strategic Employment Plan: Fiscal Year 2020 to 2024 (Plan) which outlines a clear vision for continued expansion of employment opportunities for people with behavioral health issues, including investing in evidence-based and evidence-informed practices that are effective in increasing employment.

The Plan was developed through in-depth consultation with key community, consumer, and business partners, including focus groups and interviews over a three-month period. The Plan provides an overview of the County's investments in behavioral health and employment services and the highly prioritized work stemming from the initial Five-Year Strategic Employment Plan which launched the "Work Well" initiative in San Diego. In addition, the Plan provides an overview of the evidence based best practice of the Individualized Placement and Support (IPS) Model of Supported Employment and how it is being implemented locally. As part of the Plan road map, it was crucial to include an analysis of priority and emerging sectors and employment opportunities in San Diego, outlining key opportunities for employment for people living with behavioral health

issues. The Plan also identifies gaps that must be addressed and potential resources in achieving these efforts.

The Plan recommends clear goals, objectives, and strategies which form the foundation to maximize employment opportunities and act as key drivers of positive change and greater employment outcomes in the coming years. The goals over the next five years are to:

- Expand access to IPS model of supported employment,
- Engage employers as key partners in the Work Well initiative,
- Enhance data collection and analysis,
- Champion peer employment and advocacy to increase peer involvement, and
- Identify and pursue funding opportunities.

Two components of the Plan are in progress. In February 2021, BHS in collaboration with contracted partners San Diego Workforce Partnership (SDWP) and Corporation for Supportive Housing (CSH), instituted the plan for data collection through Tableau, a business analytics platform. This shift in real time data collection, directly from providers, will enable real time review and analysis of program and systemwide performance. The pilot test begins in April 2021 and is expected to be fully implemented by July 2021.

Effective March 3, 2021, the ability to expand access to IPS Model of Supported Employment was activated through a SDWP [Supported Employment / Work Well](#) website that includes links to the IPS Model, provides information on the local Work Well initiative and the Plan, and directs individuals to the local support services of SDWP.

Justice Involved Services - Collaborative Courts Programs

Drug Court

Drug Court contracted BHS SUD treatment program works in collaboration with justice partners including a Judge, District Attorney, Public Defender, City Attorney, Probation, and Sheriff to provide an 18-month, highly structured and monitored treatment program for persons who have committed a non-violent drug-related crime and who are at high risk for recidivism and at high need for SUD treatment. These programs serve approximately 110 individuals in each court at any given time. Emphasis is placed on sobriety, housing, employment, education, and family re-unification. Criminal charges may be reduced or dismissed upon successful completion of the program. Drug Courts have participated in DMC-ODS since December of 2019.

Re-entry Court

Based in the Central Region, Re-entry Court operates similarly to the Drug Court program structure in collaboration with BHS contracted service providers and justice partners. This program serves up to 60 individuals at a time who have engaged in behavior that has violated their community supervision (Probation) and who have been assessed as having a SUD. Some participants also suffer from co-occurring mental health disorders. Emphasis is placed on sobriety, housing, employment, education, and family re-unification. Successful program completion may result in early termination of Probation.

Behavioral Health Court

Based in the Central Region, Behavioral Health Court (BHC) applies the Collaborative Court model for persons who are diagnosed with a SMI and who have engaged in criminal behavior in the community. The program was recently augmented with funding from the Department of State Hospitals (DSH) and now serves 90 individuals at a time, including 30 “diversion” clients. BHC

provides intensive mental health treatment with concurrent emphasis on sobriety, stable housing, linkage to benefits and/or employment, re-unification with family, and employment/education when appropriate. Successful program completion may result in the reduction or dismissal of charges.

Other Diversion Programs

Serial Inebriate Program

Serial Inebriate Program (SIP) is a collaborative effort involving a BHS contracted service provider, courts, police, emergency medical services, and hospitals to provide services to “chronically homeless inebriates”. The program provides outpatient SUD treatment and housing as an alternative to custody for persons who have been sentenced. SIP serves 56 individuals in transitional housing with another 65 clients in permanent supportive housing. The SIP program also provides case management services for another 100 homeless individuals who are referred to case managers by the SDHC.

Inebriate Sobering Center

Provides a safe alternative to custody for “public inebriates” who need sobering services in lieu of arrest. This includes individuals who are under the influence of alcohol and other intoxicants. The program keeps persons transported and dropped off by law enforcement for a minimum of 4 hours. Persons receiving these services are provided counseling and linked to treatment resources in the community once they regain functioning. Multiple contacts in one month result in a mandated referral to SIP, described above.

Psychiatric Emergency Response Team (PERT)

PERT is a collaboration between BHS and law enforcement agencies around the County and pairs a licensed mental health clinician with a uniformed law enforcement officer in the field. The PERT clinician provides crisis interventions to individuals experiencing a behavioral health crisis. Interventions include a mental health and substance use consultation, case coordination, and referrals to individuals who come in contact with law enforcement. PERT can transport individuals to a hospital or other treatment as appropriate. There are currently 70 PERT teams allocated Countywide. PERT is also participating in a pilot that pairs a licensed clinician with an Emergency Services Technician to respond to and provide outreach and engagement with individuals who are high utilizers of the EMS system. There are currently two PERT EMS teams in Central San Diego.

Justice Involved ACT Programs

Center Star ACT

Utilizes the ACT model of care which provides comprehensive, multi-disciplinary, field-based mental health services. Center Star ACT provides these services for homeless, justice-involved clients who are diagnosed with SMI and co-occurring disorders. This program operates County-wide and serves approximately 200 persons at a time with the ability to “step clients down” to a lower level of care within the program utilizing a strengths-based case management approach. The program has both transitional and long-term housing resources and is funded with MHSA funding.

Vida ACT

Utilizes the ACT model of care, as described above, to serve clients who are diagnosed with SMI, are homeless, may have co-occurring disorders, and who are re-entering the community directly from custody. Vida ACT specializes in assessing for criminogenic need and ensuring these needs are addressed in the treatment plan along with SMI, SUD, and housing needs.

AB109 Contracted Mental Health Providers

Telecare PROPS ACT

Utilizes the ACT model of care, as described above, to serve clients diagnosed with SMI and co-occurring disorders, who have been adjudicated under AB109 and who are supervised by local Probation (PRCS/MS). Telecare PROPS ACT has funding for transitional housing along with comprehensive mental health services. This program is funded with AB109 re-alignment funds and serves 60 clients at any point in time.

Exodus Strengths-Based Case Management

Provides outpatient mental health services including medication management and strengths-based case management. This program has flex funds to cover various needs including temporary housing. Participants in this program are referred by Probation and are under supervision as AB109 offenders. The program serves adults 18 years and older and serves a minimum of 465 clients annually.

In-Reach Programs

Project In-Reach

BHS has partnered with the Sheriff's Department on the Project In-Reach to engage and serve persons who are diagnosed with a SMI and co-occurring disorders and are in custody at County jails. The Sheriff identifies persons in need of these services, submits a referral to the program, and services begin 30-60 days prior to release into the community. Services include physically assisting the client with moving from custody into community-based services. The program continues to monitor and support the client for up to 90 days. Emphasis is on the successful transition from custody to community and reduction in recidivism.

Wellness Ministry

Wellness Ministry follows a similar program model to Project In-Reach, with the added element of pairing a religious pastor with a mental health clinician providing these services. This program serves the same population as described above with the same outcome objectives. Emphasis is placed on meeting spiritual needs and linking clients with community religious organizations of their choice.

Other BHS Programs with Justice Intersections

Public Defender Unit

Public Defender Unit is a collaboration between the Office of the Public Defender and BHS. BHS provides funding for clinicians to screen and assess clients needing services for SMI as identified and referred by defense attorneys. Embedded clinicians identify the level of mental health need and link clients with services in the community, such as ACT and Outpatient Mental Health Clinics.

In-Home Outreach Team

In-Home Outreach Teams (IHOT) serve as the starting point of a treatment continuum with the goal of linking and connecting individuals with SMI to appropriate services, and if eligible, referring individuals to Assisted Outpatient Treatment (AOT). Referrals may come from hospital staff, family members, HHSA's Homeless Outreach Teams, PERT, law enforcement, crisis residential centers, jails, etc. Field-based teams generally consist of a licensed clinician, case manager, family support specialist, and a peer specialist who work to engage the individual in need in a comfortable setting, which allows the team an opportunity to build a relationship of trust. Although this coordinated

approach is typically successful in linking individuals to treatment and other services, there are some participants who remain resistant to engagement and may meet the nine criteria under Laura's Law. IHOT may refer an individual for a Laura's Law evaluation by an AOT Clinician (embedded in the IHOT program) if, after several attempts, engagement efforts are unsuccessful. The evaluation will determine if the path to court-ordered treatment via AOT is appropriate.

- IHOT Success Story: M was referred by her parents after experiencing acute psychotic symptoms, including delusional beliefs, and significant sexual trauma with a history of suicide attempts. Upon referral, M met criteria for Laura's Law as she had more than four hospitalizations. During the first several weeks of outreach and engagement, the IHOT staff worked on building rapport with M, as well as providing education and support to family members. Post-discharge from a recent hospitalization, M continued to present as too symptomatic to successfully connect to an existing behavioral health program and was re-hospitalized. Following that unsuccessful connection, IHOT was able to coordinate care and successfully refer the client to AOT services. Currently, M is safe and has been connected to treatment, housing, Supplemental Security Income (SSI), and a payee service. She has also started the process of strengthening her family relationships.

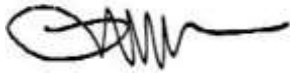
Assisted Outpatient Treatment

Once the AOT clinician from the IHOT program has determined an individual appears to meet the nine criteria for AOT, they are referred to the AOT program which is a Full-Service Partnership (FSP) ACT program. This FSP/ACT program provides a continuum of services with the goal of improving the quality of life of participants and supporting them on their path to recovery and wellness, as well as preventing decompensation and cycling through acute services (i.e., psychiatric hospitalization) and incarceration. Following IHOT involvement, a participant who continues to be resistant to treatment may enter the AOT program either voluntarily or through a court process, which may include opting to enter voluntarily (via a settlement agreement) or by an AOT court-order. Regardless of the way in which an individual is referred, the program relies on a highly collaborative, field-based team to provide intensive services to prevent further decompensation.

StrengTHS (Therapeutic Healing Services) Central East Regional Recovery Center

Clients are referred by the Central Court(s) to receive an in-person screening while at the court by an In-Court Liaison. Linkage is provided to behavioral health and case management services for individuals with a primary substance use disorder or co-occurring mental health condition(s) and who have committed an offense impacted by Proposition 47.

Respectfully submitted,



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