

Program Description: The Mental Health and Wellness (MHW) Program is designed to support adults in the Realignment community with their mental health and wellness needs. This is achieved through consultation, triage, case management, wellness response, and closed-loop, warm hand-offs. This program also seeks to improve community mental health through provider support and healing circles following critical incidents. AB 109 Clients and community members will gain wellness strategies, have access to needed services, and receive health education regardless of MH severity and insurance status.

Target Population Who We Invest In	Inputs/Resources What We Invest	Activities What We Do	Outputs/Participation Who We Reach	Outcomes Short to Long-Term Results
<ul style="list-style-type: none"> • Clients with known mental health needs <ul style="list-style-type: none"> ○ Releasing from SRJ or CDCR facilities ○ Current/history of MH services or hospitalization ○ ICM service modality for the SMI population ○ Requires services. may or may not be currently covered by insurance • Clients seeking support with MH navigation <ul style="list-style-type: none"> ○ Medi-Cal and forensic system ○ Private insurance and private pay options ○ Managed care – health plans and local clinics ○ Community wellness • Clients experiencing MH challenges in ACPD offices, housing, and partner locations • AB 109 community 	<ul style="list-style-type: none"> --- Probation --- <ul style="list-style-type: none"> • Client referrals and in-custody coordination • Collaboration with the provider • Realignment funding Close partnership with ACBHD --- Providers --- <ul style="list-style-type: none"> • Qualified staff with appropriate MH training, license, and certification. • Employ peers and formerly incarcerated staff • Evening and weekend services • Living wages • Training and advancement opportunities • Staff skilled in: <ul style="list-style-type: none"> ○ De-escalation ○ Trauma-informed ○ Conflict resolution ○ Restorative justice ○ MH First Aid ○ CBI/CBT 	<ul style="list-style-type: none"> • Singular referral point • Co-location at ACPD offices and CORE; SRJ pre-release • Pre-Screening for ICM services- min 9mos left on probation • MH Triaging/Navigation <ul style="list-style-type: none"> ○ SRJ in-reach and field outreach ○ Peer support ○ Case management ○ MH linkages ○ Family support ○ Medication linkage ○ Warm handoffs ○ MH barrier removal • Wellness Response <ul style="list-style-type: none"> ○ Deescalate MH situations at ACPD locations • Community Wellness <ul style="list-style-type: none"> ○ Psychoeducation ○ Healing circles ○ Groups/workshops • Clinical Services <ul style="list-style-type: none"> ○ Medi-Cal/ Non-Medi-Cal ○ Short to long term services depending on need ○ Services regardless of MH severity/acute ○ Intensive Care Management for SMI population (9mos, up to 12 max) • Specialty Services <ul style="list-style-type: none"> ○ Address client-driven needs, cultural practice, and specialized interventions 	<ul style="list-style-type: none"> • # of people utilizing the service by the client, referrals, the result of the referral, services received, and connections to community mental health providers • Increase access to appropriate MH services and provide flexible services regardless of insurance, acuity, diagnosis, etc. • Program outcomes: <ul style="list-style-type: none"> ○ Successful connections to community MH providers ○ Crisis de-escalation ○ Community healing ○ Workshops, outreach, and education activities ○ Participant quit ○ Participant expelled ○ Length in program/unit • Qualitative data • Staff makeup and retention data • Utilization at ACPD offices, CORE, and key locations – access to immediate care 	<ul style="list-style-type: none"> • Short Term: Learning Outcomes <ul style="list-style-type: none"> ○ Consultation and linkage ○ Crisis de-escalation ○ Needs and accessibility of services • Mid-Term: Action Changes <ul style="list-style-type: none"> ○ Clients connected to appropriate level of care and gain tools ○ Improve community's comfort and ability to support JI individuals with MH needs ○ Coordination in support of Client MH needs and access • Long-Term: Change in Conditions <ul style="list-style-type: none"> ○ Maintain community MH treatment and manage symptoms ○ Improve client outcomes and mitigate provider vicarious trauma and provider burnout ○ Decrease in recidivism/ reincarceration

Evaluation: Collect Data | Analyze and Interpret Data | Utilize Findings

