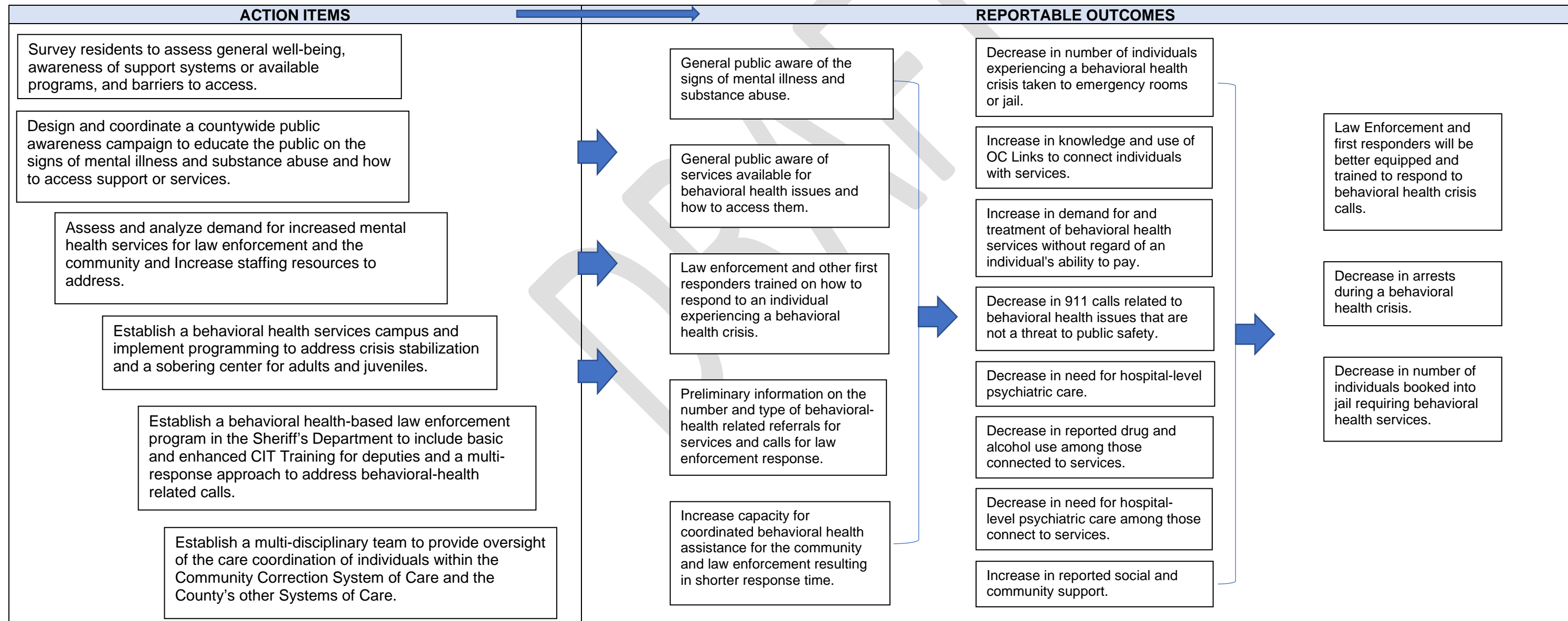
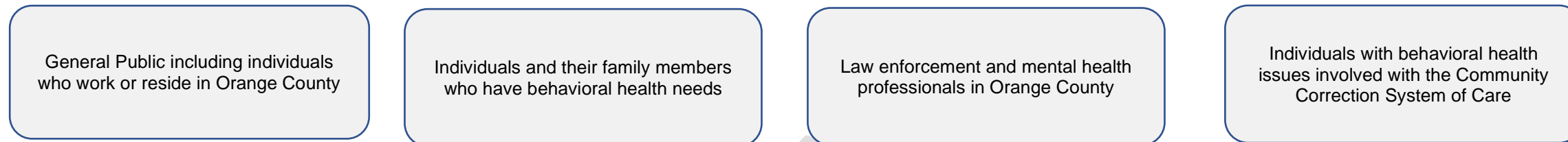


## PREVENTION SYSTEM FLOW CHART

**OBJECTIVE:** Develop public informational campaigns and intervention programs with an emphasis on substance abuse and mental health that provide diversion options for individuals from involvement in the criminal justice system by

- Increasing public awareness of mental health and substance abuse topics and resources
- Increasing staffing resources to address demands for mental health services
- Establishing a behavioral health services campus
- Establishing a multi-response behavioral health-based law enforcement program in the Sheriff's Department
- Implementing a multi-disciplinary team to provide oversight of the care coordination within the Community Correction System of Care

**TARGET POPULATIONS:**



PERFORMANCE INDICATORS			
1. Number and type of calls received by OC Links.	3. Wait time for requested coordinated behavioral health assistance for the community and law enforcement.	5. Number of individuals referred for services requiring hospital-level psychiatric care.	7. Number and percent of individuals referred for services who seek services and continue 1, 3, 6, 12 months.
2. Number and percent of OCSD and local law enforcement entities who have received CIT training.	4. Number of non-public safety 911 calls related to behavioral health issues.	6. Number of individuals who report social and community support.	8. Number and percent of individuals referred for services who report 30, 60, 3 months, 6 months, 1 year of being sober.

STRATEGIC PRIORITIES			
Strategic Priority Title	Description	SFP Years	Estimated Costs
Public Awareness of Mental Health and Substance Abuse	To increase the community's understanding and awareness of mental illness and substance abuse issues and the availability and accessibility of supportive services through an integrated and comprehensive public information campaign.	2019, 2018, 2017, 2016	Implemented: In FY 2020-21, the Health Care Agency, kicked off a public awareness campaign aligned with Mental Health Awareness Month that included COVID-related mental health supports. In addition, a comprehensive survey is being conducted to assess the impacts of the COVID-19 pandemic on the wellbeing of Orange County residents, the informal supports used to manage stress and emotions, and if they have thought about seeking help and the barriers to access services encountered. (2019 SFP costs: \$350K one-time, \$165K annually)

## COURTS SYSTEM FLOW CHART

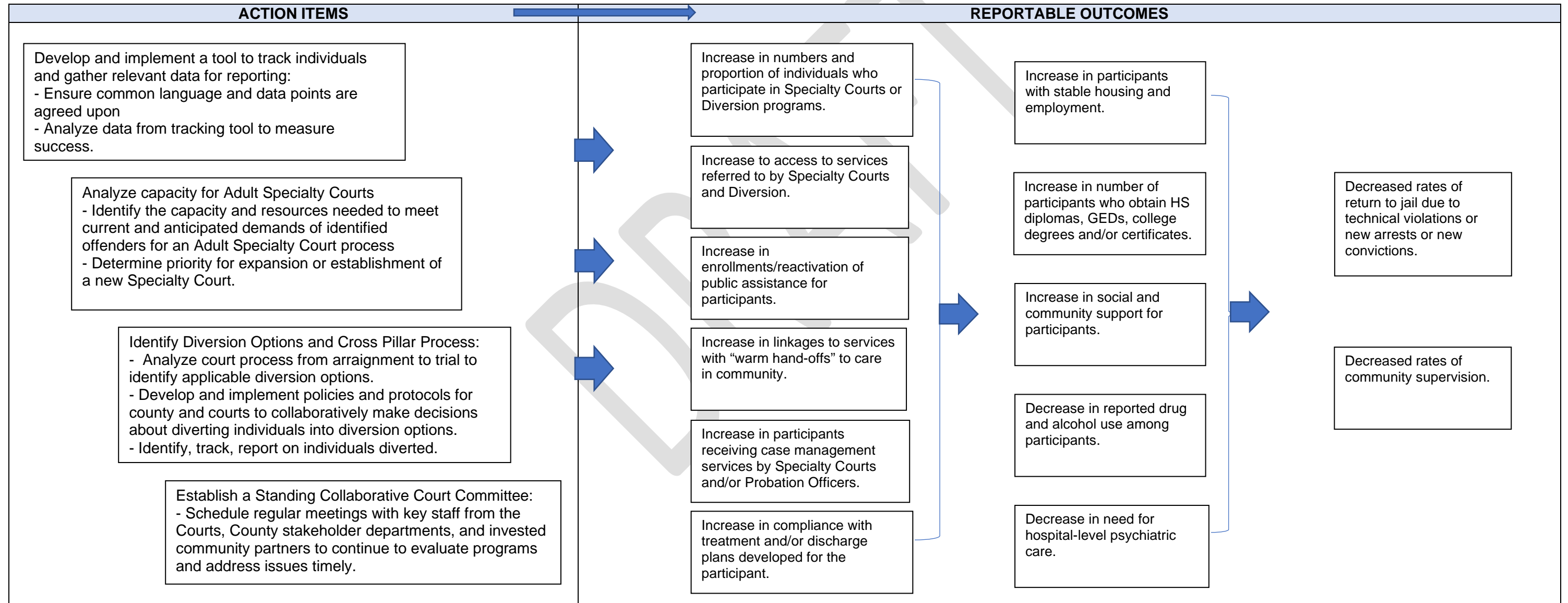
**OBJECTIVE:** Strengthen coordination between county agencies and the courts, including an examination of potential adjustments to existing specialty courts by:

- Developing a tool for tracking data and individuals moving through the Collaborative Court Process to be used by County Depts and OC Courts to evaluate program effectiveness.
- Exploring expansion of Adult Specialty Courts
- Identifying, develop and implement diversion options within the adult court system
- Establishing a standing Collaborative Court Committee.

**TARGET POPULATIONS:**

Adult felony offenders (with various risk and need level) and underlying mental illness or SUD, recommended by Probation, PD, or DA with readiness for program, and meet the program criteria for Specialty Court eligibility.

Individuals in felony or misdemeanor court process (SUD or mental illness) who would benefit from court-ordered treatment or services



PERFORMANCE INDICATORS			
1. Number and percent of individuals enrolled in specific programs and the number and percent that complete the specific programs.	6. Number and percent of individuals who engage in referred services.	11. Number and percent of participants with stable housing - at 3, 6, 12 months.	16. Number and percent of individuals who report 30, 60, 3 months, 6 months, 1 year sober from enrollment into program.
2. Number of participants in each Adult Specialty Court.	7. Number and percent of individuals still engaged in referred services after 1st appt.	12. Number and percent of participants employed - at 3, 6, 12 months.	17. Number of times an individual requires hospital-level psychiatric treatment within 6 months, 1 year into program.
3. Number of participants in each Adult Specialty Court that successfully complete the program.	8. Number and percent of individuals receiving case management services.	13. Number and percent of individuals identified without HS diploma who are engaged in program to acquire.	18. Number and percent of participants with a new conviction - felony, misdemeanor - within 6 months, 1 year from enrollment in program.
4. Decrease in average time waiting for services referred to by Specialty Courts and Diversion.	9. Number and percent of individuals with a treatment and/or discharge plan.	14. Number of individuals enrolled in higher learning or certification programs and number that complete.	19. Number of individuals returned to custody due to probation violations within 6 months, 1 year.
5. Number and percent of individuals receiving public assistance.	10. Number and percent of individuals with a treatment and/or discharge plan that self-report compliance.	15. Number and percent of individuals identified with lack of social support who report improvement at 3, 6, 12 months into program.	20. Number and percent of individuals that successfully complete probation.

STRATEGIC PRIORITIES			
Strategic Priority Title	Description	SFP Years	Estimated Costs
Data Tracking Tool for the Courts	** No Longer a Strategic Priority ** The Courts identified the necessary data elements to support program success and will utilize their case management systems to track detailed participant information.	2019	N/A
Expand Specialty Courts	Expansion of County staff needed to support the expansion of the Adult Specialty Court.	2020, 2019, 2018, 2017	YR Costs: \$3.6M - WIT Court (120 participants): Yr1: \$1.3M - AB109 WIT Court (40 participants): Yr1: \$507K - AB109 Drug Court (40 participants): Yr1: \$981K - MH Diversion (40 participants) Yr1: \$423K - Family Treatment (40 participants): Yr1: \$359K

## IN-CUSTODY SYSTEM FLOW CHART

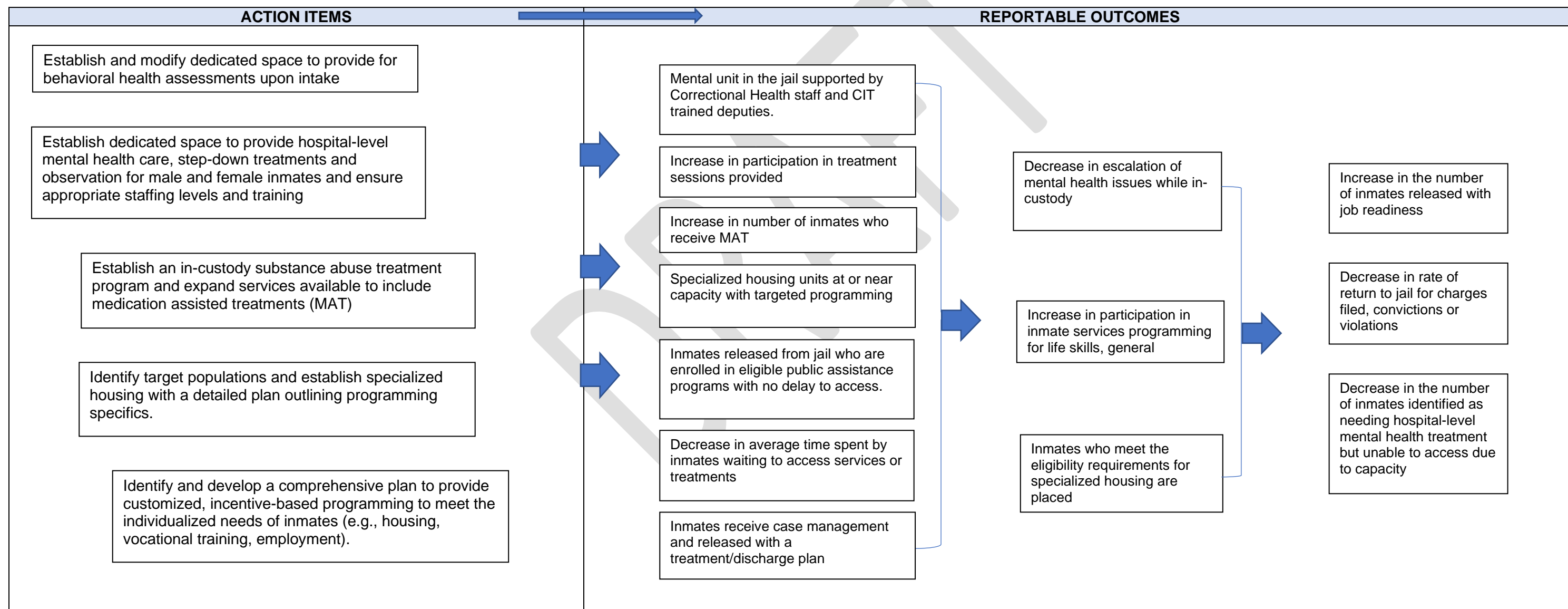
**OBJECTIVE:** Enhance in-custody operations to address the mental health and substance abuse issues encountered and prepare individuals for successful reentry by

- Enhancing mental health and substance abuse treatment services in-custody
- Establishing specialized in-custody housing
- Enhancing inmate programming and services

**TARGET POPULATIONS:**

Individuals in-custody awaiting trial or other court actions and inmates serving their sentences in the County jail system with a focus on those identified as a high utilizers and high risk.

Inmates identified as meeting the established criteria for specialized housing



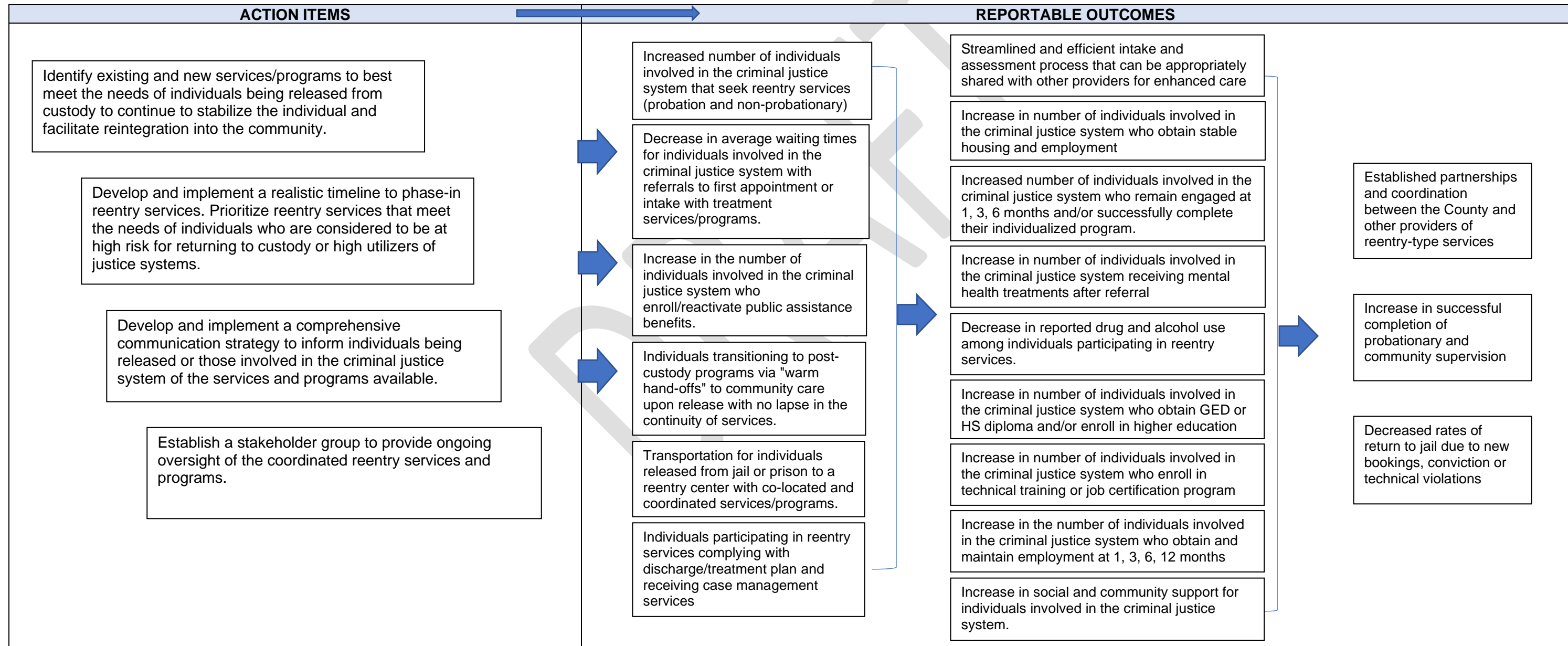
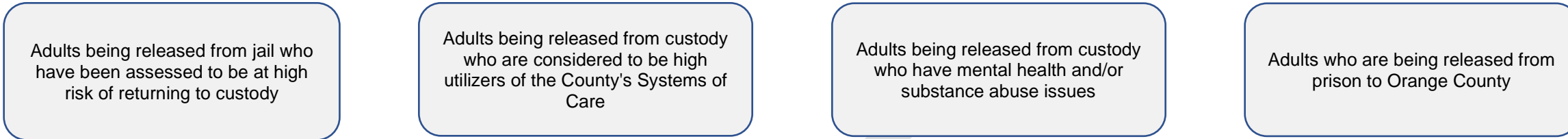
PERFORMANCE INDICATORS			
1. Number of OCSD deputies assigned to Custody Operations that have received CIT training.	5. Number and percent of inmates who meet criteria for specialized housing that are placed.	9. Number and percent of inmates who receive case management services and provided with a treatment/discharge plan upon release.	13. Number and percent of inmates enrolled in GED, high school education programs that graduate
2. Average wait time from identifying needed BH services to time received.	6. Number of inmates who receive MAT.	10. Number and percent of inmates that attend 50%, 75% of their prescribed treatment sessions.	14. Number and percent of inmates enrolled in college or technical programs that graduate.
3. Decrease in acuity of inmates identified with mental illness while in-custody.	7. Number and percent of inmates who return to jail (felony, misdemeanor) that received services while previously in-custody.	11. Number and percent of inmates that revert back to needing hospital-level treatment for mental illness.	
4. Number of BH treatment sessions available for inmates based on staffing models.	8. Number and percent of inmates that are released with public assistance benefits.	12. Number and percent of inmates enrolled in job readiness programs that graduate.	

STRATEGIC PRIORITIES			
Strategic Priority Title	Description	SFP Years	Estimated Costs
Enhancing In-Custody Behavioral Treatment	Addresses the remaining staffing needs to provide early identification of individuals with mental health needs to appropriately provide care and treatment to this increasing population in the jails.	2020, 2019, 2018	Implemented: This priority was fully implemented with the FY 2021-22 Budget with the addition of the final 37 positions for HCA. Annualized costs for total 170.5 FTE's are \$43M.
Enhance Inmate Programming Services	Establishes comprehensive programming for inmates that addresses criminogenic and behavioral issues through a network of support services aimed at reducing the risk to recidivate and increasing the chance of post-release employment and ability to secure housing.	2020, 2019	<ul style="list-style-type: none"> <li>- One-time cost \$1.2M</li> <li>- Annual costs \$600K</li> <li>- No NCC identified</li> </ul>

## REENTRY SYSTEM FLOW CHART

**OBJECTIVE:** Develop a comprehensive reentry system that involves coordination among County and community partners to ensure services meet the identified needs for those reintegrating into the community and that there is a seamless and warm hand-off transition from in-custody to post-custody with no disruption in treatments, services and/or programming.

**TARGET POPULATIONS:**



PERFORMANCE INDICATORS			
1. Number of individuals on wait lists for reentry services.	6. Number and percent of individuals on probation who successfully complete their sentence.	11. Number and percent of individual released from jail, prison who received transportation services to the reentry center.	16. Number and percent of reentry participants reporting social and community support.
2. Average wait time from referral to reentry service to enrollment/appointment	7. Number and percent of reentry participants who are enrolled in the public assistance programs.	12. Number and percent of reentry participants who have a current treatment/discharge/reentry plan.	17. Number and percent of reentry participants who are enrolled and seek mental health services compliant with their discharge/treatment/reentry plan.
3. Number and percent of reentry participants with stable housing at 3, 6, 12 months.	8. Number and percent of reentry participants with proper documentation to seek benefits and employment.	13. Number and percent of individuals enrolled and participating in reentry services programs and successfully complete.	18. Number and percent of reentry participants who report 30, 60, 3 months, 6 months, 1 year sober from enrollment in reentry services.
4. Number and percent of individuals involved in the community corrections system of care that are receiving reentry services.	9. Number and percent of reentry participants who are actively being case managed and compliant with their treatment/discharge/reentry plan.	14. Number and percent of reentry participants who obtain and maintain employment at 1, 3, 6, 12 months.	
5. Number and percent of reentry participants who return to jail (felony, misdemeanor) with a booking, new conviction, and/or technical violation.	10. Number and percent of individuals referred to reentry services that are linked with warm hand-off and continuity of treatment/services.	15. Number and percent of reentry participants who enroll and complete education programs for GED, HS diploma, higher education (degrees) and job training/certification.	

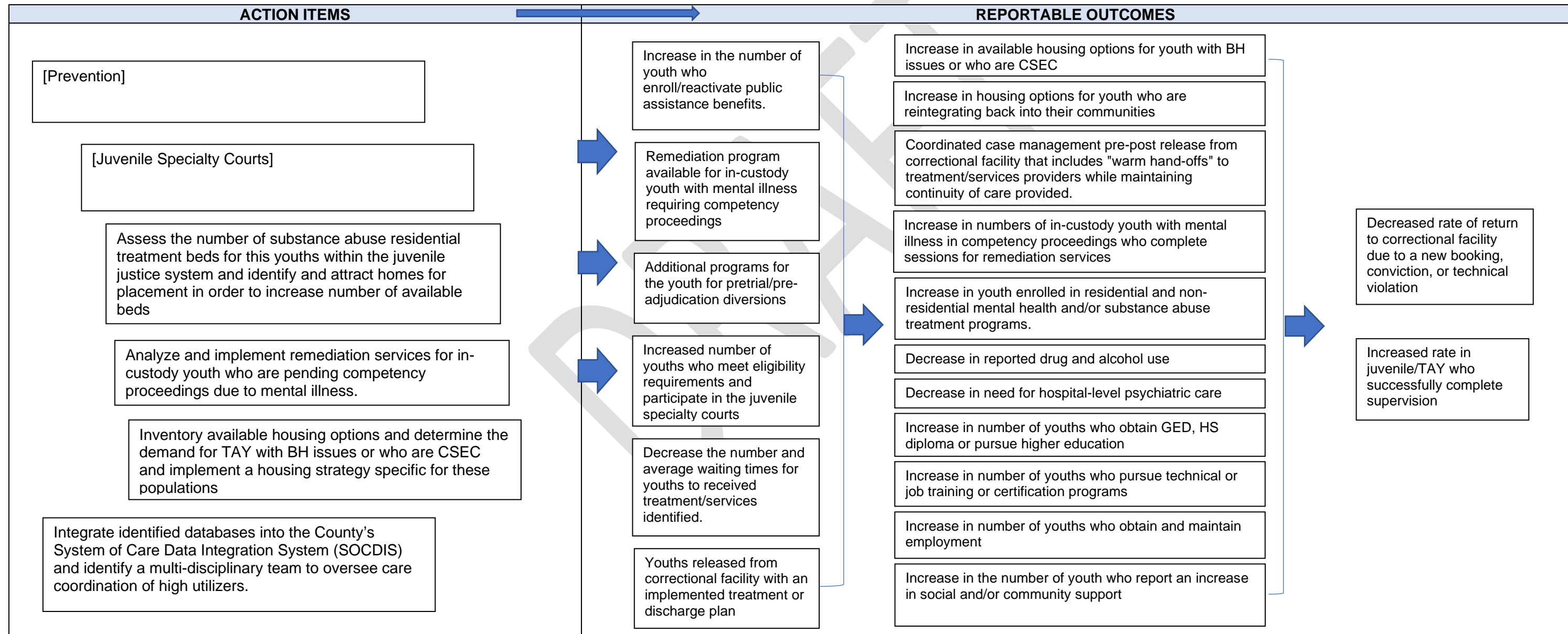
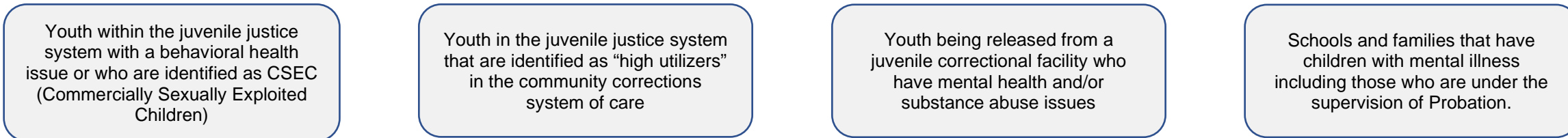
STRATEGIC PRIORITIES			
Strategic Priority Title	Description	SFP Years	Estimated Costs
Coordinated Reentry System	Establishes a comprehensive reentry system accessible by all individuals released from county jails or state prison that includes transportation and linkages to support services or programs with "warm hand-offs" at each point in the reintegration process.	2020, 2019, 2018, 2017, 2016	<ul style="list-style-type: none"> <li>- One-time renovation costs: estimated \$17M</li> <li>- Annualized service costs: estimated \$7M</li> </ul>



## JUVENILE & TAY SYSTEM FLOW CHART

**OBJECTIVE:** Provide for the specific mental health and/or substance abuse treatment needs of the youth and TAY in the juvenile correction system covering pre-custody to post-custody and establish stable housing options for those who have a high risk to enter or reenter the criminal justice system.

**TARGET POPULATIONS:**



PERFORMANCE INDICATORS			
1. Number and percent of youth in juvenile criminal justice system that are considered high-utilizers and number/percent adhering to reentry plan.	7. Number and percent of youth with stable housing at 3, 6, 12 months.	13. Number and percent of youth referred to reentry services that are linked with warm hand-off and continuity of treatment/services.	19. Number and percent of youth enrolled in GED, high school education programs that graduate.
2. Number of youths on wait lists for treatment/services.	8. Number of youth enrolled in pretrial/pre-adjudication programs and percent that complete.	14. Number and percent of youth who have a current treatment/discharge/reentry plan.	20. Number and percent of youth enrolled in college or technical programs that graduate.
3. Average wait time from referral to treatment/service.	9. Number of youths that meet eligibility requirements for juvenile specialty courts.	15. Number and percent of youth enrolled and participating in reentry services programs and successfully complete.	21. Number and percent of youth reporting social and community support.
4. Number of BH treatment sessions available for youth detained based on staffing models.	10. Number and percent of youth who successfully complete probationary sentence.	16. Number and percent of youth who reenter the juvenile justice system with a new booking, conviction, or technical violation.	22. Number and percent of youth who are enrolled and continue mental health services compliant with their discharge/treatment/reentry plan.
5. Number and percent of youth in competency hearings that complete remediation sessions.	11. Number and percent of youth who qualify for assistance programs that are enrolled.	17. Number and percent of youth that revert back to needing hospital-level treatment for mental illness.	23. Number and percent of youth who report 30, 60, 3 months, 6 months, 1 year sober from enrollment in treatment services.
6. Number and percent of TAY with BH issues or youth identified as CSEC that are housed at 1, 3, 6,12 months.	12. Number and percent of youth who are actively being case managed and compliant with their treatment/discharge/reentry plan.	18. Number and percent of youth enrolled in job readiness programs that graduate.	

STRATEGIC PRIORITIES			
Strategic Priority Title	Description	SFP Years	Estimated Costs
Expand Specialty Courts	Expansion of County staff needed to support the expansion of the Juvenile Specialty Court.	2020, 2019, 2018, 2017	- Juvenile-related resources and costs were to be determined
Mental Health and Substance Use Disorder Support Services for Juveniles	Mental health services and substance use treatments to support juveniles and transitional age youth as they move through the community corrections system.	2020 – Emerging Initiative	n/a
Establish a Juvenile Corrections Campus	Analyze and create a comprehensive juvenile corrections campus that utilizes existing space to provide camp programming, education services, health and mental health services, and housing for juvenile offenders and transitional aged youth, including those realigned from the State Correctional System.	2020 – Emerging Initiative	n/a
Housing for Transitional Age Youth	Establish transitional and permanent supporting housing and placement services for youths involved in the community corrections system to ensure adequate treatment for substance abuse, mental health issues or those involved in the Commercial Sexual Exploit of Children population.	2020 – Emerging Initiative	n/a
Data Sharing for Care Coordination of High Utilizing Juvenile and Transitional Age Youth Offenders	Establish a data sharing platform and business process for effective coordination of care for the “high utilizers” of the County’s Juvenile Justice System to target curative resources to minimize harm to the individual or others.	2020 – Emerging Initiative	n/a