



## MEETING MINUTES

**Monday, March 24, 2013, 7:00 PM**

137 N. Cottonwood, Woodland, CA 95695  
Bauer Building, Thomson Conference Room

- Members Present:** Brad Anderson; Bret Bandle; Robert Canning, Vice-Chair; Martha Guerrero; June Forbes; James Glica-Hernandez; Nicki King; Caren Livingstone; Supervisor Don Saylor; Robert Schelen, Chair; Tom Waltz; Janlee Wong; Tawny Yambrovich
- Members Excused:** Richard Bellows; Davis Campbell; Michael Hebda
- Staff Present:** Mark Bryan, Assistant Director, Health Services Department  
Karen Larsen, Mental Health Director and Alcohol and Drug Administrator, Alcohol, Drug and Mental Health Department  
Makayle Neuvert, ADMH Administrative Assistant  
Steve Rea, Assistant Deputy to Don Saylor
- Community Members:** Sally Mandujan; Patrick Odland; Lesli Carrol; Anne Hadreas
- Guests:** Sheriff Ed Prieto, Sheriff's Department  
Captain Robin Faille, Sheriff's Department  
Jodel Jenks, Regional Manager, CFMG  
Tami Owens, Program Manager, CFMG / Adult and Juvenile Detention Facilities

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1. **Call to Order and Introductions** – The March 24, 2014 meeting of the Local Mental Health Board (LMHB) was called to order at 7:07 PM. Introductions were made. All welcomed new member James Glica-Hernandez who shared and extended introduction and background information.
  2. **Public Comment** – None
  3. **Approval of Agenda – Motion:** Richard, **Second:** Tawny, **Discussion:** None, **Vote:** Passes unanimously
  4. **Approval of Minutes from February 24, 2014 – Motion:** James, **Second:** Robert, **Discussion:** None, **Vote:** Passes unanimously
  5. **Announcements and Correspondence** –
    - Correspondence: A letter received from NAMI was distributed to the board and acknowledged. Many issues were expected to be addressed during other agenda topics so this in depth discussed of the letter was deferred to the Chair's report.
    - Announcement: A recap of the recently held annual NAMI Pat Williams dinner was shared. This sold out event was lauded. Member June Forbes was congratulated as the awarded NAMI advocate of the Year.
    - Mental Health Matters Day: 10:30 AM on 05/13/14, [www.eachmindmatters.org](http://www.eachmindmatters.org)

**6. Jail Mental Health – Sheriff Ed Prieto and Jodel Jencks, CFMG**

With an introduction by Board Chair, Bob Schelen, Sheriff Ed Prieto and Captain Robin Faille of the Sheriff's Department were joined by Jodel Jenks, regional Manager of California Forensic Medical Group (CFMG) and Tami Owens also of CFMG and the Program Manager for Yolo County Adult and Juvenile Detention Facilities. All joined the LMHB to discuss mental health and law enforcement related issues.

Sheriff Prieto shared his background, history and concerns related to mental health. He stressed the importance of those in custody getting all the support they need and noted being open to recommendations that reflect the motto of "service without limitations."

Jodel Jenks also shared introduced herself and CFMG.

- It is frustrating that historically there has not been enough focus on mental health issues but improvements have been seen in recent years. Always striving to improve these services.
- The typical process from arrest to booking was reviewed with reference to the mental health population.
  - After arrest, those in custody are taken to an intake area. If they identify a medical or mental health issue then a nurse is called and an assessment is done. If a mental health issue is identified, then the inmate is seen by a clinician within 24 hours.
  - Mental health inmates and those on suicide watch will be seen by a psychiatrist within seven days.
  - Medication does not necessarily have to be verified to be continued. The will be started immediately if they reasonably demonstrate a history and current use of a prescription. Self-medicating without a prescription will not be continued. Mental Health medications are managed with review every 90 days are sooner.
  - Information is understandably sometimes limited or partial in nature. Information is not shared without permission but it can be collected, from family members for instance.
- Services added:
  - Socialization Program: Inmates on Administrative Segregation (AdSeg) with mental health conditions are medically reviewed 3 times per week, with an addition 3 checks per week by mental health staff. Those approved for the socialization program are allowed once a week allowed to participate in a social activity, (basketball, social crafts, etc.) and interaction with other AdSeg inmates and custody staff. Once they are determined they can socialize, these inmates may move to a housing unit with other AdSeg folks are housed in single cells. No longer is time-out taken individually but as a group.
  - Open to recommendations and suggestions to improve program.

An extended question and answer period followed with general topics captured below.

**Suicide:**

- Any jail custody staff may place someone on suicide watch but these decisions are reviewed by an assessment from a mental health clinician. Officers are key in noticing these changes.
- No information was available for sharing on the recent suicide in the jail. The investigation is ongoing but confidential. CFMG has a process including a peer review

**LOCAL MENTAL HEALTH BOARD – MEETING MINUTES**  
**Monday, March 24, 2013, 7:00 PM**

and quarterly quality assurance meeting which reviews cases after investigation are closed.

- Custody staff, nursing staff, and officers' perceptions and feedback on inmate behavior is vital. Suicides are very hard on staff morale. Preventative measures are put in place when possible.
- Per the recent jail tour taken by LMHB representatives, the suicide watch facility offers limited comforts and privacy and use of restraint chairs were noted as a concern. It was confirmed that restraint chairs are not intended for individuals on suicide watch. The beds offered to those on suicide watch are the best available solution for the specific safety need. These beds are too cost prohibitive for widespread use.

**Medical Evaluations and Records:**

- Every inmate arrested is asked at intake a series of medical questions and if they refuse to answer or deny details, they will be see within 14 days (10 day is the average) to get medical assessment which is done in a private environment.
- Medical information under CFMG is protected, just like a doctor's office. Unless a subpoena or information release is signed, medical information remains confidential. The only time information is shared is in cases where it is necessary for continuity of care.
- Jail access to ADMH electronic mental health records is limited to program managers and 2 clinicians; custody or other staff do not have access. ADMH was very concerned about protecting the medical records and so very limited access is allowed. HIPPA still applies to all the information and there is reliance on the ethical responsibilities and guidelines as medical staff. From a continuity of care perspective, making information readily available is important, especially during a crisis. Our records system does not isolate only medication information and in order to do a complete job, the clinicians need all the information in the progress notes and diagnosis in order to treat and stabilize those in custody. Medication is the primary concern and continued but therapy is not continued.
- If an officer overhears confidential information, they are subject to HIPPA laws.
- Though there are not specific policies and procedures related to prevention of polydipsia, inmates with mental health issues are checked 6 times per week by medical staff. Suggestions were shared by the board on metering water and 5150-ing those who are consuming large amounts.

**Crisis Intervention Training (CIT) or other Mental Health Training:**

- CFMG and custody staff are trained annually on mental health issues and suicide prevention components. This is not a replacement for medical professionals but it is important to be aware of behaviors that are occurring and may trigger further review.
- CIT is not provided for CFMG staff but the idea was welcomed. CIT is designed for police officers and the intention to lessen incarceration and violence. This MHA funded program is free to officers<sup>1</sup> but has low attendance from the Sheriff's office which may be related to the focus of CIT being for patrol officers rather than custody staff. If CIT training is moving toward a custodial officer focus and is certified by POST<sup>2</sup>, then the Sheriff is open to participating and will still work with CPOA. Bob will find out from the CIT lead, Officer Mike Summers, if the curriculum is open to enhancements.

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<sup>1</sup> [Text correction noted at the 04/28/14 LMHB meeting.](#)

<sup>2</sup> [During the 04/28/14 LMHB meeting, a request was made to correct these minutes to clarify that CIT is currently certified by POST and this fact was clarified for the Sheriff and guests during the CIT discussion on 03/24/14.](#)

**LOCAL MENTAL HEALTH BOARD – MEETING MINUTES**  
**Monday, March 24, 2013, 7:00 PM**

5150 Facility Status

- The jail is not a 5150 facility and has no authority for force care.
- Inmates are not easily 5150'd to Woodland Memorial Hospital (WMH) because they are refused if they are 1) violent or because they are 2) not gravely disabled while under the care of the jail and therefore do not meet the requirement of not being able to provide food, shelter or clothing.
- The jail asked for support from the LMHB and ADMH to improve this situation.

Reduction in Recidivism:

- Gaps in service that contribute to recidivism is one of the issues addressed in the Day reporting Center (DRC) by offering skills and vocational training program, in-house training and follow-up with providers in the community. The reduction of recidivism is based on teaching people how to have a different kind of life. In home custody, relieves the jail facility and supervised individuals are strictly scheduled and heavily monitored.
- There are 152 long term inmates that maintain a bed.
- Collaboration between all parties is desired by LMHB members. Karen confirmed that WMH, the Sheriff's Officer, and CFMG are all actively working toward collaboration and taking care of individuals, including 5150 issues.
- When a 5150 is recommended by the jail, inmates they go to the emergency room at WMH. They will go to 3B North if recommended by on [sight-site](#)<sup>3</sup> staff.
- The DRC is not a form of diversion as these people have already been released from incarceration and is focused on skill training.

New Jail Construction:

- There is \$36 million in funding for developing a 20 bed facility for those who have mental health issues. This new facility is still three years away.
- The new unit plans to have a dedicated are for those with serious mental illness. This facility will allow enhanced care of certain individuals though it will not be a treatment center. This unit plans to have a separate intake area.
- A LMHB jail construction subcommittee intended to offer recommendations on the new mental health unit designs was suggested and supported by Sheriff Prieto. The group would need to meet very soon due to the existing timeline.

Increased Numbers and Severity of Mental Health Arrests

- Considering the increases in inmate population mental health issues in the context of lessening services, funding, and programs the LMHB is interested in helping with suggestions for greater diversions, pushing for resources or advocating for greater involvement and collaboration. It was reiterated that under federal consent, when the jail capacity reaches 90% they must release inmates. The result is a higher population of felonies and others being put back in the community and in need of resources.
- Jodel of CFMG confirmed the increasing the number and severity of inmates with mental health issues. Yolo Patients are reportedly as more acutely ill but increases are evident in other counties. With AB109, and longer jail stays, the ability to stabilize inmates and get them off drugs and alcohol is beneficial but after they leave there is a gap in

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<sup>3</sup> [Text correction noted at the 04/28/14 LMHB meeting.](#)

## LOCAL MENTAL HEALTH BOARD – MEETING MINUTES

Monday, March 24, 2013, 7:00 PM

services. The inmate discharge medication program recently instituted in Yolo County is helpful. Sheriff Prieto noted the relationship between 5150 evaluations and drug use.

- Captain Faille and Jodel could not confirm the suspected trend that African Americans and Latinos males are 4 times as likely to have mental health care initiated as a result of arrest or incarcerations but family members who call in and share information is very helpful in initiating treatment.
- In 2013 mental health inmates averaged 19% of the population on medication and 26% with medication and service needs, though services are very limited.

Other:

- Religious groups are allowed for inmates who want to participate. Providers must obtain security clearance and groups are not solicited.

### 7. Board of Supervisors Report – Don Saylor

- a. AB109 Ad Hoc Committee of the BOS: Supervisor Saylor and Supervisor Provenza are working on an operation plan for next year in anticipation of the dip in AB109 funds. The dip hopes to be resolved through advocacy with the State. The committee work is going forward, considering the issues with the Community Corrections Partnership (CCP) and the 4/5ths board budget requirements. A recent two day strategic planning session was briefly attended by Judge Basha who expressed desire to enhance mental health treatment in criminal justice community. A LMHB member noted a desire for inclusion of evidence based evaluation methods or components, and outcome measures, as a part of the AB109 strategic planning so as to build them into to the start of programs and secure funding. Supervisor Saylor confirmed that this issue is known and being reviewed to capture as much valuable data as possible. Challenges include data systems across departments being different / un-comparable and funding pools being protected.
- b. Pomona Funds: Pomona funds are a one-time revenue source generated from tobacco funds that are distributed at the discretion of the BOS. Recently the BOS allocated ½ of the available money for tobacco cessation programs in the Health Department and another allocation has been made to the Yolo Continuum of Care, Farm-to-Mouth program at the Farmhouse facility.
- c. Yolo Housing Agency (YHA) Update: As referenced in the NAMI letter, the interest in the MHSA housing money is shared by the BOS will hear a briefing tomorrow from Lisa Baker. Mercy housing is the successful bidder for the development piece, adding a housing project at the old hospital grounds. A portion of the funding will come from MHSA. Currently, CommuniCare has moved to a new building and had freed up the project space. Time and effort has been spent looking into potential options and plans but the intention for tomorrow BOS meeting is to work out the next steps. In response to a question, it was confirmed that no interest has been earned on the MHSA money as the bulk of the dollars are still at the State and not yet paid to the county. The NAMI letter has asked specific questions and Supervisor Saylor agreed to ask these specific questions on behalf of the LMHB and NAMI.

### 8. Department Report – Mark Bryan and Karen Larsen

- a. Health & Human Services (HHS) Integration Update: The integration planning is proceeding. With a goal of true integrated services, the second combined HHS managers meeting took place last month and focused on reviewing current programs and mapping them based on common populations and linkages. A Sacramento State student directed focus on outcome measures is also underway specifically for the HHS

**LOCAL MENTAL HEALTH BOARD – MEETING MINUTES**  
**Monday, March 24, 2013, 7:00 PM**

process. This project will have a broader perspective and the existing LMHB data committee will participate.

All three HHS departments will have separate budgets this year as they have in the past. Regarding the ADMH budget, it is being prepared and will be presented at the May the LMHB meeting in order to allow ample time for review, feedback and correspondence to the June BOS meeting. The state revise could influence changes on the department level.

- b. Request for Proposals (RFPs) / Contracts: The department is on an aggressive timeline to have all contracts in place by 07/01/14. A review of the number of RFPs being issued was shared. Members may be asked to participate in review panels.

Senate Bill 82 Grants Update: An overview and a handout was shared. The Community Based Crisis Response (CBCR) program that the SB 82 Mental Health Services Oversight and Accountability Commission (MHSOAC) grant money aims to fund. With 4 crisis teams (3 assigned to major metro areas and 1 rural) comprised of a Clinician working on scene with law enforcement to focus on diffusing crisis situations and a Peer Support person assisting after the fact with follow-up services. Any mental health need will be supported and modifications to coverage can be made as the program develops. There is a big push to change the culture and the normal processes when mental health sufferers and law enforcement interact. Education will play a role. The California Health Facilities Financing Authority (CHFFA) companion grant application requested funding to purchase vehicles for the CBCR program. These vehicles aim at enhancing the service by offering a semi-private and therapeutic mobile environments. Law enforcement shares a high interest in the program and offered letters of support in both grants.

Multiple members commented on the desire to see cultural competency and CIT or related training be a high priority within the CBCR program.

- c. Intergovernmental Transfer Funds (IGT): This funding is tentative as the department has not yet heard from the State confirming the availability. With potentially limited time to prepare should we receive funds, the plan is to use the money to increase staff in areas of need. Suggestions include: case managers, a clinic manager, an assessment clinician and others. The board shared general consensus with the IGT plan proposal.

**9. Chair Report – Bob Schelen**

- a. Legislative Report: Martha Flammer shared a handout on SB 1054 (Steinberg), Mentally Ill Offender Crime Reduction (MIOCR) grants and asked the board to consider submitting a support letter.

**A motion was made to have the LMHB support SB 1054. The amendment was added to request that the BOS also support SB1054. A letter will be drafted for the 04/08/14 BOS meeting.**

**Motion:** Janlee, **Second:** Martha, **Discussion:** An amendment was added to the motion. **Vote:** Passes unanimously.

- b. Metric Plan Report: This committee is still working on preparing a report.
- c. Member Requests:
  - Updated list of LMHB member contact information (email and phone) for internal distribution: Makayle to prepare
  - ADMH organizational chart: Mark to coordinate with Jill

**LOCAL MENTAL HEALTH BOARD – MEETING MINUTES**  
**Monday, March 24, 2013, 7:00 PM**

- Summary of programs and expenditures: Per Mark, this will be included in the budget materials and a specific program overview has been prepared with the HHS Integration effort and will be shared at the next meeting.
  - Measurables Programs: This is being looked at now and the challenges are being considered, including multiple databases, regulatory requirements, and streamlining.
- d. NAMI Letter: Several of the concerns were addressed in during prior meeting agenda topics.
- Regarding Item 2 from the NAMI Letter – Woodland Hospital Psychiatric Unit Beds: As confirmed by Mark, ADMH does not prepay for beds because this is not the best use of our dollar should a bed go unused, the money cannot be recouped. Additional even if a bed is secured, the client can still be refused based on hospital discretion. ADMH will be meeting with WMH in the near future to discuss a variety of issues. LMHB member(s) offered support in advocating for budget flexibility and fund allocation if the cost of treatment (beds) is the limiting factor to obtaining appropriate treatment.

**10. Plan Next Meeting Agenda Items –**

- A budget handout will be shared in April offering a month for review.
- A detailed introduction of Karen Larsen as the Mental Health Director and Alcohol and Drug Administrator
- MHSA Housing Update: invite Lisa Baker or receive update from Supervisor Saylor
- Bob to provide an update from the Sheriff on possible CIT training
- Bob to coordinate a sub-committee on Jail Construction with members Brad, June, Robert, James, with information coming from Makayle

**11. Adjournment – Motion:** Janlee, **Second:** Richard, the meeting was adjourned at 9:54 PM.

**12. Next Meeting Date and Location –** Monday, April 28, 2014, 7:00 PM – 9:00 PM in the Community Conference Room at 600 A Street, Davis, CA 95616



March 19, 2014

Dear Local Mental Health Board members,

NAMI-Yolo has concerns about the following issues impacting the lives of community members who live with mental illness.

### **1. Mental Health Services Act (MHSA) Housing**

Affordable housing is a critical issue for people living with mental illness. As part of the Mental Health Services Act, \$3M was allocated for housing in Yolo County for people with mental illness. That was 7 years ago.

The current plan is to team with Yolo County Housing to build multiple housing units on the site of the old Yolo General Hospital where CommuniCare currently operates the Peterson Clinic. This property has asbestos and formaldehyde problems that need to be mitigated before construction begins. 15 out of 75 units would be reserved for people with mental illness, which comes to \$200,000 per unit.

It's been 7 years and ground has not been broken. Among our many questions are:

- When is this project scheduled to be completed?
- Why is the process taking so long when people with mental illness are desperate for housing?
- Has the bidding started? When? Have there been any bidders? If not, is there a Plan B?
- Why is the per-unit cost so high? Couldn't there be a more efficient plan?
- Is there any interest earned for the past seven years on this \$3M? If so, who gets it?
- Why not consider [Pacifico](#), a 4 building apartment complex owned by the City of Davis and managed by Yolo Housing. It is highly underutilized because of its co-op housing configuration, with 2 out of 4 buildings standing empty. Couldn't it be retrofitted for housing for people with mental illness?

### **2. Woodland Hospital Psychiatric Unit Beds**

Woodland Hospital provides psychiatric beds for Northern California. Seven northern California counties have contracts for beds. Yolo County does not. Often there are no psychiatric beds available to Yolo County residents. An explanation as to why Yolo County does not contract for beds would help in understanding this situation.

### **3. Crisis Intervention Team Training (CIT) for County Sheriff staff (see attached for statistics on training)**

Crisis Intervention Team Training is designed to educate and prepare police officers who come into contact with people with mental illness. This training is an invaluable investment when officers are able to de-escalate a crisis and settle a situation on scene with appropriate skills and pertinent knowledge.

The Sheriff's staff, according to personnel in the Sheriff's administration, includes 78 sworn officers and 97 guards for a total of 175. The Sheriff's 2% attendance pales in comparison to the 63% and 46% attendance by the Winters PD and the Davis PD. The Yolo Jail, under the jurisdiction of the Sheriff is the largest mental health facility in the county. Why has more staff not had CIT training? Are there comparable alternative trainings?

We appeal to our Local Mental Health Board to help find answers to these questions.

Sincerely,

Nancy Temple, President, NAMI-Yolo



<b>CIT Attendance at Disability Response Trainings</b>							
<b>CIT Attendance</b>							
	<b>Total All Agencies</b>	<b>Major Yolo Law Enforcement Attendees</b>					
<b>Training Date</b>		<b>Davis Police</b>	<b>UC Davis</b>	<b>West Sac PD</b>	<b>Winters PD</b>	<b>Woodland PD</b>	<b>Yolo Sheriff</b>
(month/year)	(#)	(#)	(#)	(#)	(#)	(#)	(#)
Apr-10	18	5		2	1	3	
Jul-10	14	3			1		2
Sep-10	22	4		2	1	1	
Apr-11	17	1		1		1	
Jun-11	22	2	2	2			
Aug-11	23	2		2	1	4	
Dec-11	22	3		2		2	
Jun-12	15						
Aug-12	14	1				1	
Nov-12	27	3		1	1	2	
Mar-13	22	1		1		1	
Nov-13	16	1					
<b>Totals</b>	<b>232</b>	<b>26</b>	<b>2</b>	<b>13</b>	<b>5</b>	<b>15</b>	<b>2</b>
<b>Officers</b>		56	53	63	8	59	175
<b>Coverage</b>		<b>46%</b>	<b>4%</b>	<b>21%</b>	<b>63%</b>	<b>25%</b>	<b>1%</b>

**Totals do not Include**

Davis - chief & command staff

Winters - 2 unfilled positions

Woodland- 1 unfilled position

Yolo Sheriff totals includes sworn officers (78) and prison guards (97)



March 19, 2014

The Honorable Darrell Steinberg  
Member, California State Senate, District 6  
State Capitol, Room 205  
Sacramento, CA 95814

**SUBJECT: SB 1054 (Steinberg) Mentally ill offender crime reduction grants-- Support with Suggestions**

Dear Senator Steinberg:

On behalf of the California Mental Health Directors Association (CMHDA), which represents the public mental health authorities in counties throughout California, I am writing in support of your bill, SB 1054 (Mentally ill offender crime reduction grants).

The original Mentally Ill Offender Crime Reduction Program (MIOCR) proved successful -- demonstrating that collaboration to deliver mental health services reduces incarceration and recidivism rates of persons with mental illness. Though dismantled due to recent budget constraints, the legislature has the opportunity to fund the rebuilding and expansion of these successful, cost-effective programs across California. CMHDA strongly supports this proposal.

MIOCR is now more important than when originally created. Public Safety Realignment demands delivery of evidenced-based mental health services in collaboration with sheriffs, probation, and community based organizations -- a cornerstone of MIOCR. The original MIOCR succeeded in addressing important public policy issues, including access to treatment for persons with mental illness and public safety. The proposed \$50 million (\$25 million for adults and \$25 million for juvenile justice) is the minimum investment that should be made. CMHDA would support an investment of \$100 million for adults and \$25 million for juvenile justice.

CMHDA is pleased to support SB 1054 with suggestions mentioned above. Please do not hesitate to contact me at (916) 556-3477x108, or [roakes@cmhda.org](mailto:roakes@cmhda.org) if CMHDA or I can be of any assistance.

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**Introduced by Senator Steinberg**February 18, 2014

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An act to add Article 4 (commencing with Section 6045) to Chapter 5 of Title 7 of Part 3 of the Penal Code, relating to mentally ill criminal offenders, and making an appropriation therefor.

## LEGISLATIVE COUNSEL'S DIGEST

SB 1054, as introduced, Steinberg. Mentally ill offender crime reduction grants.

Existing law establishes the Board of State and Community Corrections to collect and maintain available information and data about state and community correctional policies, practices, capacities, and needs, as specified.

This bill would require the board to administer and award mentally ill offender crime reduction grants on a competitive basis to counties that expand or establish a continuum of swift, certain, and graduated responses to reduce crime and criminal justice costs related to mentally ill offenders. The bill would require the board, in consultation with the State Department of Health Care Services, to award grants that provide funding for 4 years. This bill would appropriate \$50,000,000 from the General Fund in the 2014–15 fiscal year for the mentally ill offender crime reduction grant program, and require that half of that amount be used for adult offenders and half for juvenile offenders.

Vote:  $\frac{2}{3}$ . Appropriation: yes. Fiscal committee: yes.  
State-mandated local program: no.

1 family and community-based treatment models, specialized mental  
2 health courts, and other collaborative models of intervention that  
3 have proven to be successful. The goal, overall, is to break the link  
4 between mental illness and crime as soon as possible, using  
5 state-of-the art assessment and intervention strategies. Early  
6 recognition and treatment in these cases is also critical to our goal  
7 of preventing the escalation of youth mental health disorders into  
8 tragedies like the Sandy Hook school shooting that occurred in  
9 2012.

10 (f) Modern science tells us that children are developmentally  
11 different from adults. This finding has been embedded in decisions  
12 of the United States Supreme Court in recent years, placing limits  
13 on the death penalty and other punishments imposed on children.  
14 In the foster care sector, important cases like the Katie A. litigation  
15 recognize the need for more effective strategies and collaborative  
16 efforts to address the mental health needs of children without  
17 homes of their own.

18 (g) The good news is that science and evidence-based studies  
19 point the way to interventions that can stop the cycle of mental  
20 illness and crime early in these young lives. The new mentally ill  
21 offender crime reduction grants will prioritize funding for local  
22 assessments and interventions that promise to produce better youth  
23 outcomes, to lower youth recidivism rates, and to reduce system  
24 workloads and costs that result from failing to address the problem.

25 (h) Research indicates that a continuum of responses for  
26 mentally ill offenders that includes prevention, intervention, and  
27 incarceration can reduce crime, jail overcrowding, and criminal  
28 justice costs.

29 (i) Therefore, it is the intent of the Legislature that grants be  
30 provided to counties that develop and implement a comprehensive,  
31 cost-effective plan to reduce the rate of crime and offenses  
32 committed by persons with serious mental illness and reduce jail  
33 overcrowding and local criminal justice costs related to mentally  
34 ill offenders.

35 SEC. 2. Article 4 (commencing with Section 6045) is added  
36 to Chapter 5 of Title 7 of Part 3 of the Penal Code, to read:

1 shall be used to supplement, rather than supplant, funding for  
2 existing programs and shall not be used to facilitate the early  
3 release of prisoners or alternatives to incarceration. A grant shall  
4 not be awarded unless the applicant makes available resources in  
5 an amount equal to at least 25 percent of the amount of the grant.  
6 Resources may include in-kind contributions from participating  
7 agencies. In awarding grants, priority shall be given to those  
8 proposals that include additional funding that exceeds 25 percent  
9 of the amount of the grant.

10 6045.6. The Board of State and Community Corrections, in  
11 consultation with the State Department of Health Care Services,  
12 shall establish minimum standards, funding schedules, and  
13 procedures for awarding grants, which shall take into consideration,  
14 but not be limited to, all of the following:

- 15 (a) Percentage of the jail population with severe mental illness.
- 16 (b) Demonstrated ability to administer the program.
- 17 (c) Demonstrated ability to develop effective responses to  
18 provide treatment and stability for persons with severe mental  
19 illness.
- 20 (d) Demonstrated history of maximizing federal, state, local,  
21 and private funding sources.
- 22 (e) Likelihood that the program will continue to operate after  
23 state grant funding ends.

24 6045.8. (a) The Board of State and Community Corrections,  
25 in consultation with the State Department of Health Care Services,  
26 shall create an evaluation design for mentally ill offender crime  
27 reduction grants that will assess the effectiveness of the program  
28 in reducing crime, the number of early releases due to jail  
29 overcrowding, and local criminal justice costs.

30 (b) Commencing on June 30, 2015, and annually thereafter, the  
31 board shall submit a report to the Legislature based on the  
32 evaluation design, with a final report due on December 31, 2019.

33 (c) The reports submitted pursuant to this section shall be  
34 submitted in compliance with Section 9795 of the Government  
35 Code.

36 (d) Pursuant to Section 10231.5 of the Government Code, this  
37 section is repealed as of January 1, 2024.

38 6045.9. (a) Funding for mentally ill offender crime reduction  
39 grants shall be provided, upon appropriation by the Legislature,  
40 in the annual Budget Act.