



Blueprint for Mental Health Reform: Part II

*Addressing the Intersection of
Mental Health, Homelessness
and Criminal Justice in
San Diego County*

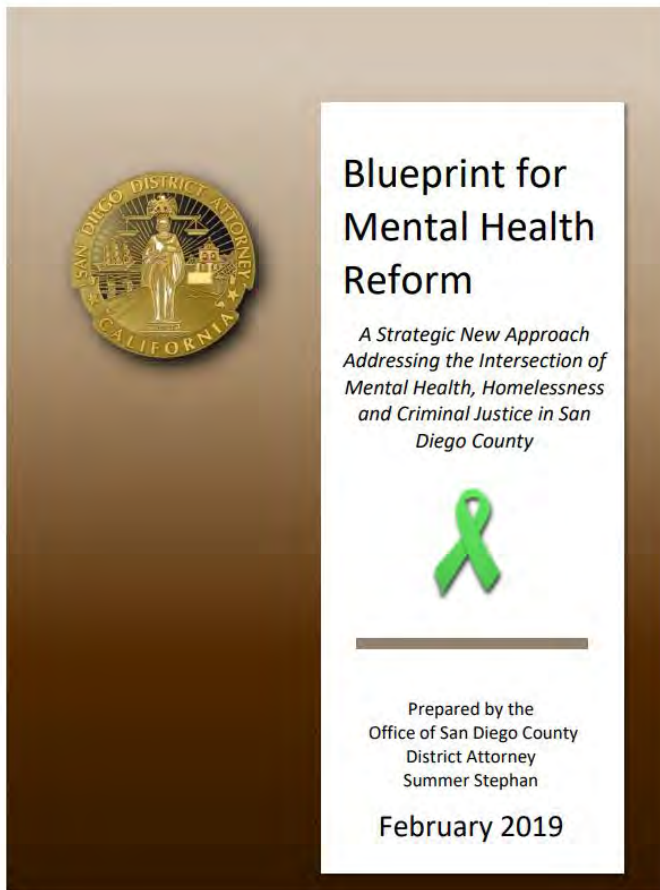
A Three Point Plan

Prepared by the
Office of San Diego County
District Attorney
Summer Stephan

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Mental health and homelessness frequently intersect with the criminal justice system, and too often the outcomes fall short of helping people in our communities who face these challenges. Despite large amounts of federal, state, and local financial aid, our homeless population appears to have increased and remains unsheltered and highly vulnerable living in inhumane and unsafe conditions. Our experiences, and our data, show us that homeless individuals in San Diego County have dramatically higher rates of perpetrating crime as well as becoming victims of crime when compared to the general population.

Beginning in 2018, District Attorney Summer Stephan convened two stakeholder symposiums to address the intersection of criminal justice, mental health and homelessness. The results of these symposiums were documented in the *Blueprint for*



Mental Health Reform: A Strategic New Approach Addressing the Intersection of Mental Health, Homelessness and Criminal Justice in San Diego County (February 2019). In the *Blueprint*, DA Stephan noted that **“the issues we face in San Diego County cannot be solved or fixed by one agency alone. Rather, it will take a coordinated response to create a shared strategic plan for the entire county that leverages our collective resources. This will not be easy as what we need is a sea change— a significant transformation of an outdated approach into a system that strives for public safety, fairness and dignity.”**

Since then, collectively with the Board of Supervisors, law enforcement, Behavioral Health Services, our criminal justice

partners, and our many partners with lived experience including the National Alliance for Mental Illness (NAMI), we have made great progress as a region in breathing life into many of the recommendations set forth in the *Blueprint*. Working together, we opened the first Community Based Crisis Stabilization Center in Vista with others on the way, we launched Mobile Crisis Response Teams, we provided de-escalation training focused on mental health crisis for 3,000 officers, we published and

distributed a 911 mental health card for families calling for help with a loved one in distress, we expanded access to Behavioral Health Court and Mental Health Diversion, and we are opening a North County Family Justice Center: One Safe Place to prevent and interrupt violence and homelessness for crime victims and more.

However, we still have much work to do as our unsheltered population continues to grow, with staggering numbers of our most vulnerable community members languishing on the streets without housing. With this as our focus, we aim to build upon the first two symposiums and embark on this next phase of our efforts in addressing the intersection of homelessness, mental health and criminal justice. This document reviews some of our collective accomplishments to date and introduces an innovative three-point plan to address the intersection of homelessness and the criminal justice system.

What have we done so far?

Projects Born Out of the Mental Health Symposiums and the *Blueprint*

De-escalation training

In May 2019, District Attorney Summer Stephan announced \$1.5 million in funding for crisis intervention and de-escalation training for police officers with the goal of training all 5,000 peace officers in the County. As of this report, more than 3,000 of **San Diego's law enforcement officers** have received the training.

The DA-funded Crisis Management and De-escalation Training consists of a newly created curriculum that builds upon and enhances the current training peace officers receive. The training includes classroom discussions led by PERT (Psychiatric **Emergency Response Team**) experts, role playing 'real life' situations, and use of digital video simulator known as the MILO Range Theater. The MILO system was **purchased by the DA's Office using federal asset forfeiture** funding. The interactive simulator focuses on scenarios involving individuals in mental health or substance abuse related crisis and improves significantly on similar training systems available in San Diego County.

DA Stephan held multiple community meetings to obtain input to increase the effectiveness of this transformative de-escalation training that also addresses elimination of bias, treating people with respect and officer wellness so that they are at their best in serving the community. This de-escalation training has increased the capacity to train officers in a short period of time. This training has received positive feedback **with seasoned officers indicating it's one of the most important and transformative trainings they've had in their career.**

911 cards

An important part of the law enforcement response to individuals in a mental health crisis relies on skilled 911 dispatchers. Emergency call takers are responsible for **gathering critical information to assist law enforcement's response to a person in crisis.** It is essential that they too are trained in screening mental health related calls, collecting essential information and perhaps in some cases beginning the de-escalation process. To assist family members, and aid dispatchers in collecting important information, **the District Attorney's Office, in collaboration with NAMI**

WHAT TO KNOW BEFORE CALLING 911

Mental Evaluation 911 Checklist When Calling for Help

If your family member or loved one is in a crisis and is a danger to themselves or others, CALL 911.
Read from this list when you call 911, so you can give the dispatcher the following information:

- Your name
- Phone number
- Location to which police should respond
- Nature of emergency
- Weapons or access to weapons
- Name of person in crisis
- Age of person in crisis
- Height, weight & physical description
- Clothing description
- Are there others present?
- Prior or current violent behavior
- Diagnosis
- Medical issues or drug use (current or past)
- Triggers (what upsets them?)
- Prior police contacts and what has helped

Additional info: _____

Current medications: _____

Doctor's phone numbers: _____

IMPORTANT: You are asking an officer to resolve a crisis. They will only have the information that you provide them. Call 911 as soon as you are able to do so before a crisis occurs.



(National Alliance on Mental Illness) San Diego, developed a “911 Mental Evaluation Checklist Card” in English and Spanish.

The card, which was distributed to the public and police agencies, contains a checklist of important information that callers should provide to dispatchers when a family member or loved one is in crisis and police are responding to assist.

A key piece of information to be provided to responding officers is what has worked in the past to de-escalate the crisis.

Providing responding officers with more information about the **individual’s mental state and history before they arrive on scene**

can better-protect everyone during the contact. The card also prepares family members for what they should expect when the police respond, including preparing them for the arrival of uniformed officers who will likely detain and place their loved one in handcuffs. Educating family prior to a crisis occurring creates a safer situation for officers, family members and the person in crisis. The information that dispatchers receive and

provide is a critical component to enhancing safety for officers and individuals. To support them, a new training focused on dispatchers is being rolled out by **the DA’s Office** in partnership with PERT and law enforcement.

Community Based Crisis Stabilization Centers

Another recommendation from the *Blueprint* was to establish Community Based Crisis Stabilization Centers, sometimes referred to as Mental Health Urgent Care Centers. San Diego has many walk-in clinics available for urgent mental health services throughout the county. However, very few of them are available outside of regular business hours or on weekends. Further, several only have walk in services available on certain days during limited hours. This is insufficient to adequately serve a person in crisis or their loved ones. Additionally, when a police officer contacts someone in a mental



health crisis, the officer has limited options. The officer can take the person to an emergency department, a process that can take many hours, or to the County Psychiatric Hospital, which may not be conveniently located, or the officer can take the person to jail.

Community Based Crisis Stabilization Centers, open 24 hours a day, provide walk in mental health services as well as a safe place for an officer to drop off a person in a mental health crisis and get back to patrolling his or her beat within minutes. These centers provide acute crisis stabilization, medication, as well as direct connection to appropriate levels of care in an environment that is more conducive to stabilization than an emergency department or jail. They work harmoniously with hospital-based Crisis Stabilization Centers, which have different regulatory considerations.

The District Attorney, together with Behavioral Health Services, went before the San Diego County Board of Supervisors in 2019 to receive authorization and allocate funding **in the County's budget** to create regional Community Based Crisis Stabilization Centers. The first one opened its doors September 30, 2021, in Vista, with the leadership of Supervisor Jim Desmond, Board Chair Nathan Fletcher and District Attorney Summer Stephan and is operated by Exodus Recovery. Already, the Vista Community Based Crisis Stabilization Center has made significant impacts, opening more than 800 cases in the first three months of operation. Of those cases, 94% of the clients were successfully returned to the community without needing to access a higher level of care. We must continue to pursue expanding this invaluable community resource throughout the county to provide increased access to immediate mental health care.



Mobile Crisis Response Teams

During the **DA's** Mental Health Symposiums, participants noted that not all mental health crises require a law enforcement response. When there is no immediate danger of physical harm, a non-law enforcement response could be used. San Diego County has been at the forefront nationally using Psychiatric Emergency Response Teams (PERT), which co-

deploys a clinician with a peace officer. These PERT Teams are an integral part of the continuum of responses to mental health crises and are an invaluable county resource. When PERT teams are deployed to a mental health crisis, they are usually

accompanied by elements associated with a law enforcement response: marked police cars, emergency lights, uniformed officers and handcuffs. Understandably, family members might be hesitant to engage with this level of response to their loved **one's mental health crisis.**

As a result, one of the key recommendations outlined in the *Mental Health Blueprint* was to study and implement non-law enforcement responses when appropriate and safe. The District **Attorney's Office** has worked with County Behavioral Health Services and law enforcement agencies to implement non-law enforcement Mobile Crisis Response Teams across the county. Dr. Piedad Garcia from Behavioral Health Services and Assistant Sheriff Theresa Adams-Hydar from the San Diego County Sheriff played a critical role in bringing these teams from vision to reality. The teams operate as part of the behavioral health system of care to provide a non-law enforcement response when safe to do so. When there is no threat of violence, the mobile teams provide same-day intervention and will connect those in a mental health crisis with the appropriate level of care. The pilot MCRT launched in January 2021 and expanded county-wide throughout the rest of that year based on direction and actions by Board of Supervisors Chair Nathan Fletcher and Supervisor Terra Lawson-Remer.

Expansion of Mental Health Diversion and Behavioral Health Court

Participants at the symposiums identified the need to expand opportunities for individuals to access Behavioral Health Court (BHC) and Mental Health Diversion. BHC provides community-supervised Assertive Community Treatment level mental health treatment and housing to justice-involved individuals living with serious mental illness. Two programs currently exist under the umbrella of BHC: BHC Diversion and BHC Probation. The two programs have different eligibility requirements and referral procedures, but program members receive the same high-quality mental health treatment, housing and support. The BHC Team includes representatives from Behavioral Health Services, City Attorney, District Attorney, Probation, Public Defender, Sheriff and Superior Court.

BHC Diversion is a pre-plea mental health diversion program. In early 2019, the **District Attorney's Office** worked collaboratively with the Public Defender, Court, Probation, Behavioral Health Services and the **County's** Public Safety Group to obtain grant funds from the Department of State Hospitals (DSH) to develop a new mental health diversion program for individuals charged with felonies living with certain types of serious mental illness who are at risk of becoming incompetent to stand trial. On, July 7, 2020, the County Board of Supervisors approved funds to supplement the grant funds received by DSH. The program officially launched in August 2020.

BHC Probation is a post-plea formal probation program. BHC Probation started in 2009 with a maximum capacity of 30 clients. In 2016, that capacity maximum was increased to 60 clients. The program had been at, or near, capacity prior to the COVID-19 global pandemic and today is again near capacity. Understanding the need to expand the program, DA Summer Stephan joined with Supervisor Jim Desmond on December 7, 2021, to urge the Board to explore the feasibility of expanding BHC Probation. We will return to the Board of Supervisors very soon with a request to expand BHC to serve 75 participants.

Trained DA Staff on Mental Health Issues, the First of its Kind

In February 2020, we held a day long Mental Health training for our Deputy District Attorneys, District Attorney Investigators, Paralegals and Victim Advocates. It is common to have legal trainings focused on combatting mental defenses, however we have never trained on mental health issues through a lens that encourages early recognition and diversion or connection to outcomes that provide stabilization and treatment. We educated our staff on the history of mental health treatment, the current state of mental health treatment in San Diego County, the direction of mental health treatment in San Diego County, perspectives from those with lived experience in mental health issues, conservatorships, and how to identify appropriate cases for Behavioral Health Court and Mental Health Diversion. Additionally, the DA implemented a policy directing the consideration of mental health and substance use disorders in the disposition of cases, as well as a framework to guide dispositions of non-violent, non-sex related felony cases to a collaborative court where appropriate.

Where do we go from here?

Now, as a continuation of our efforts, we turn our focus even more intently to the issue of homelessness and its intersection with the criminal justice system. In doing so, the goal is to prevent criminal justice involvement in the first place and to provide solutions that allow a segment of homeless individuals to address the root causes of criminal behavior to build safe communities for everyone. We are pleased to share first-of-its kind data that shows the compelling intersection of crime and **homelessness and the DA's proposed three-point plan** to bring solutions:

Data

One of the gaps the *Blueprint* identified is a lack of data. For the last two years, we have been gathering this first-of-its kind data on the intersection of homelessness and criminal justice. It shows that individuals who are experiencing homelessness show up

in our justice system as perpetrators and victims at dramatically higher rates than the rest of the population. We analyzed felony cases where the criminal conduct met our ethical standard to file charges, meaning we determined we had proof beyond a reasonable doubt. We compared these to the non-homeless population, and we found higher rates for individuals currently experiencing homelessness:

Robbery	<i>175 times</i>
Residential Burglary	<i>183 times</i>
Aggravated Assault	<i>130 times</i>
Arson	<i>514 times</i>
Vandalism	<i>222 times</i>
Attempted Murder	<i>57 times</i>
Murder	<i>25 times</i>
Drug Sales	<i>44 times</i>
Theft	<i>58 times</i>
Vehicle Theft	<i>70 times</i>
Domestic Violence	<i>36 times</i>
Sexual Assault	<i>25 times</i>

Recidivism is a significant issue as well. Of the individuals experiencing homelessness identified in our study who recidivated at felony or misdemeanor levels during the two-year period, 83% had two to four cases filed against them, 15% had five to nine cases filed against them and 2% had more than 10 cases filed against them.

We also see individuals experiencing homelessness victimized at higher rates than the non-homeless population. We compared these to the non-homeless population, and we found higher rates of felony and misdemeanor victimization for individuals currently experiencing homelessness:

Murder	<i>19 times</i>
Attempted Murder	<i>27 times</i>
Robbery	<i>15 times</i>
Domestic Violence	<i>15 times</i>
Aggravated Assault	<i>12 times</i>
Elder Abuse	<i>10 times</i>
Sexual Assault	<i>9 times</i>

Additionally, drug use and drug overdose deaths are at an all-time high and are impacting individuals experiencing homelessness at higher rates when compared to the non-homeless population. **In data we obtained from the Medical Examiner's Office**, we learned that by mid-2021, homeless individuals died from drug overdoses at a rate 118 times higher than non-homeless individuals, given their respective population sizes.

This data shows us we must continue to break down silos and come together to better combat this humanitarian and public safety crisis. It is unacceptable to continue to allow individuals to languish in the throes of mental illness, drug addiction and poverty any longer. It is also unacceptable to allow San Diego County residents, their homes, and their businesses to suffer from increased crime.

Call to Action: Three-Point Plan to Address the Intersection of Crime and Homelessness in San Diego County

The solutions cannot be a one size fits all. They must be appropriate, humane, and effective for the specific needs of the individual suffering from homelessness.

- 1) Partner in a Proven Technology Solution: Most of us can instantly go online any time of the day or night and book a flight or a hotel room from a virtual inventory of what is available based on where we want to go, when we want to go, what size bed we want, what kind of view we want and how much we want to pay. **In today's world**, we should have that same ability and connectivity to locate appropriate shelter and supportive housing for our unsheltered community members in real time. We should be able to almost instantaneously identify an appropriate shelter based on the needs of the individual and get the person to that shelter space. We should also be able to collect timely data to analyze what gaps we have in necessary inventory so government, business and community can make strategic investments in infrastructure and informed policy decisions.



The good news is that we have already done exactly this on a smaller scale in San Diego County. Working with TechSoup, an organization founded in 1987 to help nonprofits, public libraries and NGOs access and use technology to strengthen their impacts and create a more equitable world, and specifically the Caravan division of TechSoup, we created the SoCal Safe Shelter Collaborative. The Safe Shelter

Collaborative humanely and efficiently shelters victims of crime attempting to escape violence in less than an hour. This same model can and should be expanded to assist in sheltering and housing our homeless population. However, for this to work, all our shelter and housing providers must come together and be willing to share their data regarding number of shelter beds, supportive housing units, transitional housing, permanent housing, and eligibility requirements in real time.

The service providers that care for victims of sexual assault, domestic violence and human trafficking worked together with our regional advisory councils and **the DA's** Office to eliminate barriers and provide safe shelter to victims thus extracting them from violence during COVID. This tech solution will continue in our region and will be utilized at the North County Family Justice Center: One Safe Place, which is opening in June, to be sure every victim of crime finds a suitable shelter within minutes. **It's time to expand** this tech solution beyond crime victims to all vulnerable populations that are homeless.

2) Enhance and Expand Legal Programs and Diversion Efforts Focused on Addressing Homelessness:

Homeless Court:
The Homeless
Enhanced Legal
Program (HELP):

San Diego currently operates a nationally acclaimed Homeless Court that helps clear warrants, dismiss charges and



eliminate fines for individuals who are already engaging in services with homeless service providers. Participants are identified and nominated by treatment providers after the individual has completed the program. However, we do not currently have other diversion programs or collaborative courts specifically designed to support individuals experiencing chronic homelessness.

The Homeless Enhanced Legal Program, or HELP, is a three-tiered approach to assist homeless individuals who intersect with law enforcement or the criminal justice system.

- Tier 1 will focus on low level misdemeanor offenses and will be accessed at the point of law enforcement contact in the field. Participants will be connected to services in the field, and successful engagement and participation will result in no charges being filed.
- Tier 2 will be a post-file diversion program that will focus on higher level misdemeanor offenses or individuals who need more structure than Tier 1. This tier will be a specialized track of the DA Community Justice Initiative (DA CJI) that focuses on homeless services. This program had **its inspiration in the San Diego City Attorney’s misdemeanor diversion** program. DA CJI is a District Attorney-led misdemeanor diversion program developed in 2018. Participants complete a Cognitive Behavioral Therapy course and volunteer work and can also be referred to services indicated by a voluntary needs assessment. Successful participation results in a dismissal of charges and sealing of any record

related to the offense. Currently, the program has been incredibly successful. Approximately 95% of participants who successfully completed the program have remained law abiding.

- Tier 3 is a proposal of an expanded or additional Collaborative Court for probation eligible, non-violent felonies and serial misdemeanants. The goal of this collaborative court is to serve high-risk and high-need individuals experiencing homelessness by addressing the root causes that contribute to the individual being homeless— including mental health and substance use disorders— to build stable, healthy and housed individuals. Currently, we see people who need the structure and support of a collaborative court approach; however, they fall in the gaps of eligibility requirements. For example, the person may not have a serious enough mental health diagnosis to qualify for Behavioral Health Court, however their behavioral health needs exceed what Drug Court can provide for them. In those cases, we need to have an additional option providing appropriate levels of co-occurring services that are trauma informed. A one size fits all approach will not work for this population.

The San Diego Superior Court has been a national and statewide leader in establishing specialized Collaborative Courts that bring solutions to complex problems. Our criminal justice partners in San Diego County enjoy a long and rich collaborative history which, under the leadership of the court, has led to our successful implementation of several collaborative courts and re-entry programs, as well as responses to legislative and voter led initiatives which dramatically changed the landscape of our criminal justice system. The District Attorney, Public Defender, City Attorney, Sheriff, Probation, Behavioral Health Services and Court have long worked together, and San Diego County is safer because of these collaborative efforts. We seek to build upon the successes of these efforts, and utilize evidence based best practices to work with participants who have high risks and needs and are high court system utilizers, placing an emphasis on co-occurring disorders.

Continue to Build Community Based Crisis Stabilization Centers:

As noted above, Community Based Crisis Stabilization Centers were born out of the work done at the first two symposiums convened by the DA in 2018. The first has quickly established itself as a valuable resource to both the community and to law enforcement. Its creation has helped make walk-in crisis care more

accessible to the community and has given law enforcement a safe alternative to custody. We are grateful this vision has been supported by the county and brought to life by **Dr. Luke Bergmann's team at Behavioral Health Services**, and we look forward to continuing to expand this invaluable community resource which provides access to immediate mental health care throughout the county.

- 3) Support Legislation: Under current law in California, a person can be involuntarily held for psychiatric treatment only if the individual presents as a danger to themselves, a danger to others or is gravely disabled. Gravely disabled is currently defined, in relevant part, as a condition in which a person, because of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter. (WIC section 5008(h)(2)(A).) Danger to self or others is not specifically defined in the statute. This is what we commonly refer to as 72-hour hold or “5150 hold” under the framework of the Lanterman-Petris-Short Act.

Unfortunately, the current definition does not conform to real life situations. The gravely disabled definition is a major obstacle to early intervention, which can be a life-changing trajectory for a person living with mental illness. Early intervention helps individuals receive services, treatment and medication. It also helps prevent the person from becoming criminal justice involved. Involuntary holds save lives every single day.

To address this problem, we hope to sponsor legislation to amend Welfare and Institutions Code Section 5008 to include in the definition of gravely disabled *“a condition in which there is a substantial likelihood that a person, as a result of a mental health disorder, will continue, unless treated, to physically or mentally deteriorate so that the person will become a danger to himself or herself or a danger to **others.**”*

Many states have recognized the need to expand their definition of gravely disabled to allow for a finding of involuntary commitment



upon a showing of “psychiatric deterioration.” This definition allows states to consider foreseeable harm to a person who does not receive needed psychiatric treatment as an extension of defining danger to self or gravely disabled. This approach is efficient and humane because it allows treatment to be initiated before a person is in the midst of an acute psychiatric episode which could result in increased length of hospitalizations and poorer outcomes. States such as Oregon, Washington, Vermont, Colorado, Hawaii, Illinois, Michigan, Minnesota, and Nevada, among others, allow for a person to be involuntarily committed for mental health treatment upon a showing of psychiatric deterioration. Some states have done this by augmenting their definition of “gravely disabled,” while others have accomplished this through augmenting their definition of “harm to self.” It is time for California to act and pass legislation that increases access to critical mental health care and has the potential to get people off the streets and to save lives.

Conclusion

“Bringing humane and effective solutions to the complex and growing problem of individuals experiencing homelessness in San Diego County requires a shared strategic plan that creates a sea change. I acknowledge the many public officials, San Diego County Supervisors and CAO, Health and Human Services, city mayors, homeless advocates and providers who are working tirelessly on these issues. Their efforts to expand housing and mental health resources are truly encouraging. Recognition is also due to the journalists who have spent time getting proximate to these issues and continuing to keep a spotlight on this critical problem that impacts so many lives. In **my role and lane as the People’s** District Attorney and the top public safety official serving all 3.3 million people in our region, my goal is to bring our unique lens from our experiences where homelessness, mental health and substance use disorders intersect with the criminal justice system. The data demonstrates that the intersection is compelling and deserves urgent action. I look forward to utilizing our expertise to work with all the stakeholders on this three-point plan, along with any other workable solutions to keep San Diego one of the safest urban counties in the **nation and a place where we care about our most vulnerable.**”



Summer Stephan
San Diego County District Attorney

Appendix



Timeline of the District Attorney's Responses to Address Mental Health and Homelessness

- April 30, 2018: DA convened first symposium bringing approximately 200 stakeholders and subject matter experts together to map the intersection of mental health, homelessness and criminal justice.
- October 22, 2018: DA convened second symposium of approximately 100 stakeholders and subject matter experts to map specific solutions.
- February 2019: DA released *The Blueprint for Mental Health Reform: A Strategic New Approach Addressing the Intersection of Mental Health, Homelessness and Criminal Justice in San Diego County*, documenting the work done at the two symposiums and reporting recommendations for significant changes in how we approach mental illness and criminal justice in San Diego County. The gaps identified during the Sequential Intercept Mapping process were Mental Health Prevention and Intervention; Acute Crisis Response and Stabilization Management; Mental Health Diversion; and Data, Outcomes and Information Sharing
- March 26, 2019: the DA joined with then Board Chair Dianne Jacob, to request development of a plan that established regional Mental Health Community Based Crisis Stabilization Centers that can provide 24/7 walk-in mental health and substance use disorder services including law enforcement drop-offs. The Board of Supervisors unanimously approved this recommendation.

- May 21, 2019: the DA announced funding of Crisis Intervention and De-escalation Training to build upon and enhance the current training peace officers receive.
- June 25, 2019: the DA's **Chief Deputy overseeing criminal justice and mental health reforms**, Rachel Solov, partnered with Dr. Luke Bergmann, Director of Behavioral Health Services, to provide an update to the Board of Supervisors on our efforts to Strengthen the Bridge Between Behavioral Health Services and the Criminal Justice System. The Board of Supervisors unanimously approved our request to create a network of Community Based Crisis Stabilization Centers as well as pursue the creation of non-law enforcement Mobile Crisis Response Teams, offering another option to respond to lower levels of mental health crises.
- October 29, 2019: the DA's **Chief Deputy overseeing criminal justice and mental health reforms**, Rachel Solov, again joined with Dr. Luke Bergmann to provide an update to the Board on our progress. We updated the Board on the identification of locations for the first two Community Based Crisis Stabilization Centers, as well as the plan to pilot the first Mobile Crisis Response Team in the North County.
- January 28, 2020: the DA's **Chief Deputy overseeing criminal justice and mental health reforms**, Rachel Solov, and Dr. Bergmann provided additional updates to the Board of Supervisors on our progress in developing these new and innovative services.
- June 23, 2020: Supervisor Nathan Fletcher brought an action to the Board requesting accelerating and funding Mobile Crisis Response Teams beyond the North County pilot to countywide. The Board unanimously supported this and directed the CAO to include the District Attorney in the development of the program.
- July 7, 2020: Received approval from the Board to accept funding and allocate match funding to begin a mental health diversion program linked to Behavioral Health Court to be called BHC Diversion.

- August 23, 2020: Behavioral Health Court Diversion is fully operational and accepting referrals.
- January 11, 2021: the first Mobile Crisis Response Team launched in North County. Over the next year, Mobile Crisis Response teams expanded throughout the county with the leadership of the Board of Supervisors and participation of law enforcement.
- September 30, 2021: the very first Community Based Crisis Stabilization Center opened in Vista with the leadership of Supervisor Jim Desmond, Board Chair Nathan Fletcher and the DA. Within three months of opening, the Vista Community Based Crisis Stabilization Center opened over 800 cases, with 94% of clients successfully returning to the community. The second center is ready to open in Oceanside upon securing staffing and efforts are underway to site a third center in East County.
- December 7, 2021: the DA joined Supervisor Jim Desmond to request the Board expand the capacity of Behavioral Health Court, one of our very successful collaborative courts that provides community-supervised Assertive Community Treatment level mental health treatment and housing to criminal offenders living with serious mental illness.
- March 21, 2022: the DA convened multi-disciplinary stakeholders to share new public safety data trends and propose specific solutions as outlined in this document.