



County of Santa Cruz Board of Supervisors

Agenda Item Submittal

From: County Administrative Office

(831) 454-2100

Subject: Update on Focused Intervention Team

Meeting Date: February 12, 2019

Recommended Action(s):

Accept and file report on launch of Focused Intervention Team (FIT) Pilot to address high-frequency criminal offenders, and direct staff to return with an update in September 2019.

Executive Summary

On November 6, 2018, Santa Cruz County voters overwhelmingly approved the Measure G half-cent sales tax on retail transactions in the unincorporated area. One critical program funded through Measure G, the FIT Pilot, launched on January 28th and is an initiative to enhance community safety and move into treatment high-frequency criminal offenders.

Background

On August 7, 2018, the County Administrative Office provided a report with revenue options and funding strategies to address the County's critical unmet needs, including a FIT Pilot matching law enforcement with behavioral health treatment and supportive services. The Board placed a measure on the November 2018 ballot to increase by ordinance the sales tax on retail transactions in the unincorporated area of the County by one-half percent for 12 years. With more than 66% of the vote, Santa Cruz County voters overwhelmingly approved the sales tax, known as Measure G, on November 6, 2018.

The Focused Intervention Team (FIT) Pilot, which launched on January 28th, was developed in response to a high-level community need and confirmed during development, and aims to enhance community safety and move into treatment high-frequency criminal offenders. The FIT Pilot is not an off-the-shelf public safety or behavioral health program, but a hybrid drawing from established law enforcement and behavioral health practices. The team includes 7.0 full-time equivalent (FTE) professional staff in the Sheriff's Office and Health Services Agency, along with equipment and funding to maximize success.

Representatives from the Sheriff's Office, County Behavioral Health and County Administrative Office have met with a variety of partners and stakeholders to discuss implementation of the FIT Pilot including the Santa Cruz Police Department, Watsonville Police Department, Santa Cruz County Superior Court, Public Defender, and National Alliance on Mental Illness Santa Cruz County.

Analysis

FIT Pilot Eligibility: Entry into the FIT Pilot occurs through law enforcement referrals. The initial referral list will be compiled by the Sheriff's Office, and future referrals will come from the Sheriff and local police departments (most likely Santa Cruz and Watsonville) and the Homeless Outreach Proactive Engagement and Services (HOPES) Team. Police department referrals will be informed by public calls for service, but there is no direct public referral.

Listed eligibility criteria include a pattern of past behavior that includes threatening and/or aggressive criminal acts. Substance use disorder and mental health issues are not a prerequisite for entry into the FIT Pilot. Specific criteria are:

1. Fresh arrest.
2. Assault, battery, brandishing a weapon, threats or aggressive behavior in public or any non-financial felony.
3. Minimum of three previous law enforcement contacts within last 90 days of referral.
4. Refuse assessment; resistant to intervention or treatment.

FIT Pilot Capacity: The FIT Pilot Team will work Monday through Friday from 8:00 am to 5:00 pm to effectively link to support services at governmental and community-based organizations. The FIT Team is currently working with police departments in Santa Cruz and Watsonville for referrals and training, but may work with clients from other jurisdictions. Current capacity is estimated at 30 clients.

FIT Pilot Treatment: County Behavioral Health will employ several evidence-based practices in treating appropriate clients including: motivational interviewing, Seeking Safety, cognitive behavioral therapy, and others consistent with existing programs such as Crisis Intervention (Memphis Model CIT), Law Enforcement Mental Health Liaisons, and the HOPES Model for delivering coordinated services through a multi-disciplinary team model to the homeless. For clients who are resistant to such services, custody can be stabilizing, particularly when paired with 24/7 medical and pharmacological oversight. The goal is not to lock people up, but to use custody as an intervention to deliver services to this population, potentially for the first time in their lives. The working assumption is that FIT Pilot clients may be in detention for 3-5 days, and will be closely monitored.

FIT Pilot clients will also be connected with a range of wraparound services, including medical and food benefits, housing navigation, and more. The anticipated success of the program is built on leveraging the resources of existing community partners, including Substance Use Disorder treatment programs at Sobriety Works, Janus, and Encompass, Specialty Courts including the Behavioral Health Court and the newly restarted PACT Court under Judge Salazar, Mental Health services through County Behavioral Health and its contracted non-profits in the community, Inpatient and locked care programs in the community, and outpatient programs that are based on Evidence Based Practices, such as the new Pathways Program through Community Connections. The FIT Pilot uses an intensive community-based contact approach from both the law enforcement and behavioral health teams until a client completes the treatment period. FIT Pilot teams are also committed to utilizing scarce County housing resources

including sober living environments and Section 8 vouchers, when available.

FIT Pilot Evaluation: The FIT Pilot Team is fully committed to learning through the pilot process, and extensively detailing and measuring FIT Pilot successes and failures. The primary metric for success is whether we see a reduction in criminal activity by FIT Pilot clients in behaviors targeted by the FIT Pilot. Our draft matrix for performance measurement includes numerous metrics in the areas of basic location and demographics, access to care, criminal justice, and quality of life, including whether clients have access to a primary care physician, successfully enrolled or completed substance use treatment, enrolled in CalFresh benefits, and others. It also includes a community evaluation survey. The Pilot phase will be used to establish baseline measures of success, and we propose that progress towards the establishment of these measures be presented to the Board bi-annually.

Financial Impact

Financing for the FIT Pilot will come from Measure G and, when applicable, federal financial participation through MediCal. For FY 2018-19 Measure G revenue totaling \$337,485 for the FIT Pilot has been appropriated (\$236,230 in the Sheriff's Office and \$101,255 in the Health Services Agency). MHPA Prevention and Early Intervention funding in the amount of \$55,811 was also appropriated for FIT Pilot staffing related to adult mental health services for FY 2018-19.

The Board approved funding for 4.0 FTE positions in the Sheriff's Office and 3.0 FTE positions in the Health Services Agency.

The FY 2019-20 cost for the FIT program is estimated at \$1,000,000.

Strategic Plan Element(s)

1.C (Comprehensive Health & Safety: Local Justice)

1.D (Comprehensive Health & Safety: Behavioral Health)

The FIT Pilot will enhance public safety by cooperating with our city partners to address high-frequency criminal offenders. Furthermore, the program partners with County Behavioral Health to increase uptake and utilization of treatment programs to reduce overall use of public resources among FIT Pilot clients.

Submitted by:

Carlos J. Palacios, County Administrative Officer, Jim Hart, Sheriff-Coroner, Mimi Hall,
Director of Health Services Agency

Recommended by:

Carlos J. Palacios, County Administrative Officer

Attachments:

FIT Program Model

#08 comment_Watkins, M (City of Santa Cruz)

#08 public comment h-o_Garrett, M

cc:

Public Defender
Sheriff-Coroner
District Attorney
Superior Court
Probation Department
Health Services Agency Director
Mental Health Advisory Board
City of Capitola
City of Santa Cruz
City of Scotts Valley
City of Watsonville

Focused Intervention Team Overview

	Sheriff's Office (Staffing: 1 FTE Sergeant; 2 FTE Deputies) Eligibility:	Behavioral Health (Staffing: 1 FTE MH Supervising CS; 2 FTE Sr/MHCS) Eligibility:
	<ol style="list-style-type: none"> 1. Fresh arrest 2. Assault, battery, brandishing a weapon, threats or aggressive behavior in public or any non-financial felony 3. Minimum of 3 previous law enforcement contacts within last 90 days 4. Resistant to Behavioral Health assessment, intervention or treatment 	<ol style="list-style-type: none"> 1. Meets eligibility criteria for SCSO admission into program 2. Individual is assessed and determined to be experiencing a behavioral health condition
Referral	<ul style="list-style-type: none"> • Referrals made by local law enforcement jurisdiction to SCSO Sergeant • Referrals made by HOPES team if individual meets eligibility & is refusing HOPES 	<ul style="list-style-type: none"> • SCSO refers/consults with FIT BH Supervisor regarding any suspected behavioral health issues, and refers to Behavioral Health component for potential assessment and engagement
Engagement	<ul style="list-style-type: none"> • Field-based contact with individual for outreach, engagement and education of potential interventions • Daily monitoring of status, conduct and cooperation with programming • "Crime Control Model" 	<ul style="list-style-type: none"> • Field-based outreach and engagement with SCSO consistent with CIT model engagement • Collaboration with the Mental Health Liaison program and/or the HOPES team depending on circumstances for engagement purposes • Field-based BH assessment, evaluation and service linkage as appropriate

If after referral and eligibility assessment, it is determined the individual is not experiencing a Behavioral Health condition, the SCSO FIT staff will provide services as noted & interface with the criminal justice system.

If after referral and eligibility assessment, it is determined that the individual is experiencing a Behavioral Health condition, BH FIT staff will provide services as noted below.

If Criminal Charges	<ul style="list-style-type: none"> • Jail-based contact in dedicated FIT housing unit • Engagement through Motivational Interviewing 	<ul style="list-style-type: none"> • Week day Jail-based BH treatment, inclusive of individual assessment, therapy, MI, CBT, etc. • FIT Court liaison and discharge planning services
	<ul style="list-style-type: none"> • Consider Pre-trial Services or 1810 Diversion services in appropriate • FIT part of Pre-trial or Diversion follow-up • Linkage to Mental Health and/or SUD programming as part of pre-adjudication plan/conditional release 	
If Adjudicated	<ul style="list-style-type: none"> • Jail-based contact in dedicated FIT housing unit • Coordinate discharge planning efforts with criminal justice system • Linkage to Re-Entry programming as appropriate 	<ul style="list-style-type: none"> • Week day Jail-based BH treatment, inclusive of individual assessment, therapy, MI, CBT, etc. • Court liaison and discharge planning services • Introduction to Restorative Justice Principles
	<ul style="list-style-type: none"> • Participate in sentencing recommendations as applies to treatment programming, Mental Health Probation, PACT Court recommendation, stay-away orders, etc. • Provide community-based follow-up to include case management, monitoring of compliance with programming, progress in programming, and engagement in other services, i.e. Probation • Collaborate with treatment and criminal justice partners on progress • Participate in court review and ongoing recommendation (PACT Court or Behavioral Health Court) 	
Stabilization	<ul style="list-style-type: none"> • Periodic contact to assure ongoing adherence to program 	<ul style="list-style-type: none"> • Close monitoring of progress and planning for linkage to ongoing services • Linkage to SUDS programs, IBH, physical health care, WPC, Specialty Mental Health services, SLEs, housing, benefits, etc.
Completion	<ul style="list-style-type: none"> • No new criminal charges &/or probation violations in 60 days 	<ul style="list-style-type: none"> • Solid participation in treatment program and ongoing care system
Performance Outcome Measurements	<ul style="list-style-type: none"> • Pre/post measures: • Jail days, LOS, new charges, violations, warrants • Recidivism 	<ul style="list-style-type: none"> • Pre/post measures: • Treatment participation days, Inpatient days, service provider engagement

To: [Agenda Management Support](#)
Subject: FW: Support for FIT
Date: Monday, February 11, 2019 6:13:24 PM

From: Martine Watkins <mwatkins@cityofsantacruz.com>
Sent: Monday, February 11, 2019 3:14 PM
To: Rachel Dann <Rachel.Dann@santacruzcounty.us>
Subject: Support for FIT

Dear Chair Coonerty and Members of the Board,

I am writing to express my support for the Focus Intervention Team on the Board's February 12th agenda.

The City Council unanimously approved support of Measure G last Fall because of the inclusion of this program in the Measure G campaign. During the campaign for Measure G, the FIT program was touted as one of the many benefits that the passage of Measure G would provide to the County and specifically to the City. Many of us on the City Council walked precincts for Measure G and urged council candidates to include the Measure G logo on their campaign materials, which almost all did. As a result of these efforts and others, Measure G passed in The City of Santa Cruz by 78%, the highest margin by far of any City in the County and higher than the unincorporated area which passed the tax by 61%.

The City of Santa Cruz shoulders much of the burden and impacts associated with frequent offenders and I am pleased to see a program developed that will address this difficult to treat population. I urge the Board to unanimously support the FIT program.

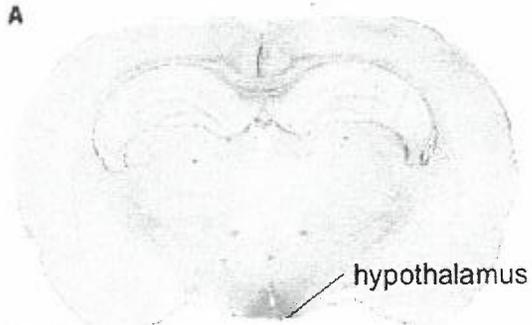
Sincerely,

Martine

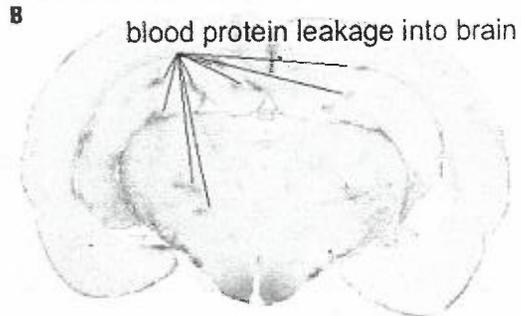
Martine Watkins
Mayor
City of Santa Cruz
(831) 420-5024

Santa Fe Alliance for Public Health & Safety
P.O. Box 24063, Santa Fe, NM 87502
(info: 471-0129)

BRAIN CELL DAMAGE FROM MICROWAVES



Brain of unexposed rat



Brain of cellphone exposed rat

Leakage of proteins across the blood-brain barrier seen 50 days after a single two-hour cell phone exposure (Salford et al. "Nerve cell damage in mammalian brain after exposure to microwaves from GSM mobile phones," *Env. Health. Persp.* 2003).

*Keep libraries accessible for
all*

WI-FI IN THE LIBRARY?

**Convenience
or
Health
Hazard?**

6/12/19
#8

Wi-Fi: microwave-based wireless networking

What are the issues?

1. PUBLIC HEALTH

Who is saying Wi-Fi is dangerous?

Carl Blackman, PhD, US EPA

David O. Carpenter, MD, Director, Institute for Health and the Environment, Founding Dean, School of Public Health, SUNY Albany

Martin Blank, PhD, Professor, Columbia U. Medical School, Past President Bioelectromagnetics Society

Gro Harlem Brundtland, MD, Former Director-General, World Health Organization

Erica Elliott, MD (Santa Fe)

Ann McCampbell, MD (Santa Fe)

Cynthia Knudson, MD (Santa Fe)

Daniel Kinderlehrer, MD (Santa Fe)

Leah Morton, MD (Santa Fe)

and thousands of other scientists and doctors.

How many studies show health effects?

Approximately 3,000 studies have been conducted worldwide on cell phones, cell towers, and other wireless technologies. About 70% of all studies show one or more health effects from the microwave radiation emitted. www.electricwords.emfacts.com.

Isn't Wi-Fi a low-power technology?

No. A typical cell phone emits 125 milliwatts, and a wireless laptop emits 100 to 200 milliwatts. The radiation in a room full of wireless laptops is usually much greater than the radiation from a nearby cell tower.

But isn't that much less radiation than a 60-watt light bulb?

You can't compare ordinary light with microwave radiation. Microwave radiation has serious medical effects because it is practically non-existent in nature, and we have no natural defenses. Typical exposure levels from a wireless computer are about one billion times greater than the microwave radiation from the Sun and stars.

What are the most important symptoms of microwave exposure?

Neurological: headaches, dizziness and nausea, memory and concentration difficulties, insomnia, depression and anxiety, fatigue and weakness, numbness and tingling, muscle and joint pains.

Cardiac: heart palpitations, shortness of breath, heart arrhythmias, high blood pressure

Eyes: pain, burning or pressure in the eyes, deteriorating vision, cataracts.

Ears: ringing in the ears, hearing loss

Other: digestive problems, dehydration, nosebleeds, hair loss, impaired sense of smell, light sensitivity, skin rash and itching.

Is microwave radiation linked to any serious diseases? Yes:

Neurological diseases: Sleep disorders, multiple sclerosis, Alzheimer's disease, ADD/ADHD.

Genetic effects: male sterility, miscarriage, birth defects.

Cancer: lung, breast, bladder, skin, colon, and prostate cancers.

Other: Asthma, diabetes, thyroid dysfunction, bleeding disorders.

2. DISABILITY ACCESS

Is Wi-Fi a barrier to people with disabilities?

Exposure to Wi-Fi can trigger seizures in people with epilepsy, heart arrhythmias in people with certain heart conditions, and asthma attacks in people with asthma. Electromagnetic hypersensitivity (EHS) is a blanket term for all people whose reactions are severe enough to be disabling or life-threatening.

The numbers of people with EHS have been estimated, from government surveys, at 3.1% of the population (Sweden); 3.2% (California); 5% (Switzerland); 6% (Germany); and 7% (Marin County, CA). Since 2002, EHS is recognized by the US Access Board, the federal agency that enforces the Americans with Disabilities Act.

Wi-Fi would be a barrier to access for at least 3% of people, or 2000+ Santa Feans.