



Spokane Regional Law and Justice Council

Mental Health Crisis Stabilization Facility Implementation Proposal

6-22-2017

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Overview

As outlined in the Mental Health Stabilization Facility Project Charter (Appendix A), this document summarizes the research and recommendations for a mental health and/or co-occurring substance use disorder crisis evaluation, stabilization and diversion facility for Spokane area law enforcement.

This document includes the target service areas at the facility intended for individuals in law enforcement custody as a result of a first responder incident exhibiting mental health and/or co-occurring indicators based on pre-defined parameters.

The Mental Health Crisis Stabilization Facility (MHCSF) for Law Enforcement will be for crisis stabilization and pre-booking processes and will work in concert with the justice system for charges if needed and promote the use and support of community service providers in diverting people from jail when appropriate and connecting them to community diversion resources.

Focus Area for MHCSF for Law Enforcement along the 2017-2018 Spokane Regional Law and Justice System (v1.2 May 2017). See Appendix C for full system



Potential Racial Equity Impacts ¹

Baseline data to establish the racial breakdown of the current population in the jail that would be eligible for this facility does not exist. Members of the charter team will create a process for collecting the data needed to determine how this facility could impact existing racial disparities in the jail. With this baseline data, a plan for providing culturally appropriate treatment at the facility will be developed to reflect the populations expected to be treated. Ongoing monitoring of the population of the jail and this facility will be needed to insure implicit bias does not reduce the potential impact of this facility on people of color.

¹ Four questions were presented by a group of community members based from the work of GARE, and their racial equity toolkit process.

The opportunity for implicit bias to impact the population of this facility are most prominent with referring law enforcement officers who decide who to refer to the facility and who to send to jail and the staff of the facility itself. Implicit bias training should be prioritized for frontline staff.

Accountability to the community will be provided by annual reporting on racial disparities in the facility and progress to providing culturally appropriate treatment to both community stakeholders and the Racial Equity and Diversity Committee in the SRLJC.

See Appendix B for GARE Racial Equity Toolkit Key Questions Review.

Law Enforcement Outline

Eligible Agencies: Any Spokane County or Municipal Law Enforcement Officer (LEO) who refers cases and citations to the Spokane Municipal, District, or Superior Courts and the appropriate Prosecutor's Offices. These departments will enter into agreement to utilize this facility in lieu of the Spokane County Jail for diversion of defined qualifying criminal charges.

Process: Officers or Deputies who have probable cause to arrest an individual for a qualifying crime and the suspect is exhibiting signs of behavioral health or co-occurring (mental health and substance abuse) crisis may choose to transport the involved person to the MHCSF in lieu of booking or citing and releasing criminal charges.

- 1) LEO will check the criminal history of the involved suspect to ensure he/she does not have any disqualifying past criminal history.
- 2) LEO will verify through dispatch or other communication method that space is available at the facility prior to transport and that the person has not been barred from the facility.
- 3) LEO will advise the suspect that they have probable cause to arrest them and book them into jail for a criminal charge. Further, the LEO will explain to the involved party that they may enter into the MHCSF at their own choosing and not be booked immediately into Jail. Officers will not issue a criminal citation to the individual but will complete a charging referral to Prosecutor's Office with designation of MHCSF Diversion.
- 4) LEO will transport to the MHCSF and remain briefly with the suspect during the intake process and provide all relevant information to staff to facilitate treatment.
- 5) LEO will complete a charging document for the appropriate criminal charges with their report noting that the suspect was transported to the MHCSF in lieu of booking. The appropriate Prosecuting Attorney's Office will receive this documentation for charging consideration in the event the involved party does not successfully complete the treatment program.
- 6) In the event a suspect becomes uncooperative or violent during the MHCSF process, an officer may be called to return and book the individual into Jail. This would no longer be treated as a diversion and the process would be treated as a booking. The LEO will note this information in his/her report.

- 7) If room is not available at the MHCSF, the subject may be booked into Jail or cited and released. The Prosecutor may explore other post-arrest programs (Mental Health Court, Drug Court, etc.) at his/her disposal.

Officers will have the responsibility to determine, with the information known at the time, if the suspect is a good candidate for the facility. Officers would be encouraged to utilize the facility when appropriate, but would have the authority to ultimately determine the appropriateness of diversion based upon a totality of the circumstances.

- 1) Danger to a third party if the suspect is not incarcerated.
- 2) Acute medical concern due to suspected intoxication or other medical issue that would require hospitalization.
- 3) Propensity for violence. Those offenders who would pose a known danger to the staff at the MHCSF shall be booked into Jail.
- 4) Past interactions or information known to the officer that would help inform the LEO as to the appropriateness of the facility.
- 5) Any past history of the involved person at the MHCSF.
- 6) The officer shall weigh any specific victim needs.

Legal Diversion

From a legal diversion perspective, this facility is for individuals with mental illness or co-occurring mental illness and substance abuse disorders, who commit **eligible misdemeanor and felony offenses**. The goal is to divert from the criminal justice system (jail) and into appropriate and needed treatment, better utilizing criminal justice and community treatment resources.

This process provides law enforcement with an alternative option to the jail or hospital emergency departments for individuals who are experiencing a behavioral crisis. Staff at Law Enforcement Mental Health Diversion facility will coordinate with existing service providers to ensure that individuals referred to the facility are (re)connected with programs to meet their needs in the community.

Eligibility

The MHCSF Diversion program is a **voluntary program** designed to target individuals who have committed acts that constitute eligible misdemeanor and felony offenses as outlined below and are exhibiting signs of a mental illness or co-occurring disorder.

Misdemeanors

Any misdemeanor crime **EXCEPT** the following:

1. Any domestic violence crime;
2. Driving Under the Influence (DUI), Physical Control, Hit and Run and Reckless Driving;
3. Non-felony firearm violations – RCW 9.41 offenses

4. Assault - 4th degree (unless victim approval)
5. Lewd Conduct
6. Malicious Mischief (unless victim approval)

Examples of Eligible Misdemeanor Offenses (not an exclusive list):

- Criminal Trespass 1st and 2nd Degree; Theft 3rd Degree; Theft of Rental Property; Unlawful Transit Conduct; Disorderly Conduct; Obstructing a Law Enforcement Officer; Resisting Arrest; Urinating in Public; Prostitution – Prostitution Loitering ; Inference with Health Care Facilities or Providers; DWLS 3rd degree

Felonies

Eligible felony offenses are as follows:

1. Property and Drug – Class C felonies; first felony only
2. Assault – 3rd degree (with victim approval)

The Prosecutor holds the statutory authority to approve all cases for final eligibility of the LE Diversion Program and reserves the right to file charges on eligible cases if deemed appropriate. Eligibility may be reviewed for additional offenses

[Disqualifying Criminal History](#)

Any individual with a prior conviction for any of the following:

- Sex offense;
- Most serious offense;
- Serious violent offense; or
- Violent Offense

Any individual as defined by RCW 9.94A.030, is disqualified.

The referring Officer/Deputy maintains discretion to decline a referral to the LE MH Diversion program based on other factors, even if an individual qualifies. However, there are NO exceptions to individuals with the above stated convictions.

[Definitions](#)

Referral Process:

1. Law Enforcement Mental Health Diversion

- a. Officers considering diverting individuals to the Mental Health Crisis Stabilization Facility (MHCSF) for Law Enforcement will at a minimum screen the person for

disqualifying offenses and criminal history in the field on their mobile database system

- b. Officer to complete a MHCSF for Law Enforcement **Program Tracking Form** (See Appendix D for Example Form).
- c. Officers will not issue a criminal citation to the individual but will complete a charging referral to Prosecutor's Office with designation of MHCSF Diversion.

2. MHCSF Staff meet with Participant to establish consent to participate and obtain Release of Information (ROI's).

- a. MH Facility Staff email via secure means the LE MH Diversion Program Referral form to Prosecutor's Office.
- b. If not approved or determined eligible by Prosecutor's Office, LE MH facility Staff will be immediately notified and provided a basis.

3. LE MH Facility Staff determine treatment recommendations and assist with (re) connecting individual to treatment provider in community.

4. Participant agrees to:

- a. Attend all scheduled treatment appointments;
- b. No drugs, alcohol or non-prescribed medication use in conjunction with prescribed treatment plan;
- c. Take all medications as prescribed by Physician.
- d. Not commit any new criminal law violations.

5. Participant signs MHCSF Program Agreement (See Appendix D for Example Form)

6. Completion of MHCSF Diversion program:

- a. The legal charge(s) which brought participant into the program will be reviewed for filing up to one year from the date of the offense, until successful completion of, or discharge from program.

7. Discharge from MHCSF Diversion Program:

- a. If the participant elects to leaves the program prior to approval of the MHCSF Diversion Program Staff, or assigned treatment provider, the participant will be assessed for potential re-entry to the program;

- b. If the Participant is charged with a new criminal law violation, the Participant may be terminated from the MHCSF Diversion program as determined by the appropriate Prosecutors office;
 - c. Original criminal charge(s) may be filed.
8. **Prosecutor’s Office will be notified via a Progress Report immediately of any new criminal law violation or any treatment noncompliance while the participant is in the MHCSF Diversion Program, including positive drug tests for illegal substances.** Urine Analysis (UA) will be addressed on a case by case basis. Non-compliance may result in dismissal from the MHCSF Diversion program.

Health and Community Services

The Spokane County Behavioral Health Organization (BHO) or Community Services Department will contract, as appropriate, for mental health services and medical psychiatric services at the facility. The BHO or County will maintain, internally, contracts among their service providers and oversee the reimbursement. If additional funding is needed for operation of the defined services at the facility the BHO will notify the City and County that additional funding is needed.

Contracts will include the MHCSF’s operational provider and other health service providers who contract with the BHO may be utilized. Those agencies will be responsible for services outlined in their agreed upon contracts. The MHCSF’s contracted operational provider will also be responsible for the oversight and coordination of reimbursement and/or communications when additional funding is needed for operation of defined services. Other responsibilities of the facility’s contracted operational provider include: notifying LE of admitted individuals’ noncompliance, managing a secure and HIPAA (and 42 CFR Part 2) compliant data collection system, ability to generate an accounting of disclosures upon request, and ability to perform reporting required information to funders, legal stakeholders, etc. (e.g. provide fiscal, operational, and performance reports and data extracts).

Spokane County Risk Management currently has the infrastructure in place for utilizing contracted service providers. This would include addressing the areas of negligent acts, indemnification, property insurance, liability, and in-direct costs/funding. It is recommended that the Governance Board purchase Directors and Officers policy.

As identified by the National Center for Healthcare Services³ and Stepping Up Communities initiatives, this facility will provide, in conjunction with county-wide Crisis “intervention training (CIT) for Law Enforcement officers,

- I. Continuation of officer mental health screening questions for every individual brought into custody:
 - 1. Have you ever been seen by a doctor for mental illness?
 - 2. Have you ever been prescribed medication for mental illness?
 - 3. Have you, in the past, considered or tried to kill yourself?
 - 4. Are you considering killing yourself today?
- II. Further Mental Health Evaluation screening for prior mental health from database resources as part of the stabilization, booking and pretrial services offering to provide:

1. Clinical Supervision
2. Judicial Supervision
- III. Engaging Restoration through Community Partners for long term services
 1. Housing
 2. Job Skills
 3. Ongoing wellness oversight

An individualized treatment plan will be established for each individual prior to their discharge from the facility and that it will include wrap around services through community partners.

Community Partner Services will include, but may not be limited to: medical evaluation, mental health evaluation, drug/alcohol assessment, detoxification treatment and inebriation services, medication management, risk assessment, peer support, crisis intervention, stabilization, re-entry planning, outpatient referral and financial assistance. Partnering services from agencies outside of the BHO may include private, non-profit, or community service entities.

The full complement of services and community partnership network will operate in conjunction with the outcome of the SLRJC Community Re-entry project⁵.

Contracts, data extractions for performance metrics and coordination work will be set by the BHO as modeled in other regional crisis stabilization facilities.

Approximate Staff Estimates

Staffing	<u>Comparable Stabilization Facility*</u>	<u>Estimates for Spokane MHCSF**</u>
Day	Day	Day
RN	2	2
LPN	0	0
NAC	0	0
MHT/TECH	2.5	2.5
PEER	1	1
REHAB THERAPIST	0	0
Admissions/Discharge Coordinator	2	2
Administrative Assistant/Clerk	0	0
SW/MHP/MA	1 (CDP)	1 (CDP)
ARNP/PA	0	1
Psychiatrist	On Call	On Call
Admin/Manager	1	1
TOTAL:	9.5	10.5
SWING	SWING	SWING
RN	2	2
LPN	0	0
NAC	0	0
MHT/TECH	2.5	2.5

PEER	0	0
REHAB THERAPIST	0	0
Admissions/Discharge Coordinator	2	2
Administrative Assistant/Clerk	0	0
SW/MHP/MA	0	0
ARNP/PA	0	1
Psychiatrist	0	On Call
Admin/Manager	On Call	On Call
TOTAL:	6.5	7.5
Night	Night	Night
RN	3	3
LPN	0	0
NAC	0	0
MHT/TECH	3	3
REHAB THERAPIST	0	0
Admissions/Discharge Coordinator	0	0
Administrative Assistant/Clerk	0	0
MHP/SW/MA	0	0
ARNP/PA	0	1
Psychiatrist	0	On Call
Admin/Manager	On Call	On Call
TOTAL:	6	7
Weekend	Weekend	Weekend
RN	Day-2, Swing/Night-3	Day-2, Swing/Night-3
LPN	0	0
NAC	0	0
MHT/TECH	3 (All Shifts)	3 (All Shifts)
PEER	0	0
REHAB THERAPIST	0	0
Admissions/Discharge Coordinator	2 (Day Only)	2 (Day Only)
Administrative Assistant/Clerk	0	0
SW/MHP/MA	0	1
Psychiatrist	1	1
Admin/Manager	On Call	On Call
TOTAL:	D-8, Swing/Night-7	D-9, Swing/Night-10
Average Daily Census	15.5	16 (min)- 25 (max) expected

Additional Info:

* Example information is based on information from several stabilization facilities located in the state of Washington. 2017 average per day per person - per diem rate \$511

** Spokane MHCSF added staffing for increased volume and to cover vacations and Paid Time Off (PTO)

** Spokane MHSCF added staffing X-ray tech, periodic use from a mobile x-ray contract provider on an as needed basis.

** Spokane MHCSF maintenance will be funded by Spokane city/county.

Service Duration

The facility is intended for flexible use to accommodate immediate stabilization needs often occurring between a 24-72 hour periods. A longer stay may be provided based on case treatment needs.

Governance Model

A Governance Board (see below) will oversee the operational activity performed by the Facility Operations Manager and regional coordination of services between agencies utilizing the facility. It is recommended this Governance Board also oversee the governance Community Reentry Services at the facility for Spokane County.

Members

1. Spokane County Commissioner (Member)
2. Spokane City Administrator (Member)
3. Spokane County Corrections Director (Member)
4. Spokane County Sheriff's Office (Member)
5. Spokane Police Department (Member)

Advisors

- Facility Operations Manager – (Advisor)
- Spokane County Behavioral Health Department (Advisor)
- CARES and/or SFD/SVFD Medical Director (Advisor)
- Community Member (Advisor)
- SRLJC Liaison (Advisor)
- Mental Health Advisory Board (Advisor)

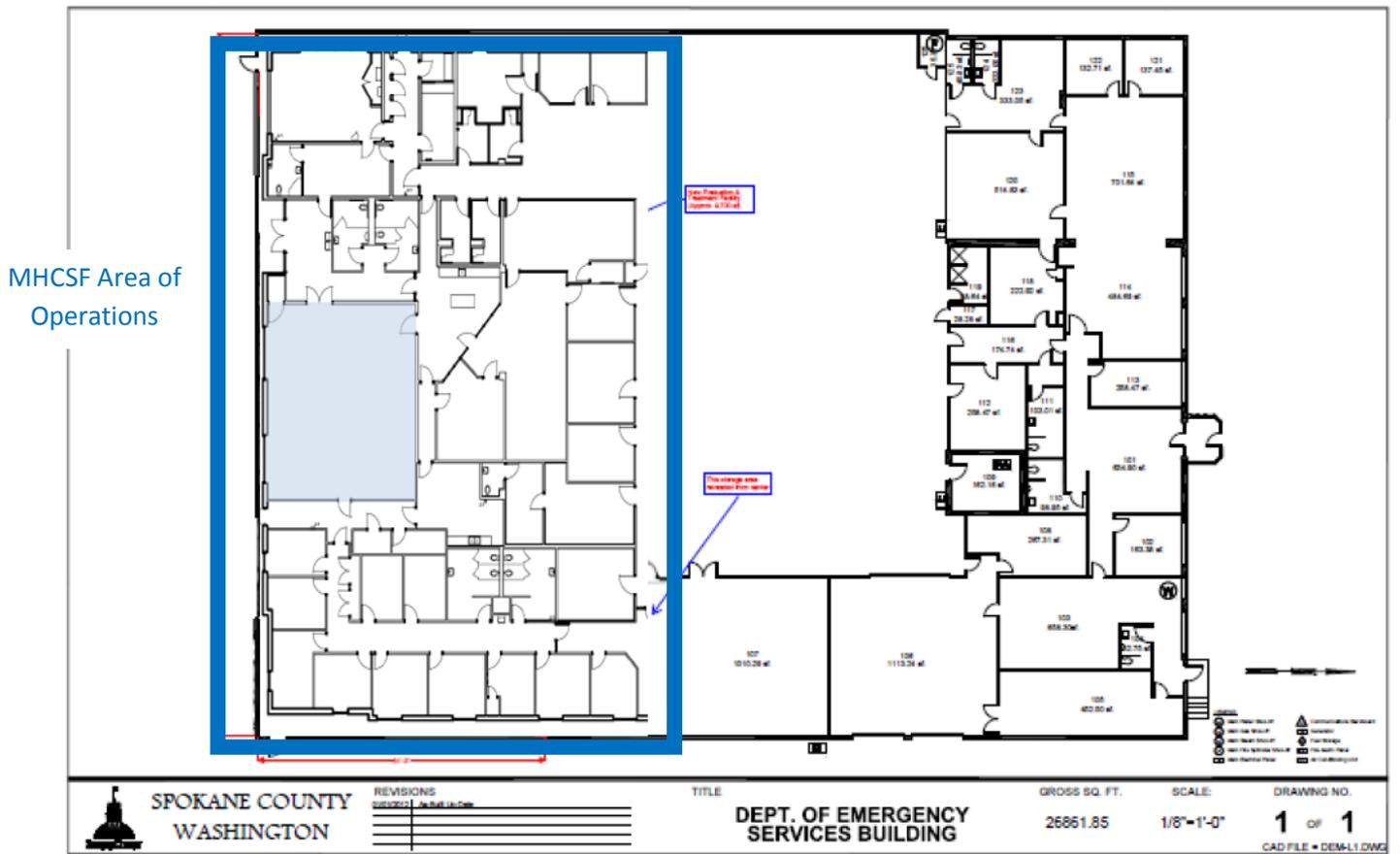
Facility Operations Manager is a new position within Spokane County that will be funded by Spokane County Corrections and report directly to the Mental Health Crisis Stabilization Facility Governance Board.

Facility Recommendation

Spokane County currently owns a building operated by the Spokane Department of Emergency Management located at 1121 W Gardner Ave, Spokane, WA 99260. The building houses the Spokane Emergency Radio Communications (SREC) staff. This facility is underutilized and has been recommended by the project team to serve as the location of the MHCSF facility. Spokane County Risk Management has confirmed all liability and insurance requirements for this use have been met. The MHCSF will occupy approximately the south 25-30% of the building. Major renovations will be required. Below is a rough estimate of the modifications needed and a concept of the floor plan utilization, reflective of other needs within the building.

Any operational activates, equipment and/or staff displaced by the utilization of this portion of the facility will be relocated, at no charge to the department, to another County location suitable to all continued work efforts.

The use concept is intended to incorporate both open-pod modules and private room stabilization options based on an individual’s treatment needs.



High Level Budget

This high level budget is intended to identify funding sources and major expense components for the MHCSF Remodel, initial operating and staffing expenses and notations for budget cost past the first two years of operations. A separate project team will be formed to implement the recommendations of this document and create a detailed operational budget.

Identified Funding Sources

- WA State Legislature for Capital Improvements (remodel of the MHCSF portion of the identified building)
- Potential grant funds available via DSHS
- Spokane County Behavior Health Office (BHO)

Identified Costs

Identified Building Remodel for MHCSF (estimated to occur in 2018) - \$2.4 Million

Facility Maintenance, Operations and Depreciation (ongoing) - \$50,000

Staffing (Based on 16-25 census per day at \$515 per person) - \$2.9 Million - \$4 Million

Anticipated Medicaid/Medicare Reimbursement

16 Person Census

80% of served individuals at MHCSF qualifying (\$1.92 Million of \$2.4 Million total)

Reimbursement at 75% (\$1.4 Million of \$1.92 Million)

Potential Net Operational Cost Remaining \$1 Million

25 Person Census

80% of served individuals at MHCSF qualifying (\$3.2 Million of \$4 Million total)

Reimbursement at 75% (\$2.4 Million of \$3.2 Million)

Potential Net Operational Cost Remaining \$1.6 Million

Appendix A – Mental Health Crisis Stabilization Facility for Law Enforcement Project Charter

Appendix B - BURNS Institute Key Question Review

1. What are the racial equity impacts of this particular decision?

The impacts are currently unclear as there is no baseline data to accurately measure the racial breakdown of who in the current population of the jail would qualify for this facility. So whether this facility could help reduce the racial disparities in the jail is not known currently. A clear next step identified is to establish a system for collecting this baseline data so we can also use it as a point of comparison once the facility is in place to determine whether implicit bias is impacting who is being referred to the facility. IE if we establish that 25% of the current population in jail are people of color who would be eligible for this facility but that only 5% are actually being referred a year out we know we have to work to figure out why.

2. Who will benefit from or be burdened by the particular decision?

People with mental health and substance use disorders that have a qualifying charge and their families will benefit from having access to an alternative to jail and possible involvement in the criminal justice system.

3. Are there strategies to mitigate the unintended consequences?

Yes we should make sure the staffing make-up of the facility provides culturally appropriate treatment. Specifically hiring staff that reflect the population treated (IE are from their specific community, look like them, and or where appropriate are peers who have recovered). In mitigating potential implicit bias by law enforcement we should advocate for ongoing implicit bias training and support within the SRLJC process for frontline officers and other staff that will be in decision making roles for the facility.

4. How will you ensure accountability, communicate and evaluate results?

Once baseline data is established our implementation plan should include annual reporting to the SRLJC RED committee and community stakeholders on the facilities progress towards treating people of color at the facility and implementing best practices for culturally appropriate treatment that improves chances of successful completion of the treatment plan.

Appendix C – 2017-2018 Spokane Regional Law and Justice System

Appendix D – Example Program Tracking Form

Appendix E - References

- **National Institute of Mental Health** - <https://www.nimh.nih.gov/index.shtml>
Five Questions/Stages for stabilization
- **Stepping Up Initiatives Communities** - <https://stepuptogether.org/>
- **Bexar County Crisis Stabilization Facility** - <http://chcsbc.org/>
Right Place, Right Time, Right Approach – Behavior Health Article -
<https://www.behavioral.net/article/right-place-right-time-right-approach>
- **Kanas City Crisis Stabilization Facility** - <http://www.sedgwickcounty.org/comcare/>
- **North Idaho Crisis Center** - <http://www.nicrisiscenter.org/>
- **King County Stabilization Facility** - <http://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/diversion-reentry-services/crisis-diversion-programs.aspx>

**Spokane Regional Mental Health Crisis Stabilization Center for Law Enforcement -
Feedback rev.7**

6/20/2017

Spokane City Council Member Breean Beggs:

(I) "...believe that the crisis center as an option for law enforcement to use is a fabulous idea and fully support it as a way to save money, better protect the community, provide more effective care to those struggling with mental health and cognitive disorders and to reduce crime and recidivism.

Mary Lou Johnson:

I think the MHCSF Proposal Draft, presented to the SRLJC is very well done.

I have one concern on page 6 where I think some clarity could be added on items 6 and 7 which deal with completion and discharge. Item 6 uses the words successful completion and discharge, but the sub points under both 6 and 7 only address unsuccessful outcomes. I think successful outcomes should also be delineated. Participants need to know when they are done.

Completion - Successful completion should be defined. I assume it would be if the participant fulfills the requirements of the MHCSF Program Agreement.

Discharge - Should describe that a successful completion of the Program Agreement will result in written discharge.

Also on item 6 (a) I believe the phrase "whichever occurs earlier" should be added to the end. So, if someone successfully completes in 9 months, the potential for a charge on the original conduct should be eliminated.

Thank you to the Charter Group that produced this proposal.

Patrick Stretch:

Great concept, exciting to see this coming to fruition. The only part I am concerned with is the need of the arrest before going to the Crisis Stabilization Facility. Seems to me that perhaps another prong should be there, which could allow the police officer to drop off at Facility, and the person would commit to staying there for 24 hours. We would have a mechanism in place that if the person decided they didn't want to stay for 24 hours or until stabilized, then police would be called to take the next step. I am thinking that there will be times when the "Event" does not warrant an arrest, but the police officer also cannot just walk away and leave the person.

LaTisha Condo:

I have a loved one with mental health issues and co-occurring substance abuse issues. He is in and out of jail on various charges - all stemming from these issues. I have read through this proposal and have some questions and comments:

1. The proposal states that a 16 bed separate facility will be maintained for stabilization and then once stabilized the individuals will be referred out to contracted service providers. If they meet all expectations within a year, the charges drafted will not be filed. You are setting up these people to fail. I see nothing about case management - who makes sure they get to their appointments? If you refer them to FBH or some other service provider are they expected to follow up? if the goal is to get them services, why not add capacity to already existing mental health centers? They are already staffed, are located around the city, and are where, in theory, these individuals will end up.
I have heard that there is a public safety issue with dropping patients off at outside facilities, but this proposal doesn't include any LEO in the budget so I'm assuming this is staffed just like the facilities FBH runs - meaning they don't have officers.
2. The language in this proposal seems to borrow heavily from the language in the example used in Appendix D. This, along with the statement 'no baseline data exists for Spokane' leads me to believe in an attempt to put together a facility too much reliance on a model from outside this

jurisdiction has been used. How do I know this proposal has considered the unique challenges of Spokane? Side note: why don't we have racial equity data? How long is this going to take? Creating a facility without addressing this issue from day one is going to lead to bigger systemic issues in the future.

3. If a 2.9 renovation contract is granted can you guarantee that contract will go to a company that actively hires people who have been formerly incarcerated?
4. The time allowed for public comment was very short. I would recommend extending that out so that members of the impacted community have time to respond.
5. Have you talked to members of the impacted community about this proposal? Can you show how you factored their input into this facility?

I have many more comments but will limit this at 5. I hope some of these concerns are addressed.

Claire Carden
Center for Justice:

Dear Spokane Regional Law and Justice Council,

First, the Center for Justice strongly supports diversion programs including those geared toward providing treatment and services to the parts of our population that have mental health conditions or co-occurring substance abuse and mental health conditions. While the Center is aware that this implementation proposal draft is both a high level view and a first draft, additional information is necessary.

1. This proposal states there is no baseline data. This is concerning. Especially given that Spokane has been working with the MacArthur Foundation on reducing the jail population for over a year now, which presumably includes gathering data about who is in the jail and why.
2. What does it mean to be "(re)connected with services?" Is that providing a list of referrals? Is it setting up appointments? Is there case management? Without more information, it seems like these wraparound services could be setting people up to fail. Most of the service providers do not have readily available appointments. Most people with mental illnesses do not have the capacity to case manage themselves. The proposal also discusses without explanation "community partner services." Most of these partner services do not have capacity to take on more clients, does this proposal include an increase in capacity to meet this new need?
3. The Center would also like to reduce the number of restrictions placed on offenses so that more people can take advantage of the services available at the facility.
4. It is unclear from the document whether going to the facility and participating in treatment and services is sufficient to keep from being charged. Page 3 reads "[t]he appropriate Prosecuting Attorney's Office will receive this documentation for charging consideration in the event the involved party does not successfully complete the treatment program." However, page 5 reads "[t]he Prosecutor holds the statutory authority to approve all cases for final eligibility of the LE Diversion Program and reserves the right to file charges on eligible cases if deemed appropriate." Page 6 reads "[t]he legal charge(s) which brought participant into the program will be reviewed for filing up to one year from the date of the offense, until successful completion of, or discharge from program." If a person is actively and appropriately, participating in the MHCSF can they still be charged?
5. The Center is excited that racial and ethnic disparities are being addressed in this proposal at this early stage. The Center would also like to make sure that the team charged with implementing the proposal for these facilities includes people of color, people with mental illnesses, people with substance abuse problems, and victims. These are the people who are going to be most affected by this facility, including their input at the following stages is important to make sure this facility meets the needs of the community. While the Center was encouraged by the Charter's reaching

out to stakeholders in designing this proposal, at the next stages we would like to see these populations including in decision making roles.

Thank you for considering these comments.

John Haley:

I have only one comment on the proposed MHCSC document. Under the subheading Potential Racial Equity Impacts 1 at the top of page 3, 2nd paragraph, it is stated that annual reporting on racial disparities will be provided. My thought is that this is inadequate and should happen semi-annually (at least for the first 3-5 years).

My reasoning is that; 1) this is a new operation and 2) one of our priority purposes is to reduce racial disparities. Operation for a full year before making a formal progress report seems a little indifferent. I realize that the SRLJC will get monthly reports but I would like to see a formal public report twice a year at least for the first few years.

Thanks

The Reverend Rick Matters:

In summary, my feedback is:

*Bravo!

*Commit yourself and those within the justice system whom you impact to annual lifelong racial appreciation and bias awareness.

*Further enrich the council with robust racial diversity by whatever means is most appropriate.

Thank you

Erin Williams-Hueter:

Thank you for offering an opportunity to provide feedback. I would recommend that victims be offered an opportunity to contact the state's 24 hour crime victim crisis line to discuss their options and rights when making a decision about whether or not to support their perpetrator being given the opportunity not to go to jail.

I commend the committee's decision not to include sex crimes and domestic violence crimes in the list of people who can access the stabilization center.