



District Attorney Symposium

Mapping the Intersection of
Mental Health, Homelessness, and Criminal Justice

April 30, 2018




| | |
|---------------------|--|
| 7:00 — 8:30 AM | Check-in / Registration / Breakfast |
| 8:30 — 9:15 AM | Welcome and Opening Remarks <i>San Diego County District Attorney Summer Stephan</i> <i>Los Angeles County District Attorney Jackie Lacey</i> |
| 9:15 — 10:00 AM | Stepping Up Initiative & Sequential Intercept Mapping (S.I.M.) <i>Hallie Fader-Towe, Senior Policy Advisor, CSG Justice Center</i> |
| 10:00 — 10:15 AM | Morning Break |
| 10:15 AM — 12:15 PM | S.I.M. Talks: Short burst updates from our local Criminal Justice and Mental Health Stakeholders |
| 12:15 PM — 1:15 PM | Lunch Presentation <i>Supervisor Kristin Gaspar</i> <i>Hon. Judge David Danielsen (Retired)</i> |
| 1:15 — 3:15 PM | BREAKOUT SESSIONS: Mapping the Intersection of Mental Health, Homelessness and Criminal Justice |
| 3:15 — 4:00 PM | Report Back From Working Groups & Wrap-up |
| 4:00 PM | Adjourned |

Stepping Up Initiative & Sequential Intercept Mapping

Hallie Fader-Towe
Senior Policy Advisor, CSG Justice Center


Hallie Fader-Towe works with local and state policymakers to craft policies, processes, and programs that will work best for their jurisdictions. In her positions with The Council of State Governments (CSG) Justice Center she has worked with jurisdictions around the country on collaborative, data-driven planning and implementation efforts to address criminal justice functions from initial detention through reentry, including a focus on individuals with mental illnesses. Most recently, she has been working with partners in California and nationwide on the Stepping Up initiative to reduce the number of people with mental illnesses in jail. She has also managed the development of training materials on mental health courts and on judicial responses to the prevalence of individuals with mental illnesses involved with the criminal justice system. She has written on dispute systems design for state trial courts, pretrial responses to those with mental illnesses, information sharing between criminal justice and mental health systems, and mental health court design and implementation. Before joining the CSG Justice Center, she was a management consultant with McKinsey & Company in New York. Hallie received a BA from Brown University and a JD from Harvard Law School. Hallie lives in San Diego.




Stepping Up San Diego & System Mapping

Hallie Fader-Towe, Senior Policy Advisor, The CSG Justice Center
 April 30, 2018

San Diego County District Attorney Mental Health and Homeless Symposium
 Jacobs Center For Neighborhood Innovation
 404 Euclid Ave, San Diego, CA 92114











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 THE COUNCIL OF STATE GOVERNMENTS



Justice Center
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- National non-profit, non-partisan membership association of state government officials
- Engages members of all three branches of state government
- Justice Center provides practical, nonpartisan advice informed by the best available evidence

| | | | |
|---|---|---|---|
| Corrections  | Courts  | Justice Reinvestment  | Law Enforcement  |
| Mental Health  | Reentry  | Substance Abuse  | Youth  |

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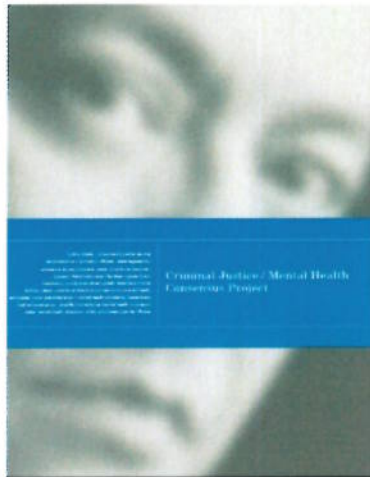
Overview

How We Got Here

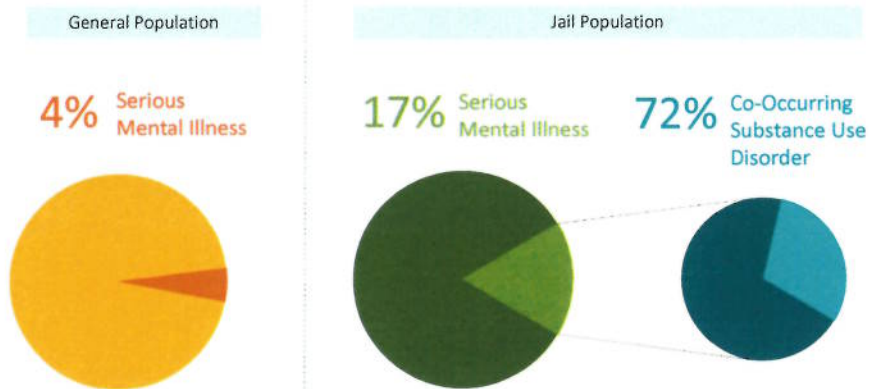
Stepping Up

What You Can Do Today and Going Forward

The Consensus Project Report (2002)



Mental Illnesses: Overrepresented in Our Jails



Sources: Center for Behavioral Health Statistics and Quality, *Results from the 2015 National Survey on Drug Use and Health*, 2016; Steadman, HJ, Osher, FC, Robbins, PC, Case, B., and Samuels, S. Prevalence of Serious Mental Illness Among Jail Inmates, *Psychiatric Services*, 6 (60), 761-765, 2009; Abram, Karen M., and Linda A. Teplin, "Co-occurring Disorders Among Mentally Ill Jail Detainees," *American Psychologist* 46, no. 10 (1991): 1036-1045. Council of State Governments Justice Center | 5

Orange County Sheriff Sandra Hutchens



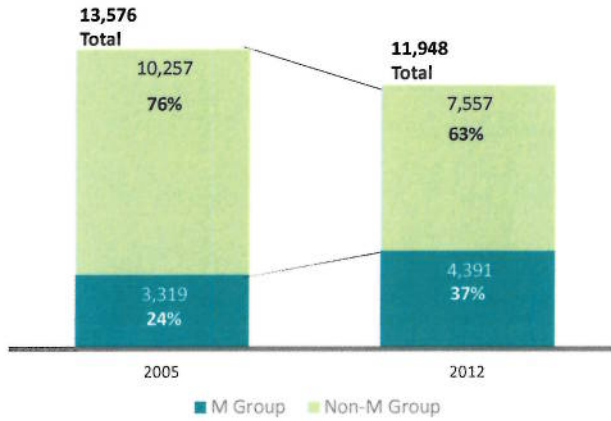
"You will not find a sheriff in this state or in this nation who is not struggling with the growing number of people with mental illnesses in our jails."
Stepping Up California Launch, May 2015

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Jails Report Increases in the Numbers of People Mental with Illnesses

NYC Jail Population (2005-2012)

Average Daily Jail Population (ADP) and ADP with Mental Health Diagnoses

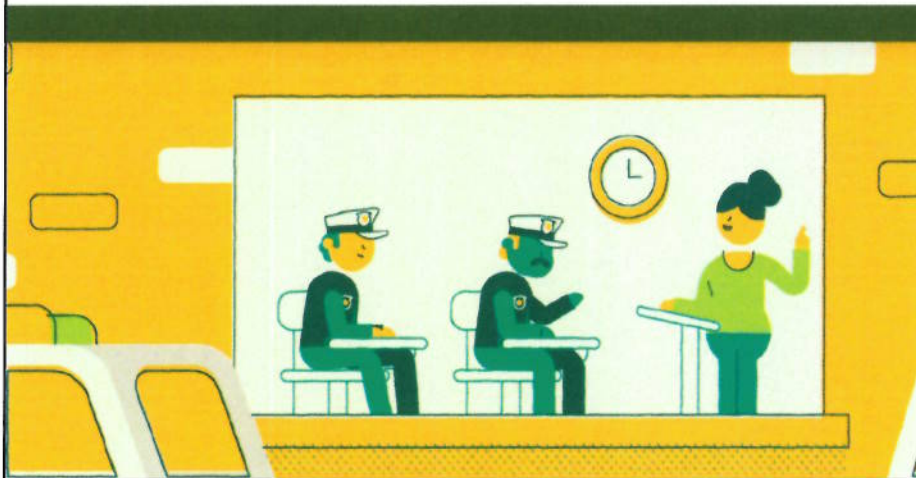


What would this look like for San Diego County?

58 County Survey

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Counties Step Up but Face Key Challenges:
Why is it so hard to fix?



Three Challenges Counties Face: Observations from the Field

1.

Being data driven

2.

Using best practices

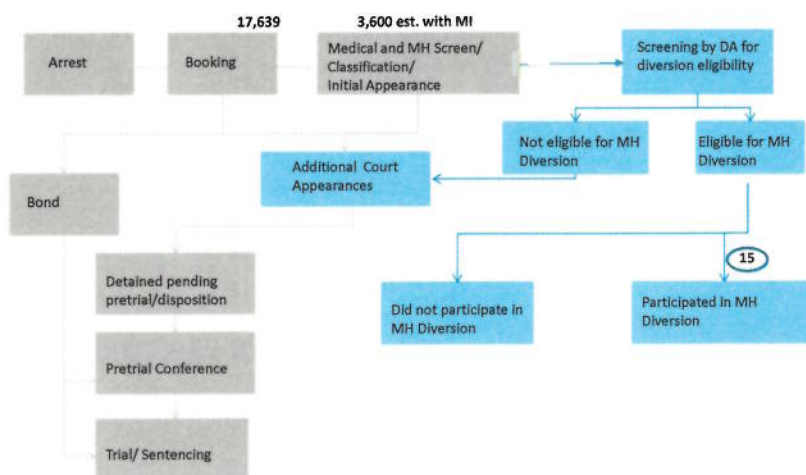
3.

Measuring results

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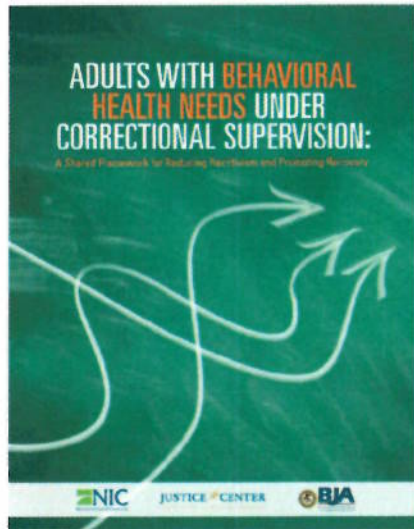
Challenge #1: Being Data-Driven

Suburban County, Case processing- individuals with mental illnesses (2008)



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Challenge #2: Using Best Practices



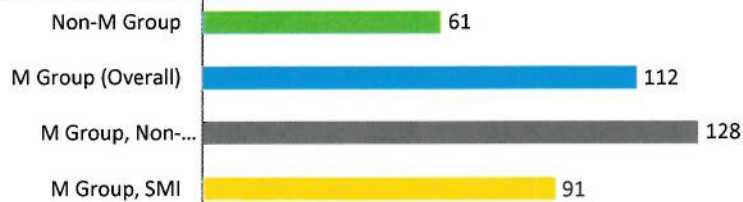
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Not All Mental Illnesses are Alike

Portion of M Group Meeting Criteria for Serious Mental Illness (SMI)



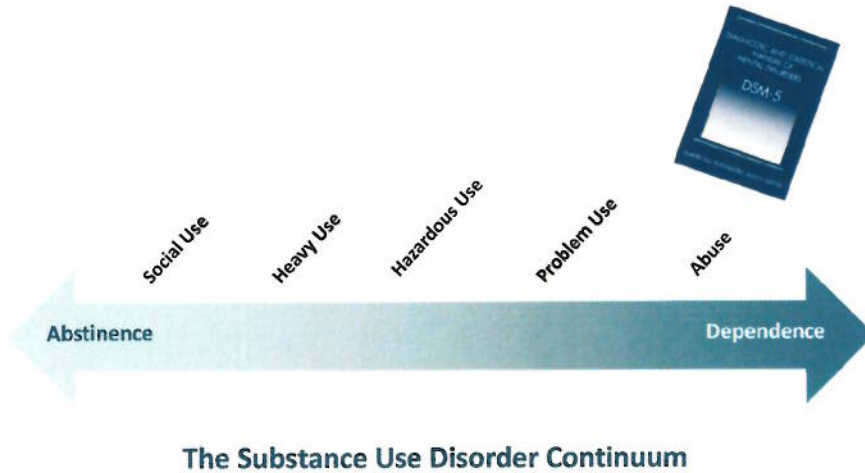
Average Length of Stay by Mental Health Status



Source: The City of New York Department of Correction & New York City Department of Health and Mental Hygiene
2008 Department of Correction Admission Cohort with Length of Stay > 3 Days (First 2008 Admission)

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Not All Substance Use Disorders are Alike

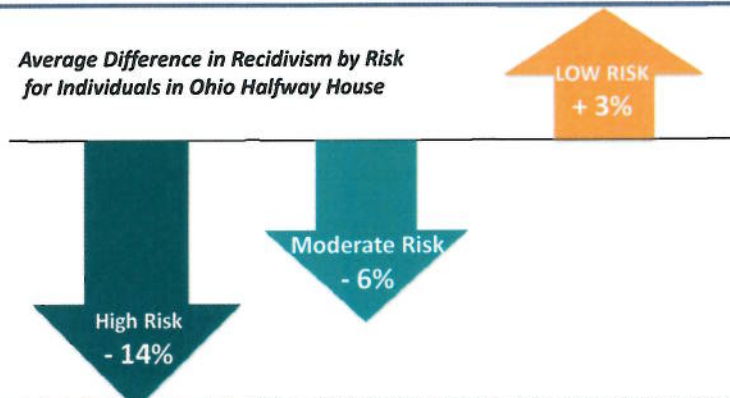


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Risk of Recidivism Changes Outcomes

Failing to adhere to the "risk principle" can increase recidivism

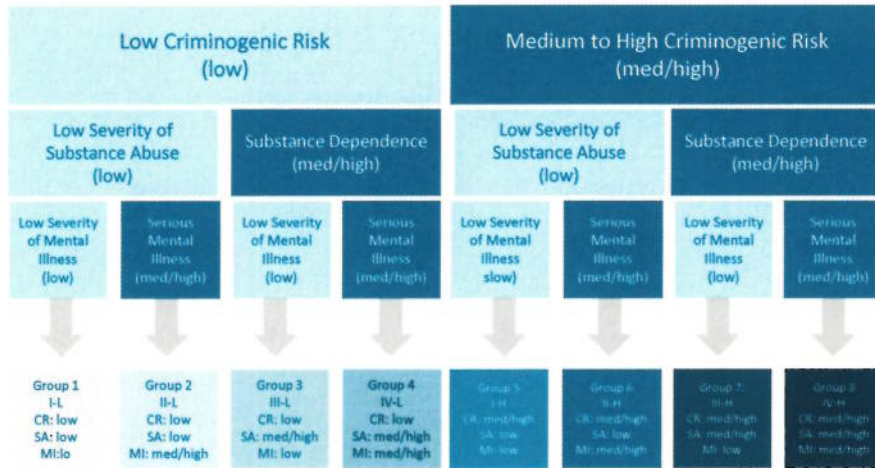
Average Difference in Recidivism by Risk for Individuals in Ohio Halfway House



Source: Presentation by Dr. Edward Latessa, "What Works and What Doesn't in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry", available online at www.csajusticecenter.org

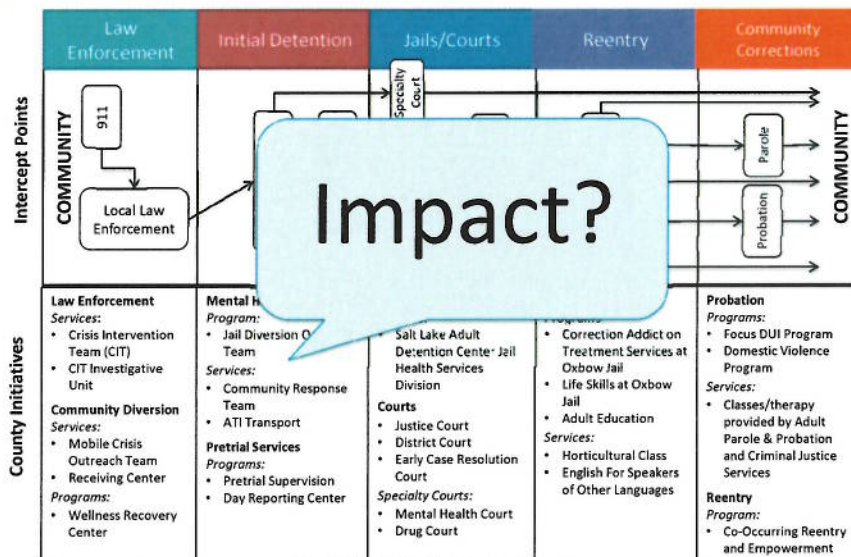
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A Framework for Prioritizing Target Population



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Challenge 3 – Tracking Progress



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Overview

How We Got Here

Stepping Up

What You Can Do Today and Going Forward

THE STEPPINGUP INITIATIVE



GOAL: There will be fewer people with mental illnesses in our jails tomorrow than there are today

Major Partners Rally Around a Common Goal

Lead Partners



Federal Partners



Stepping Up Steering Committee



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Over 400 Counties "Step Up"











The Counties



- 434 counties as of today
- AZ- First Full State
- IA- Most Resolutions- 54
- 34 California counties

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1. Is Your Leadership Committed?

- 
Mandate from county elected officials

- 
Representative planning team

- 
Commitment to vision, mission, and guiding principles

- 
Designated project coordinator and organized planning process

- 
Accountability for results


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Is Your Leadership Committed?

- California counties have used both existing and new interagency groups for Stepping Up
- All include the county executive and their staff


| County | Interagency Groups | Leader(s) |
|---------------|---|--------------------------|
| Calaveras | Community Corrections Partnerships (CCPs) | Chief Probation Officer |
| Orange | Separate planning group, reporting to Criminal Justice Coordinating Council and Board | Sheriff and Supervisor |
| Santa Clara | Diversion Committee, reporting to the Board | Supervisor and Judge |
| Santa Barbara | Separate planning group | Sheriff |
| Yolo | Continuum of Care committee, established by Board of Supervisors | County Behavioral Health |

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Do You Have Timely Screening and Assessment?

Is there are system-wide definition of: 

- Mental illness
- Substance use disorders
- Recidivism

Screening and assessment: 

- Validated screening and assessment tools
- An efficient screening and assessment

Electronically collected data 

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Counties Should Know the Prevalence of People with Serious Mental Illnesses in Jails

Recommended approach:

- Develop a common definition for SMI.** This definition should be applied throughout the local criminal justice and behavioral health systems. It is recommended to use the state definition of SMI and build consensus and understanding among county leaders to its definition and use.
- Use validated mental health screenings and assessments.** Upon jail booking, use a validated screening tool. Then, refer people who screen positive for SMI to a follow-up clinical assessment by a licensed mental health professional in a timely manner.
- Record and report results.** Record clinical assessment results in a database that can be queried, and report regularly on this population.

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Getting to SMI: Timely Screening and Assessments

Ideally, universal screening and follow-up assessment, as needed, is available in jail and on probation for Mental Health, Substance Use, and Pretrial/Recidivism Risk

Screen



Triage

- Short
- Universal
- Indicates need for follow-up

Assessment



Diagnose, Plan, Repeat

- Lengthy
- Administered by professional
- Used to diagnose, develop case plan, monitor progress
- Iterative process

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Validated Assessment for Pretrial Risk

Research shows that **detaining low-risk defendants**, even just for a few days, is strongly correlated with **higher rates of new criminal activity**, both during the pretrial period and years after case disposition

Purpose of Validated Pretrial Risk Assessments:

1. To inform judges on which defendants are low or high risk for failure to appear in court, committing a new crime if released, and likelihood of violence
2. To help judges decide if a defendant should be released to the community or detained in jail during the pretrial stage
3. To help judges set appropriate pretrial conditions for the defendant, if released

Detained Defendants



Released Defendants



LJAF 2013 report shows:

- 1) Low-risk defendants had a **40% higher chance of committing new crime before trial** when held 2-3 days compared to those held one day or less and
- 2) Low-risk defendants had a **51% higher chance of committing new crime** in the next two years when held 8-14 days compared to one day or less

Sources: Laura and John Arnold Foundation, The Hidden Costs of Pretrial Detention. www.arjafoundation.org/files/2013/05/State-Studies/Performance-Foundation-research-CSG-Justice-Center-Improving-Responses-to-People-with-Mental-Illnesses-at-the-Pretrial-Stage.pdf. <http://www.arjafoundation.org/files/2013/05/State-Studies/Performance-Foundation-research-CSG-Justice-Center-Improving-Responses-to-People-with-Mental-Illnesses-at-the-Pretrial-Stage.pdf>

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Example of Timely Screening and Assessment in Salt Lake County, Utah

Screenings Administered at Jail Booking and Follow Up Assessments in Salt Lake County, UT

- Correctional Mental Health Screen
- Level of Service Inventory: Screening Version
- Texas Christian University Drug Screen V
- Salt Lake Pretrial Risk Instrument
- Assessments Based on Screening Results in Jail or in the Community

Information Sharing Agreements between Agencies is Recommended

Recommended Uses for Informing Decision-Making

- Jail Management
- Pretrial Release
- Diversion
- Connection to Care at Discharge
- Community Supervision

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Putting it all together: Local view

Definition of SMI: Local Shared Definition



SCREEN

- At booking
- Brief Jail Mental Health Screen (validated)
- Corrections officers
- Funded by county jail

- Owner: County Jail
- Access: All jail staff
- Reports/Query: Both

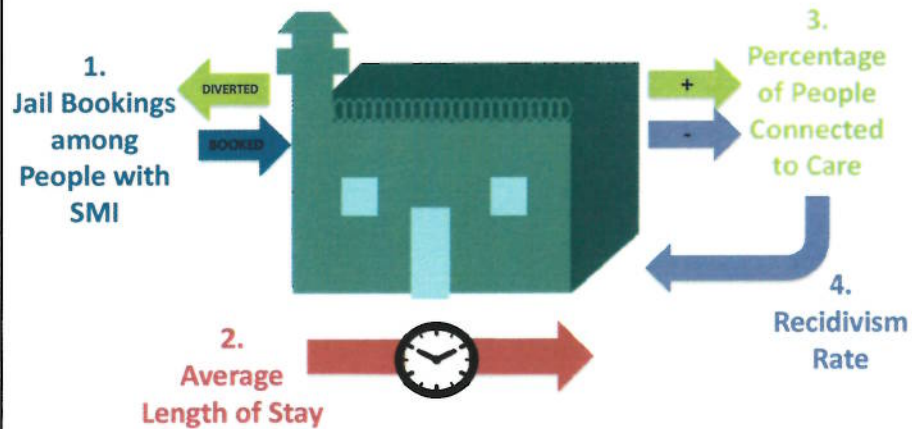
ASSESS

- < 72 hours
- County Developed Mental Health Assessment
- Jail Behavioral Health Provider
- Re-assess < 14 days

- Owner: Contractor
- Access: Mental health professionals
- Reports/Query: Query only





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Baseline Data: Prevalence of Mental Illnesses in Jails as a Function of Four Key Measures



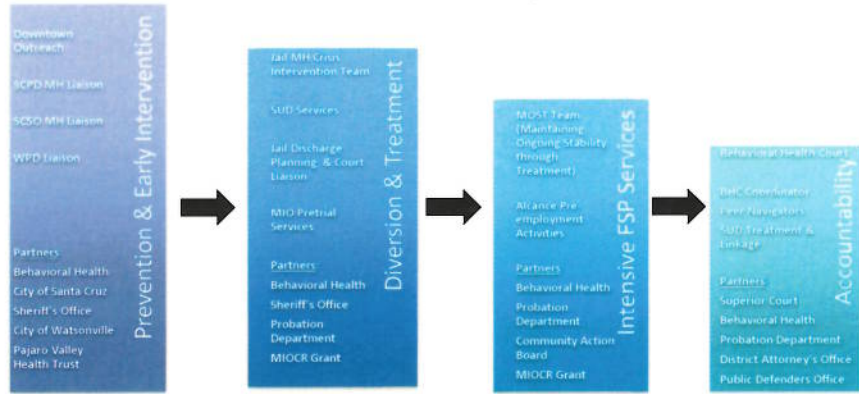
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Have You Conducted a Comprehensive Process Analysis and Service Inventory?

- System-wide process review 
- Inventory of services and programming 
- Identified system gaps and challenges 
 - Process problems
 - Capacity needs
 - Population projections
- Evidence Based Practices Identified 

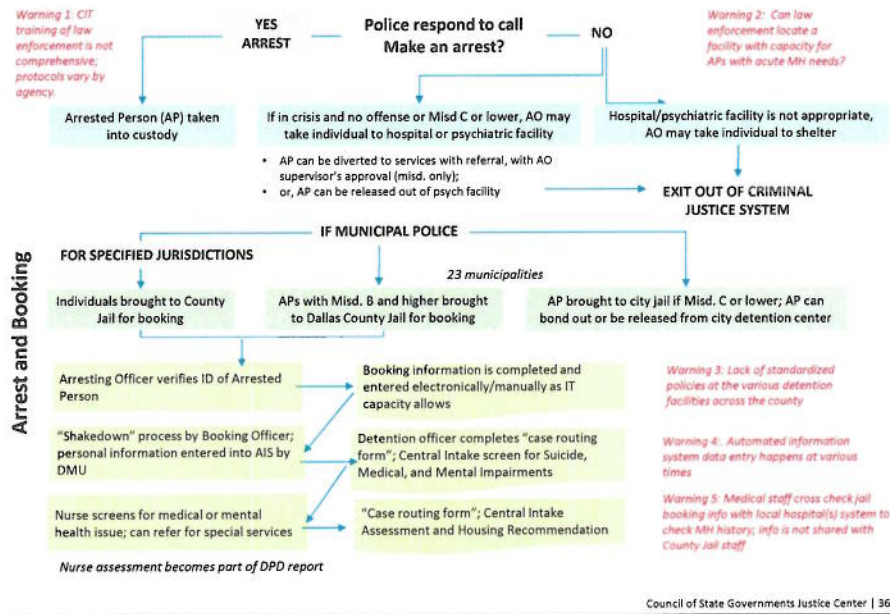
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Santa Cruz County Behavioral Health Forensic Services Continuum

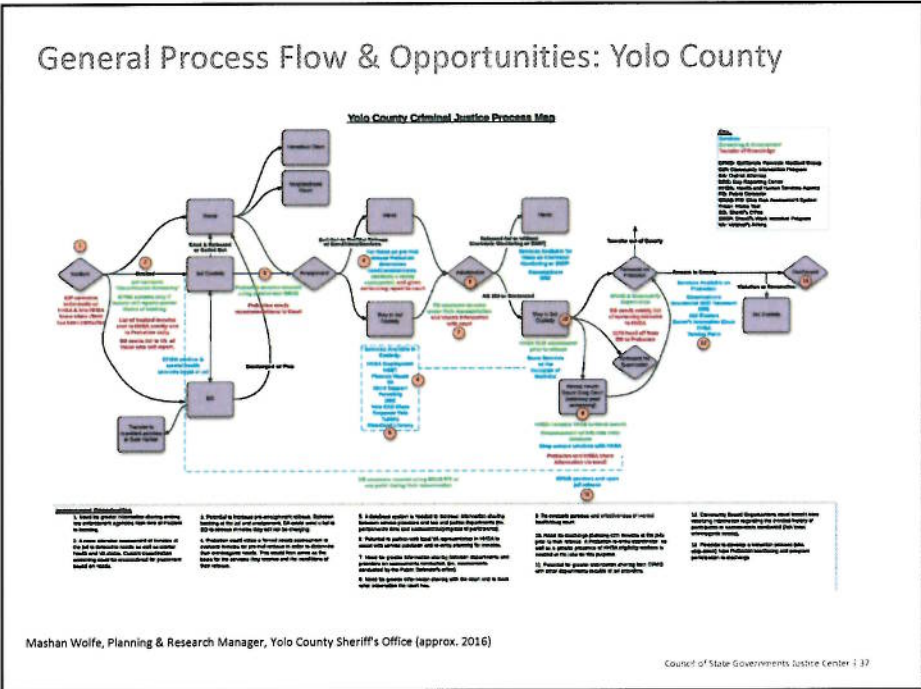


Pam Rogers-Wyman, Adult Services Program Chief, Santa Cruz County Behavioral Health Services (2015)

Comprehensive Process Analysis: Urban County, TX



General Process Flow & Opportunities: Yolo County



Have You Prioritized Policy, Practice, and Funding?

- A full spectrum of strategies 🔗
- Strategies clearly focus on the four key measures ④
- Costs and funding identified 💰
- County investment 🏛️

A Data-Driven Planning Process

Use baseline data to develop goals and identify gaps

Jail Mental Health Count: 500 ADP

Four Key Measures:

- ① Admissions: 20/day
- ② ALOS: 30 days
- ③ Connection rate: 55%
- ④ Recidivism rate: 50%

Goal:
Reduce admissions by
10% (450 ADP)

| Identified Gap | Data Illustrating Gap | Objective(s) | Key Measure Addressed | Projected Cost & Identified Sources of Funding | Data to be Tracked |
|---|---|--|---|--|---|
| CIT trained officers not available 24/7 | Number of MH calls for service that did not have CIT trained officers | Identify best strategy to increase MH-capable responses to calls | Measure 1: Reduce the number of people with MI booked into jail | <u>Cost:</u> Project coordination, LE and/or MH time, training, IT <u>Funding:</u> Participating agencies, JMHP, state MH funding, Local Foundation | Number of calls disposed of without jail booking, compare against baseline data |

Using Baseline Data to Set Measurable Goals: Santa Clara County



Develop baseline data

Inventory existing resources

Prioritizing Funding & Setting Measurable Goals

Prioritized Policy, Practice, & Funding: Santa Clara County, CA

| Recommendation | Priority | Agency Lead |
|--|----------|-----------------------|
| 1. Develop a screening and assessment tool for all individuals arrested in Santa Clara County. | High | County of Santa Clara |
| 2. Develop a treatment program for all individuals arrested in Santa Clara County. | High | County of Santa Clara |
| 3. Develop a housing program for all individuals arrested in Santa Clara County. | High | County of Santa Clara |
| 4. Develop a supervision program for all individuals arrested in Santa Clara County. | High | County of Santa Clara |
| 5. Develop a data and evaluation program for all individuals arrested in Santa Clara County. | High | County of Santa Clara |

Jail Diversion Subcommittee develops 35 recommendations

- Recommendations touch all parts of system plus administrative costs
- Recommendations prioritized as High, Medium or Other
- Time frames identified for recommendations
- Costs estimated and funding sources identified
- Agency lead identified



Presentation to Board of Supervisors focuses on 10 recs

- Identifies existing resources to be leveraged
- Recommendations for Screening & Assessment, Treatment, Housing, Supervision, and Administrative Support/Data/Evaluation are pegged to funding from MHSA, AB 109, Medi-Cal, and county General Funds
- Subcommittee recs that can be started immediately without additional money- such as team-building and a cross-systems work group- are started immediately
- Large investments- such as BH Urgent Care Centers and Permanent Supportive Housing Units- are staged over time
- Considerations for booking environment focus on pre- and post- new jail construction











Approved unanimously by BOS on Aug. 31, 2016

Implementation plans and initial appropriations on Sept. 13, 2016

First monthly progress report to BOS on implementation Nov. 1, 2016

Do You Track Progress?

-  Reporting timeline of four key measures 
-  Process for progress reporting 
-  Ongoing evaluation of program implementation 
-  Ongoing evaluation of program impact 

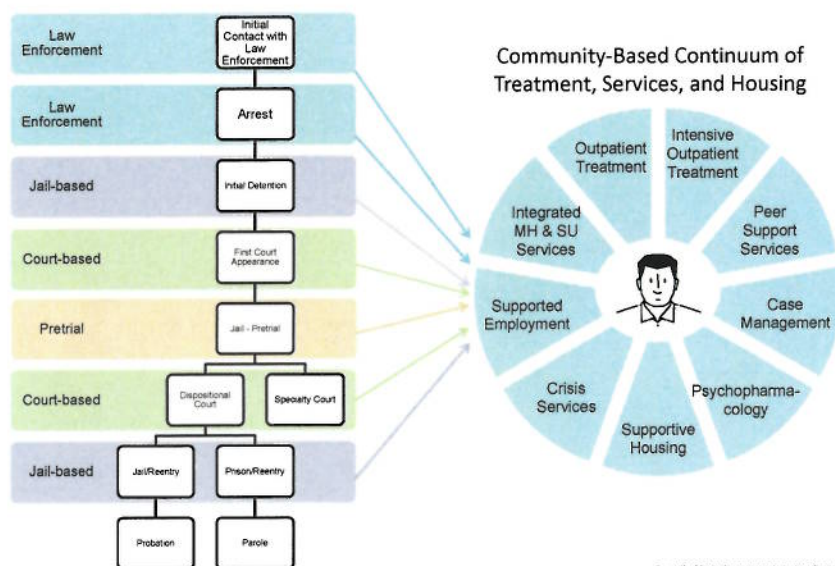
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Stepping Up

What You Can Do Today and Going Forward

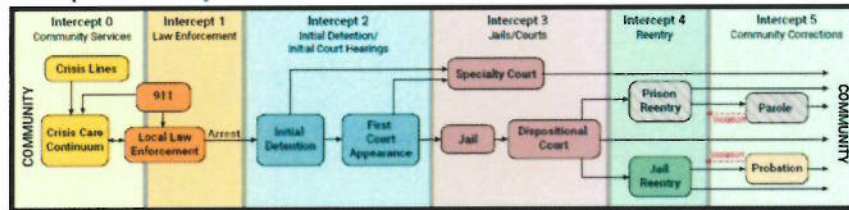
Goal: A System of Diversion to a System of Care



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Getting the most out of today

The Sequential Intercept Model

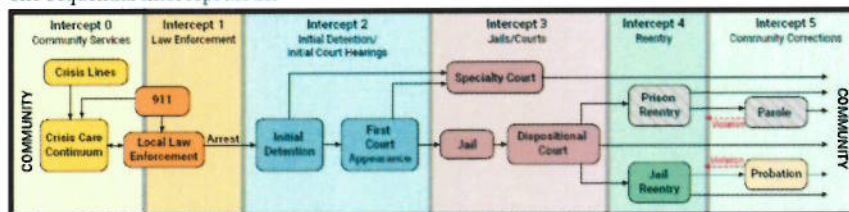


- What are the connections?
 - People/ Boundary Spanners
 - Programs (for Whom? Where?)
 - Training
- Where is screening/ assessment happening?
- Where is there data?

Source: Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services, 57(4), 544-549*.

Challenge 3 – Tracking Progress: Focusing County Leaders on Key Outcomes Measures

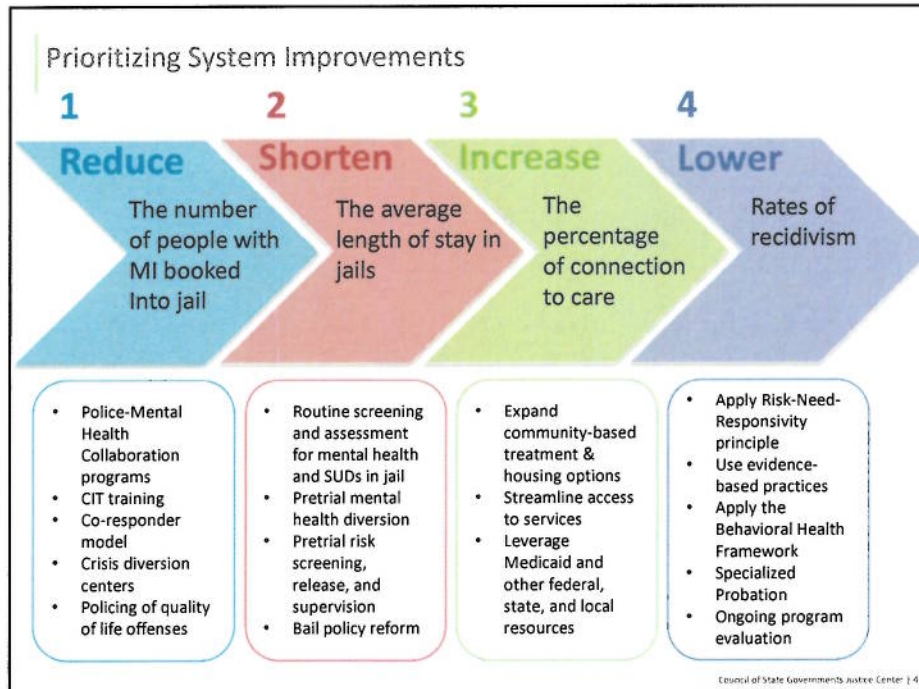
The Sequential Intercept Model



Outcome measures needed to evaluate impact and prioritize scarce resources

- 1. Reduce**
the number of people with mental illness booked into jail
- 2. Shorten**
the length of stay for people with mental illnesses in jails
- 3. Increase**
the percentage of people with mental illnesses in jail connected to the right services and supports
- 4. Lower**
rates of recidivism

Source: State Government Justice Center | 46



Reduce the Number of People with Mental Illnesses Booked into Jail

- Do we have effective police-mental health collaborations to divert people w/SMI from arrest and connect them to care?
- Do we have crisis mental health services able to responding to calls for service involving people w/SMI?
- To what degree are there a set of high utilizers responsible for large set of jail bookings?

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Shorten the Average Length of Stay in Jail for People with SMI



- Do we have pretrial programs that identify people w/SMI and consider them for jail diversion to services and supervision?
- Do courts have the partnerships with clinicians, families, and advocates that enable them to quickly and appropriately review and process cases involving people w/SMI?
- Have we considered whether bail practices are contributing to longer lengths of stay in jail for people w/SMI?

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Increase the Percentage of People Connected to Treatment



- Have we quantified the unmet need in terms of connections to treatment?
- Are we tailoring the level of care and support based on need and risk?
- Do we know what additional capacity is needed in terms of crisis services, longer-term treatment and supports, supportive housing, etc.?
- Do law enforcement, court-based, and jail personnel know how to navigate and access community-based mental health services?

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Lower Recidivism Rates



- Are we targeting supervision, interventions, assistance based on assessed levels of need and risk?
- Are we holding programs responsible for recidivism outcomes and reallocating resources based on outcomes?

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You're Invited!
Stepping Up Day of Action
May 16, 2018


WHERE:
YOUR Community

WHO:
Stepping Up Champions in YOUR County

FIND OUT MORE:
www.StepUpTogether.org/Events

STEPPING UP
INITIATIVE

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THANK YOU

For more information, please contact:
 Hallie Fader-Towe, Senior Policy Advisor, The CSG Justice Center
hfader@csj.org
www.stepuptogether.org

THE STEPPING UP INITIATIVE

THE STEPPING UP INITIATIVE Strategies Must Focus on Four Key Outcomes

- 
 1. Reduce the number of people with SMI and SUD **booked** into jails
- 
 2. Shorten the **length of stay** in jails for people with SMI and SUD
- 
 3. Increase the percentage of people **connected to treatment**
- 
 4. Reduce rates of **recidivism**

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S.I.M. Talks

Short burst updates from our local Criminal Justice & Mental Health Stakeholders

Lt. Chris May, SDSO PERT

Dr. Mark Marvin, PERT Director

Dr. Linda Richardson, NAMI, Director Next Steps

Luz Pinto, NAMI, Director Hospital Transitions

Dr. Alfred Joshua, Chief Medical Officer, SDSO

Neil Besse, Deputy Public Defender

Lara Easton, Deputy City Attorney

Harrison Kennedy, Deputy District Attorney

Honorable Judge Desiree Bruce-Lyle, San Diego Superior Court

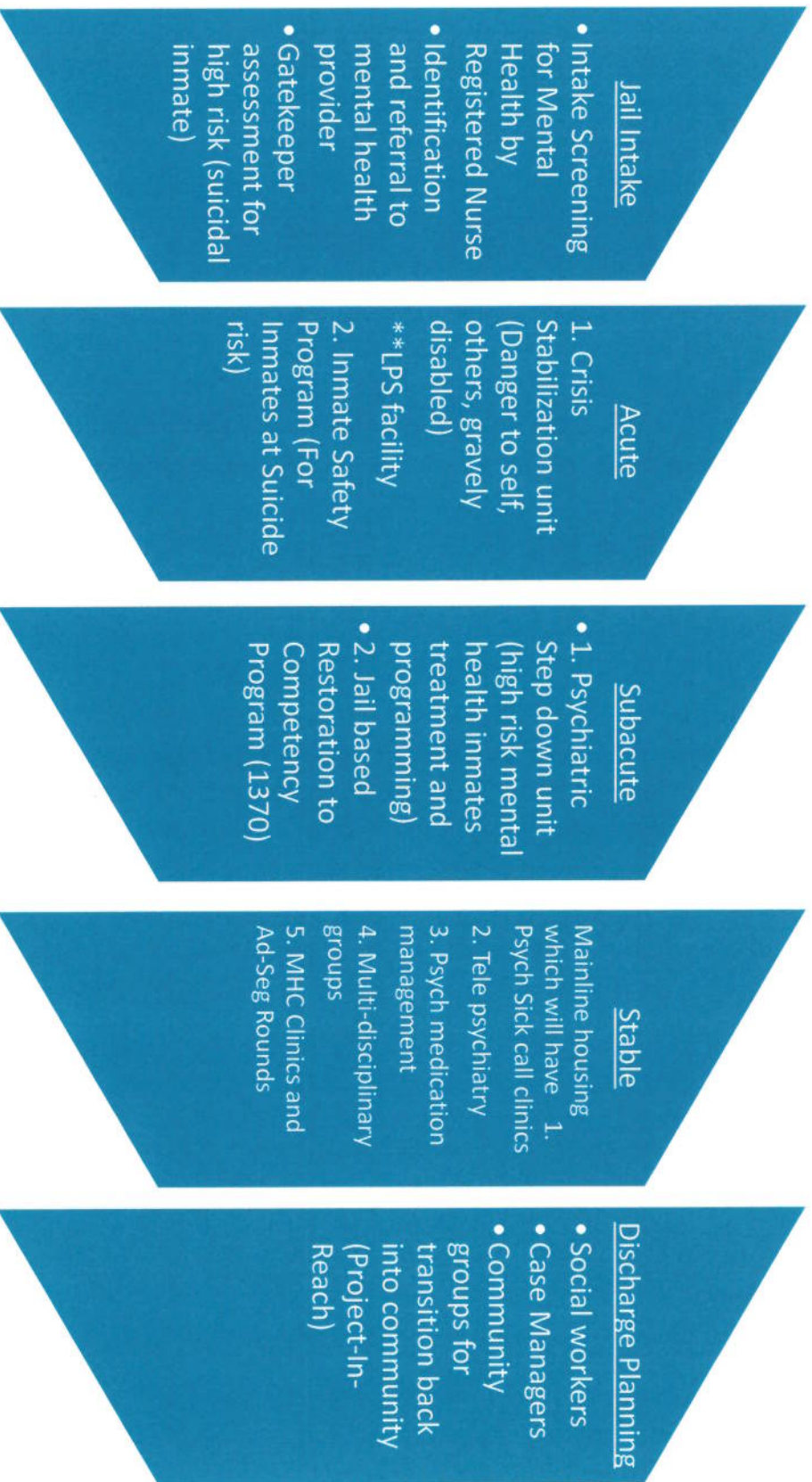
Christine Brown Taylor, SDSO Reentry Services Manager

Dr. Michael Krelstein, Behavioral Health Services Medical Director

Commander Hank Turner, SDSO Homeless Task Force

Christiene Andrews, Supervising Probation Officer,
Mentally Ill Offender Unit

San Diego Jail Mental Health Services Model



The San Diego Misdemeanants At-Risk Track Program S.M.A.R.T.

SAN DIEGO CITY ATTORNEY'S OFFICE
CHIEF DEPUTY CITY ATTORNEY LARA EASTON



Neighborhood Justice & Collaborative Courts Unit

- S.M.A.R.T.
- Community Justice Initiative
- Homeless Court
- Behavioral Health Court
- Veterans Treatment Court
- Drug Court
- Serial Inebriate Program
- Homeless Outreach Team
- Beach Area Community Court



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Why S.M.A.R.T. was needed

- Prop. 47 reduced many drug and theft crimes from felonies to misdemeanors
- It was intended to divert offenders from prison to community-based mental health/drug treatment and housing programs
- No funding was provided for such programs until June 2017

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Impact on City Attorney's Office

Cases issued from 2014 to 2015:

- Drug charges up 38%
- Theft charges up 65%
- Combo charges up 184%



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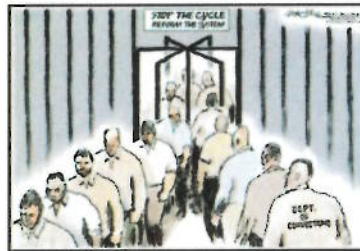
Treatment Challenges

- Voluntary Treatment Programs
 - PC 1000 & Prop. 36
 - Drug Court
- Supervision resources for felons not available to misdemeanor offenders including:
 - Formal probation
 - Parole
 - AB 109
 - Reentry programs



Criminal Justice System Challenges

- Limited accountability
- Revolving door syndrome
- Intelligence sharing
- No funding for treatment
- Minimal incentive for offenders to accept treatment





Led by the City Attorney's Office in collaboration with:

The *S.M.A.R.T.* Approach to Addressing Homelessness and Substance Abuse

- SDPD
- Sheriff's Department
- Public Defender's Office
- Superior Court
- Behavioral Health Services
- Family Health Centers of San Diego
- Mayor's Office
- ACLU



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What is it?

- S.M.A.R.T. offers:
 - Individualized case management
 - Substance abuse treatment
 - Mental health treatment
 - Tailored housing placement for up to 2 years
- Housing (not shelter beds) specifically designated for S.M.A.R.T. participants
- Harm reduction model



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What are the goals?

- Reduction in recidivism
- Reduction in emergency room visits
- Increased access to mental healthcare
- Increased days in treatment
- Reduction in court appearances



Who is eligible?

- Individuals who:
 - Have **one or more** misdemeanor drug offenses since Prop 47 took effect;**and**
 - Were arrested at least **twice** in the past six months for a quality-of-life offense.
- This population is especially vulnerable to crime and exploitation



Examples of Eligible Offenses

Drug Offenses

- Under the Influence of a Controlled Substance (HS 11550(a))
- Possession of a Controlled Substance (HS 11350(a))
- Possession of a Controlled Substance (HS 11377(a))

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Examples of Eligible Offenses

Quality of Life Offenses

- Misappropriation of Lost Property (PC 485)
- Trespass (PC 602)
- Trespass (SDMC 52.80.01)
- Encroachment (SDMC 54.0110)
- Illegal Lodging (PC 647(e))
- Squatting (PC 602(m))
- Maintaining or Committing a Public Nuisance (PC 372)
- Aggressive Panhandling (PC 647(c))



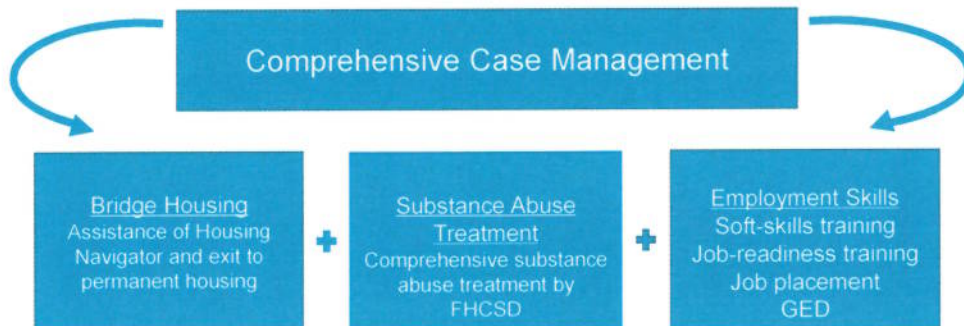
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How does S.M.A.R.T. work?

- Available at multiple stages in the criminal justice continuum.

| Arrest/ Citation | Prosecution | Custody | Social Contact |
|---|--|--|--|
| S.M.A.R.T. participant avoids prosecution | S.M.A.R.T. participant agrees to treatment in lieu of custody | S.M.A.R.T. participant is released from jail | S.M.A.R.T. participant voluntarily enters treatment with no case pending |

Participants Receive:



Prop. 47 Grant & Expansion

- Joint grant application with County
- City/County's grant ranked #1
- Received \$3 million for S.M.A.R.T.
- Grant began June 16



S.M.A.R.T. 2017 Graduation



S.M.A.R.T. House Opening 2019



Lunch Presentation

Supervisor Kristin Gaspar

&

Hon. Judge David Danielsen (Retired)

Breakout Sessions

Mapping the Intersection of Mental Health, Homelessness and Criminal Justice

Resource Information Provided

Sequential Intercept Model: Key Issues and Intercepts

Stepping Up Initiative: Outcomes and Strategies

Results from Symposium Survey

S.I.M. Breakout Session Workbook

SDDA Smart Justice Initiatives

SDDA Collaborative Courts Reference Guide

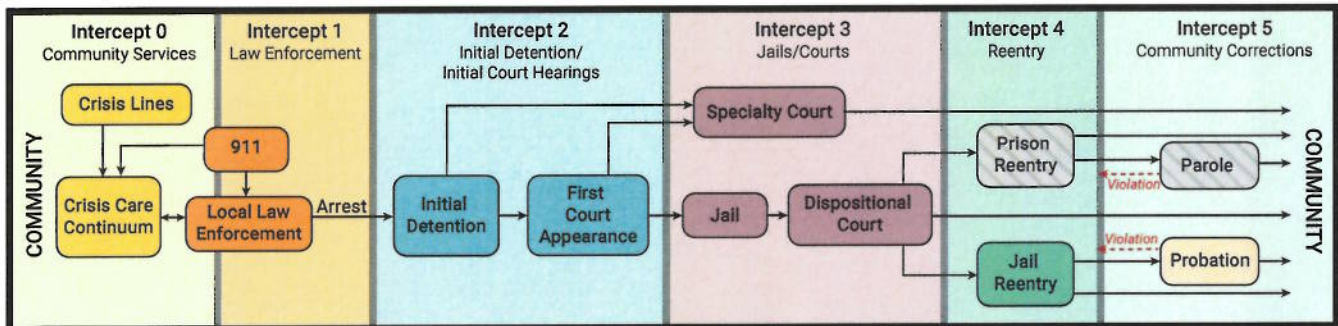
Criminal Case Flowchart

THE SEQUENTIAL INTERCEPT MODEL

Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders



The Sequential Intercept Model



Key Issues at Each Intercept

Intercept 0

Mobile crisis outreach teams and co-responders. Behavioral health practitioners who can respond to people experiencing a behavioral health crisis or co-respond to a police encounter.

Emergency Department diversion. Emergency department (ED) diversion can consist of a triage service, embedded mobile crisis, or a peer specialist who provides support to people in crisis.

Police-friendly crisis services. Police officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite.

Intercept 1

Dispatcher training. Dispatchers can identify behavioral health crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.

Specialized police responses. Police officers can learn how to interact with individuals experiencing a behavioral health crisis and build partnerships between law enforcement and the community.

Intervening with super-utilizers and providing follow-up after the crisis. Police officers, crisis services, and hospitals can reduce super-utilizers of 911 and ED services through specialized responses.

Intercept 2

Screening for mental and substance use disorders. Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.

Data matching initiatives between the jail and community-based behavioral health providers.

Pretrial supervision and diversion services to reduce episodes of incarceration. Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

Intercept 3

Treatment courts for high-risk/high-need individuals. Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and veterans treatment courts.

Jail-based programming and health care services. Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment.

Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.

Intercept 4

Transition planning by the jail or in-reach providers. Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.

Medication and prescription access upon release from jail or prison. Inmates should be provided with a minimum of 30 days medication at release and have prescriptions in hand upon release.

Warm hand-offs from corrections to providers increases engagement in services. Case managers that pick an individual up and transport them directly to services will increase positive outcomes.

Intercept 5

Specialized community supervision caseloads of people with mental disorders.

Medication-assisted treatment for substance use disorders. Medication-assisted treatment approaches can reduce relapse episodes and overdoses among individuals returning from detention.

Access to recovery supports, benefits, housing, and competitive employment. Housing and employment are as important to justice-involved individuals as access to behavioral health services. Removing criminal justice-specific barriers to access is critical.

Implementing Intercept 0

Crisis Response

Crisis response models provide short-term help to individuals who are experiencing behavioral health crisis and can divert individuals from the criminal justice system. Crisis response models include:

- Certified Community Behavioral Health Clinics
- Crisis Care Teams
- Crisis Response Centers
- Mobile Crisis Teams

Police Strategies

Proactive police response with disadvantaged and vulnerable populations are a unique method of diverting individuals from the criminal justice system. Proactive police response models include:

- Crisis Intervention Teams
- Homeless Outreach Teams
- Serial Inebriate Programs
- Systemwide Mental Assessment Response Team

Sequential Intercept Model as a Strategic Planning Tool

The **Sequential Intercept Model** is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, people with lived experiences, family members, and many others. Employed as a strategic planning tool, communities can use the **Sequential Intercept Model** to:

1. Develop a comprehensive picture of how people with mental and substance use disorders flow through the criminal justice system along six distinct intercept points: (0) Community Services, (1) Law Enforcement, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections
2. Identify gaps, resources, and opportunities at each intercept for adults with mental and substance use disorders
3. Develop priorities for action designed to improve system and service level responses for adults with mental and substance use disorders

Policy Research Associates

We are a national leader in behavioral health services research and its application to social change. Since 1987, we have assisted over 200 communities nationwide through a broad range of services to guide policy and practice.

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History and Impact of the Sequential Intercept Model

The Sequential Intercept Model (SIM) was developed over several years in the early 2000s by Mark Munetz, MD and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, of Policy Research Associates, Inc. The SIM was developed as a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system.

After years of refinement and testing, several versions of the model emerged. The "linear" depiction of the model found in this publication was first conceptualized by Dr. Steadman of PRA in 2004 through his leadership of a National Institute of Mental Health-funded Small Business Innovative Research (SBIR) grant awarded to PRA. The linear SIM model was first published by PRA in 2005 through its contract to operate the GAINS Center on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA). The "filter" and "revolving door" versions of the model were formally introduced in a 2006 article in the peer-reviewed journal *Psychiatric Services* authored by Drs. Munetz and Griffin. A full history of the development of the SIM can be found in the book *The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness*.

With funding from the National Institute of Mental Health, PRA developed the linear version of the SIM as an applied strategic planning tool to improve cross-system collaborations to reduce involvement in the justice system by people with mental and substance use disorders. Through this grant, PRA, working with Dr. Griffin and others, produced an interactive, facilitated workshop based on the linear version of the SIM to assist cities and counties in determining how people with mental and substance use disorders flow from the community into the criminal justice system and eventually return to the community.

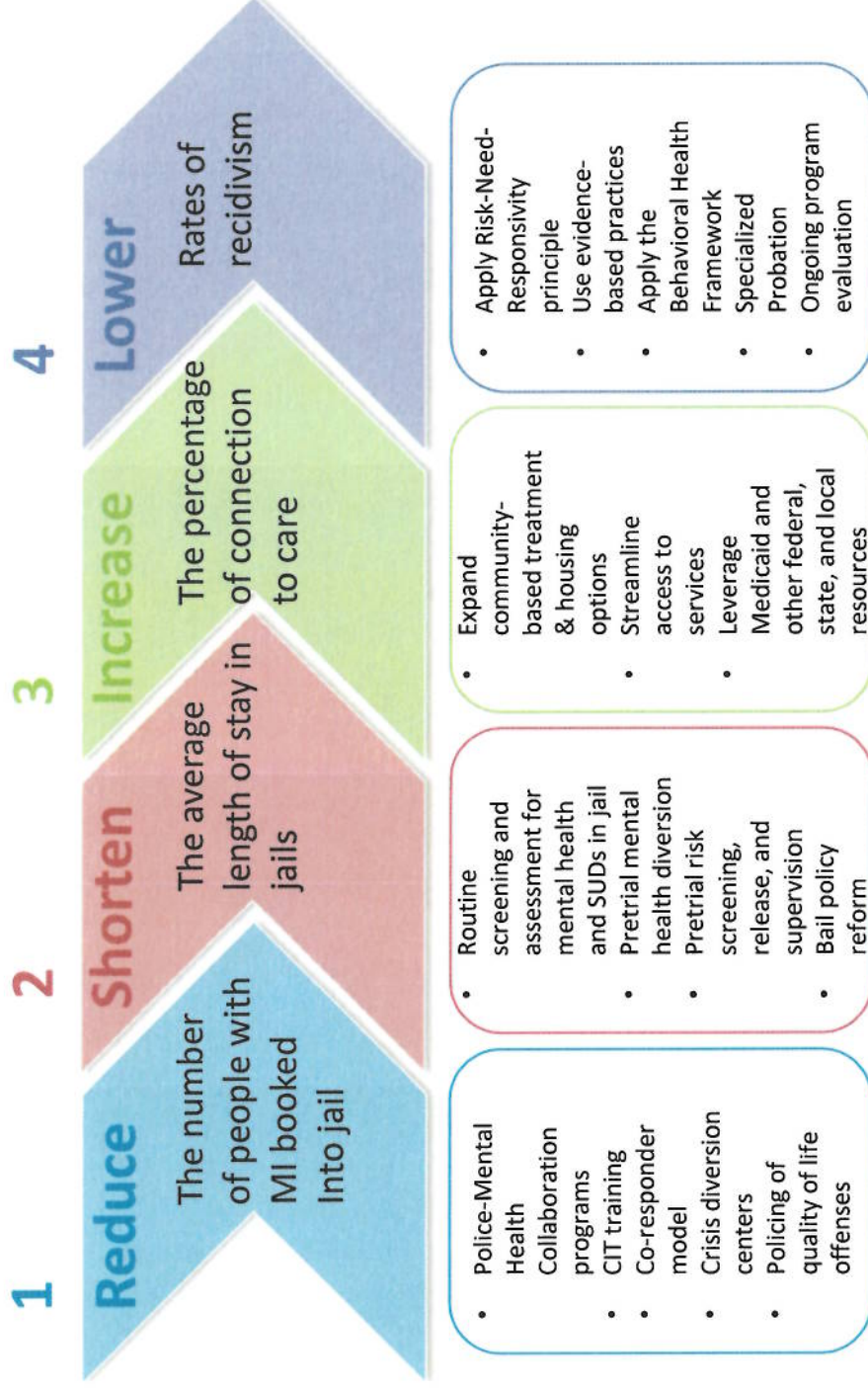
During the mapping process, the community stakeholders are introduced to evidence-based practices and emerging best practices from around the country. The culmination of the mapping process is the creation of a local strategic plan based on the gaps, resources, and priorities identified by community stakeholders.

Since its development, the use of the SIM as a strategic planning tool has grown tremendously. In the 21st Century Cures Act, the 114th Congress of the United States of America identified the SIM, specifically the mapping workshop, as a means for promoting community-based strategies to reduce the justice system involvement of people with mental disorders. SAMHSA has supported community-based strategies to improve public health and public safety outcomes for justice-involved people with mental and substance use disorders through SIM Mapping Workshop national solicitations and by providing SIM workshops as technical assistance to its criminal justice and behavioral health grant programs. In addition, the Bureau of Justice Assistance has supported the SIM Mapping Workshop by including it as a priority for the Justice and Mental Health Collaboration Program grants.

With the advent of Intercept 0, the SIM continues to increase its utility as a strategic planning tool for communities who want to address the justice involvement of people with mental and substance use disorders.

1. Steadman, H.J. (2007). NIMH SBIR Adult Cross-Training Curriculum (AXT) Project – Phase II Final Report. Delmar, NY: Policy Research Associates. (Technical report submitted to NIMH on 3/27/07)
2. National GAINS Center. (2005). Developing a comprehensive state plan for mental health and criminal justice collaboration. Delmar, NY: Author.
3. Munetz, M.R., & Griffin, P.A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57, 544-549. DOI: 10.1176/ps.2006.57.4.544
4. Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., & Schubert, C.A. (Eds.). (2015). *The sequential intercept model and criminal justice: Promoting community alternatives for individuals with serious mental illness*. New York: Oxford University Press. DOI: 10.1093/med-psych-9780199826759-001.0001
5. 21st Century Cures Act, Pub. L. 114-255, Title XIV, Subtitle B, Section 14021, codified as amended at 41 U.S.C. 3797aa, Title I, Section 2991
6. Abreu, D., Parker, T.W., Noether, C.D., Steadman, H.J., & Case, B. (In press). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*

The Stepping Up Initiative: Four Key Outcomes and Strategies to Achieve Them



Survey Results

1) What is your primary area of mental health experience?

| ANSWER CHOICES | RESPONSES |
|---------------------------------|------------------|
| Community Service Provider | 34.38% |
| Law Enforcement/First Responder | 37.50% |
| Medical | 9.38% |
| Detentions/Jail | 15.63% |
| Courts/Legal | 15.63% |
| Re-entry | 15.63% |
| Other (please specify) | Responses 18.75% |

2) In your experience, what resources are currently in place and working well for justice involved people with mental and substance use disorders?

- Alpha Project Home Finder links homeless SMI with outpatient treatment programs. Additional funding for this program is needed.
- PERT: helps ensure people routed to the correct facility (i.e. CMH, another LPS facility, or jail). Could be expanded.
- The Serial Inebriate Program (SIP) is a national model to address chronic public intoxication, but only operates in the City of SD.
- Jail mental health services is available to individuals who are in custody and this includes risk assessment, evaluation, medication management, inpatient and outpatient services.
- IHOT PERT Project In-Reach Resource Access Program (SD City)
- The “BHOT” (Behavioral Health Oversight and Treatment) calendar in South Bay seems like a good model for identifying and tracking probationers in need of extra supervision and assistance.
- Standard settlement courts generally are amenable to treatment via “NOLT 365 releasable” format, which seems to work well.
- Drug Courts, Re-entry Courts
- Discharge planning

- Public Defender's Defense Transition Unit
- Probation's Community Transition Center for the PRCS and Mandatory Supervision Populations.
- PROGRESS, which is an alternative custody setting for sentenced inmates with low to moderate mental illness where they receive programming and treatment. Participants begin to receive treatment in the community while living in the facility which is secured but not locked.
- Project In-Reach
- Collaboration between Probation, Sheriff, Courts, Law Enforcement, and Behavioral Health improves with each passing year.
- Work-related programs like the Center for Employment Opportunities

3) In your experience, what resources are currently in place for this population, but that can be improved?

- ACT Programs are a good resource, but availability can be limited.
- Expansion of PERT team
- Transportation to assist with connecting people to services
- Access: Capacity at existing programs needs to be expanded
- The San Diego Resource Access Program (RAP) partnership with PERT and SDPD was an effective example of effective program until it was largely defunded. The collaboration reduced police response time for non-violent mentally ill clients. RAP also supported the City S.M.A.R.T. program by identifying repeat low-level offenders for intervention (ex., suboxone) and was a key ally to SDPD's SIP and Homeless Outreach Team (HOT).
- Project 25 demonstrated the remarkable success of collaboration in addressing the City's most impactful individuals by improving healthcare and lowering cost but has not been taken to scale. Other communities (ex., Denver) have employed "Social Impact Bond" funding mechanisms to attract funding to house and support such super-users who (while relatively small in #) dramatically and disproportionately affect the welfare of communities.
- Out-patient services, mental and behavioral illness care, and a need for a psychiatric hospital. The jail nor the juvenile detention facilities should not be the primary mental health providers in the county.
- Co-occurring diagnoses remain a difficult area. It appears courts equipped for SUD cannot accept SMI clients and vice versa.

- SMART, SDDPD HOT, SMART, SIP long term inpatient treatment beds need expanding
- Resources for parents like Friends in the Lobby during visitation hours for parents. This is a resource NAMI San Diego provides for families in ED's, Behavioral Health Units, and Rady's Children's Unit. Very successful and would benefit JJS parents!
- Additional staffing to provide individuals more access to frequent contacts with mental health staff and treatment; expanded jail housing for those with mental health issues; discharge activities that provides wrap-around services so that the individual when released from custody has shelter, food, job opportunities, and access to continuity of care for treatment and medications.
- Mandatory court ordered rehabilitation and transitional housing
- We may want to consider more probation modification motions to return to court and reassess needs when probationers are struggling and need a higher level of care. Should not just be waiting for violation and placing into custody.
- Dual diagnosed programs which understands the issues of the justice populations
- Community behavioral health programs specifically for persons released from jails and prisons
- Expand resources for discharge planning and connecting to services upon release from jail. Expansion of intensive reentry support programs (e.g., Project In-Reach)
- Mailing address/ID Cards
- Co-Occurring Treatment options and access to Psychiatric care for medication management
- Identifying inmates early on in the booking process would help provide situational awareness to inmate processing staff and / or detentions deputies and potentially receive extra attention from the outset.
- There needs to be more service providers other than CMH that offer bed space for those in crisis.
- More accessibility to mental health court, and judges that understand mental health and co-occurring disorder issues.
- Veterans, have been upgraded as it relates to treatment.
- Outreach to decrease stigma associated with mental illness and increase awareness to identifying symptoms to enhance early diagnosis of the ages 12-25 in the inner cities.

4) In your experience, what are the major gaps in services or needs for this population?

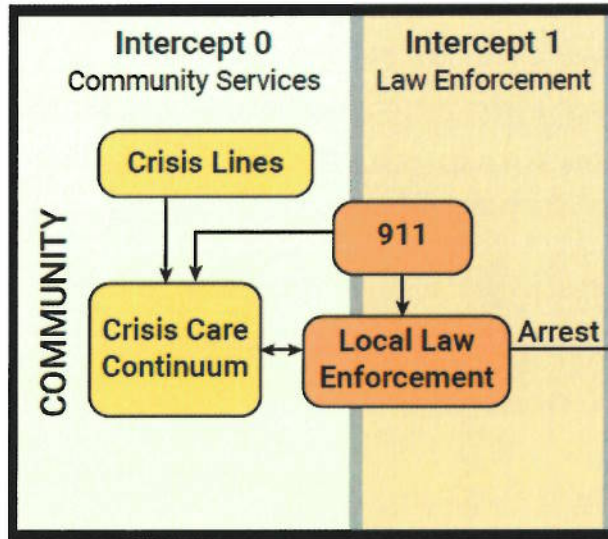
- Housing, Housing, Housing
- Non-law enforcement mobile outreach, both pre-crisis and during crisis.
- Crisis stabilization/mental health urgent care centers:
- Post-crisis step-down resources, including intensive case management.
- Pretrial services: Options for community-based treatment pre-trial
- We should explore the idea of better clinical input at the point of arrest v. LPS hold. This decision has long lasting, expensive, often inefficient effects and perhaps should be better informed.
- More residential programs that accept all types of mental health diagnoses and don't cater to certain mental health diagnoses; for example, shelters that accept people with mental health (no matter their diagnoses).
- Remove the stigma of mental health issues by having discussions about mental health and bringing awareness to the communities and to the clients. Outreach to bring awareness to the importance of medication(s) compliance, as well as continuing to take the medication, even when the client feels "better".
- There are too many barriers (cost, access and transportation)
- There is a lack of follow-up after crisis
- San Diego lacks "Intercept Zero" programs: 1 - There is no warm handoff (from Emergency Departments to treatment providers) for individuals with substance abuse or mental illness. This is true for narcotic ODs awakened by naloxone as well as patients with alcohol poisoning who are brought to an ED. There is currently no effective way to consistently provide medical support (i.e., suboxone) to an active heroin addict who wants to stop using. They return to the street and frequently re-overdose. 2 - Lack of effective jail diversion. Ex., there is no "medical clearance" facility to which law enforcement can transport individuals for expeditious medical clearance. San Antonio and Tucson accomplish such turnover in <10 min (90%-ile) while providing medical screening whether the individual is destined for jail, detox or a psychiatric facility. The current Sobering Center on India St. is a social model, i.e., no medical staff so they cannot accept the spectrum of patients that others can (San Fran is another example). Currently SD emergency departments become a default destination, which is costly and often ineffective. 3 - the Jail is challenged to connect substance abuse/mentally ill individuals to community resources upon discharge. Better health information exchange with community-based providers through the CIE would create an opportunity for

warm hand-offs, similar to when SIP clients are released from custody to a SIP officer for re-introduction to their new medical home, housing and treatment. 4
- lack of in-patient psych beds causes backlog of 5150 patients in EDs. This compromises care and leads to burnout among law enforcement, fire, EMS and hospital personnel who perceive the system as indifferent to their true roles.

- Capacity for medical/psychiatric management and treatment, especially for pediatric and geriatric patients. Patients frequently "board" for long periods of time in emergency departments due to lack of placement options. This also contributes to ED crowding.
- A question to be addressed is how much mental health and connection to services should impact the bail / OR decision. Perhaps better use of SOR to keep mentally ill clients out of custody as appropriate.
- More treatment - immediate access to treatment - sharing information across systems - quality treatment
- Social Security/ Disability enrollment can be very difficult
- Alternative options than traditional treatment and therapy. Examples: Community engagement, Employment opportunities, and adjunctive therapies like Equine Therapy, Recreational Therapy
- Lack of available transitional housing and related services for individuals with mental illness who are released from custody. Lack of available beds at the County Mental Hospital for emergent services.
- lack of care coordination between criminal justice behavioral health providers and community behavioral health providers
- Housing is a big issue for this population. Many programs require the client to have their ID or SS card prior to applying. Many of these clients don't. Additionally, many of their charges mean they aren't eligible for the housing vouchers. Additionally, one of the BIGGEST gaps is trying to get co-occurring treatment for individuals with a SMI and a substance abuse issue. Residential drug treatment programs aren't taking our clients from custody if they have a mental health need.
- The lack of a "stick" in the carrot and stick scenario for many drug-related offenses. Residential facilities for SMI. Housing for homeless with these disorders.
- Housing. Justice involved individuals may not be eligible for shelters, residential treatment programs, etc. Lack of information. As providers, we may not realize an individual is justice involved. We have to rely on our clients to inform us because we don't have a way to find this information, and some clients do not feel comfortable sharing this information initially.

- We need a mental health urgent care with a referral system to community services for addiction and even abuse.
- There is a gap for people who are not SMI but experience mild to moderate MH issues. Often, we work with the individual and do not include the family in the treatment/intervention process.
- Coordinated care between psychiatric, medical and Co-Occurring treatment
- Screening to identify inmates who have previously attempted suicide in custody, had certain charges which could be attributed to one's mental health or emotional wellbeing inmates can get identified and assisted earlier in the booking process.
- 1. Longer rehab programs. 2. More time in wrap services before community re-entry. 3. Specific peer-led jobs open to recent graduates at re-entry to society. 4. Options for population to remain in wellness peer-led community programs for extended time with the option to stay indefinitely if they are successful. 5. MAT programs offering housing and job placement assistance. 6. Continued efforts to educate the public about addiction, and increased de-stigmatization efforts against mental health, addiction and people who commit crimes. 7. Early childhood intervention, including educating parents, teachers, and school administration about mental illness in children and youth beginning in elementary school. 8. Parents associated with a school district must take parenting classes in order to be better equipped to address behavioral problems in their school aged children.
- The Gaps are experienced care givers who can identify with the root of the core symptoms. Then case by case basic develop treatment plans relative to each family. Because if it's one there are multiples in a family unit. Because some of it is learned behavior.
- More treatment - immediate access to treatment - sharing information across systems - quality treatment
- System navigation and community support. The people we serve spend unnecessary time repeating their trauma and establishing relationships with multiple agencies to receive critical services.
- long term inpatient treatment beds need expanding

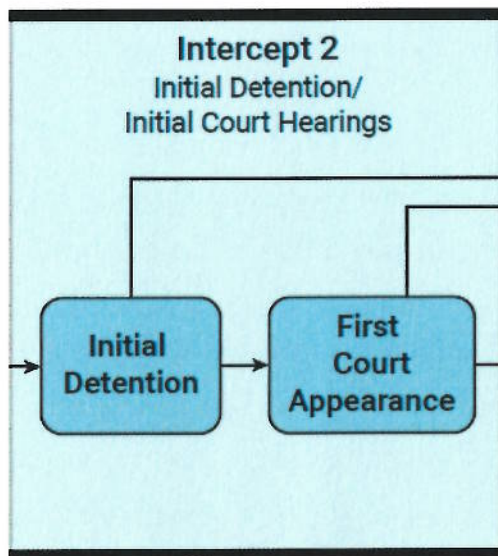
Workbook



Resources:

Gaps/Needs:

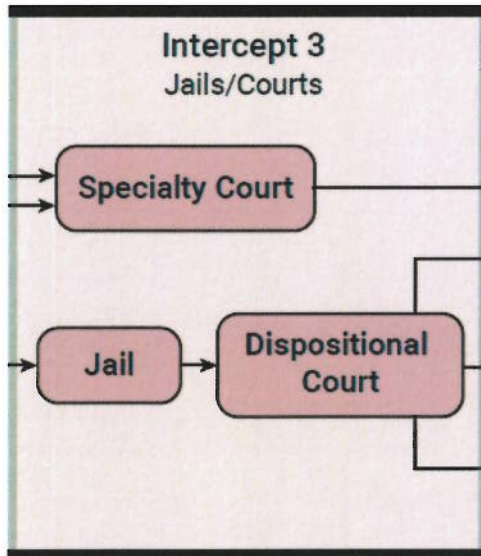
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Resources:

Gaps/Needs:

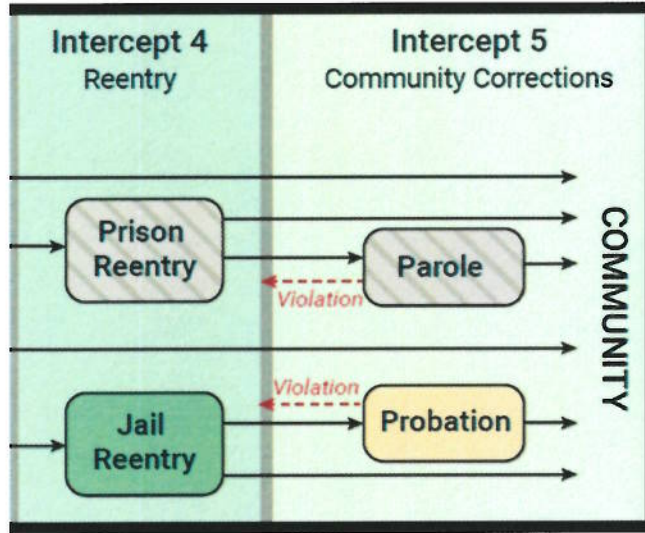
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Resources:

Gaps/Needs:

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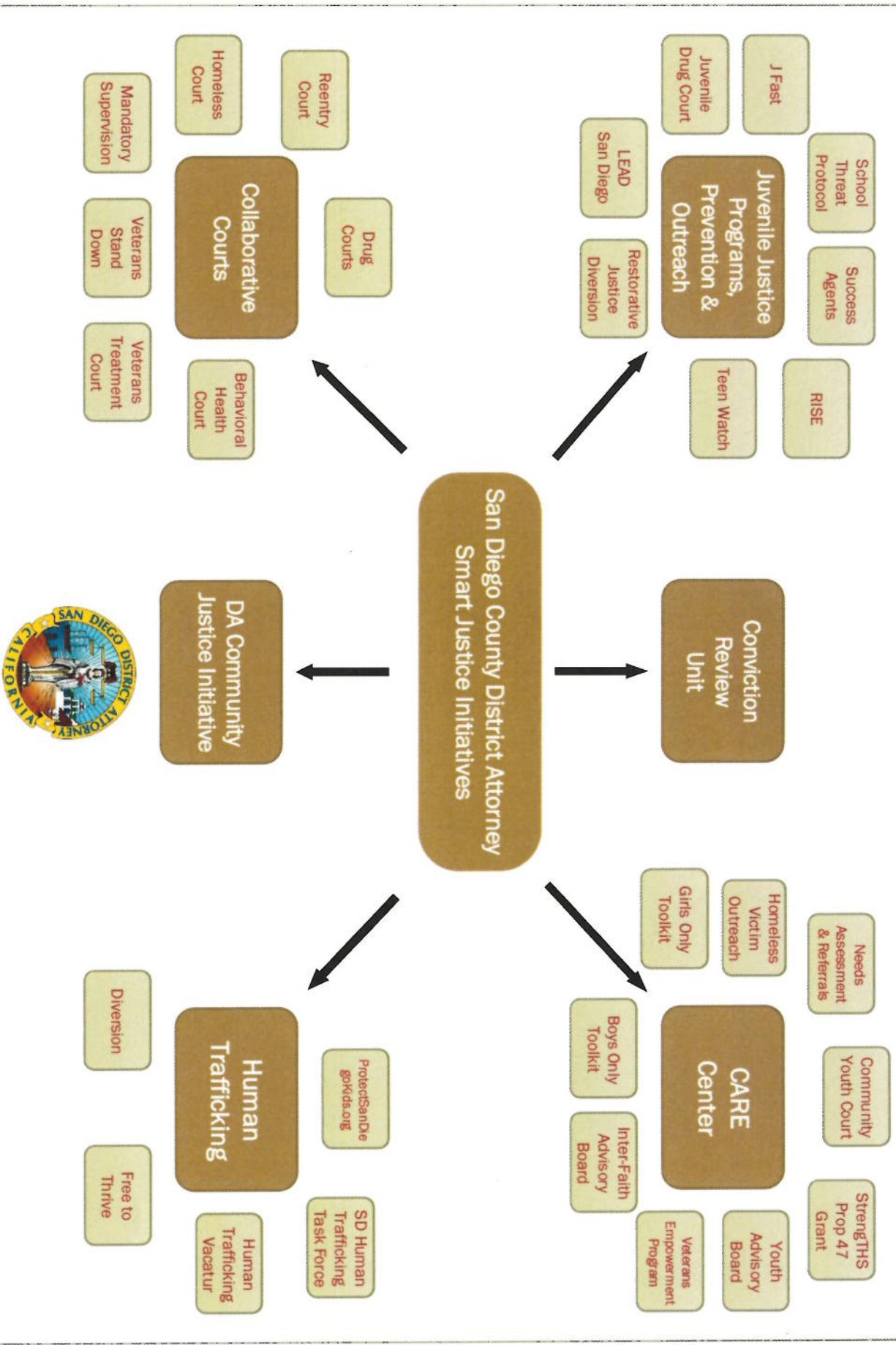


Resources:

Gaps/Needs:

Notes:

San Diego County District Attorney - Smart Justice Initiatives



SAN DIEGO COUNTY

COLLABORATIVE COURTS CUSTODIAL ALTERNATIVES

LOCAL PRISON AND REALIGNMENT REFERENCE GUIDE



BEHAVIORAL HEALTH COURT

MISSION: To promote public safety and assist in the recovery of eligible mentally ill offenders by providing high-intensity, individualized treatment, collaborative supervision and custody alternatives.

| | | |
|--|---|---|
| <p>PROGRAM DESCRIPTION</p> <p>Intense supervision and treatment of mentally ill defendants on probation. Requires successful completion of 4 performance-based phases and lasts a minimum of 18 months. Intensive case management and regular meetings with a multi-disciplinary team. Probation Officer monitors the defendant to ensure probation compliance, including behavioral health treatment, medication, and sobriety. Upon successful completion, program participants may be eligible for early termination of probation, reduction, and/or dismissal of charges.</p> | <p>TARGET POPULATION</p> <p>Mentally ill defendants eligible for probation on a felony or misdemeanor.</p> | |
| <p>SCREENING</p> <p>Occurs between change of plea and sentencing. Stipulated sentence recommended. Must sign BHC Referral Form and Arbuckle Waiver. Send Referral Form to DPD Connie Magana. Set Behavioral Health Court Hearing on BHC calendar. Set backup sentencing in home court. Team will assess defendant prior to sentencing date in BHC to make final decision on eligibility.</p> | | |
| <p>ELIGIBILITY</p> <ul style="list-style-type: none"> - Diagnosed with Axis I serious mental illness - San Diego County Resident - 18 years or older - Probation eligible - Mentally Competent - Approval from BHC team | <p>EXCLUSIONARY</p> <ul style="list-style-type: none"> - 290 Registrant - Parolee - Charged with use or possession of a firearm - Mentally incompetent | |
| <p>POINTS OF CONTACT</p> | | |
| <p>DA's Office Matthew Dix 619-531-4473</p> <p>City Attorney Caroline Song 619-533-5694</p> | <p>Probation Ruben Gonzales 619-574-5535</p> | <p>Public Defender Neil Besse 619-338-4655</p> |

DRUG COURT

MISSION: To improve the lives impacted by drug addiction and to increase public safety by reducing the amount and frequency of drug related crimes

| PROGRAM DESCRIPTION | TARGET POPULATION |
|--|--|
| <p>Duration is 18 to 24 months, 5 phases. Participants receive outpatient or residential treatment. Requires frequent court reviews, program attendance, drug testing, employment/education. Sanctions increase in severity from community service to custody and ultimately, termination.</p> <p>May result in dismissal of non-priorable charges upon successful completion.</p> | <p>NON-VIOLENT drug offenders, <i>felony or misdemeanor</i></p> |

| ELIGIBILITY | EXCLUSIONARY |
|--|--|
| <p>NON VIOLENT drug offenses:</p> <ul style="list-style-type: none"> - HS11350- Possession of a controlled substance - HS11357-Possession of marijuana - HS11364-Possession of drug paraphernalia (used to smoke or inject a CS) - HS11365-Being in a place where a CS is being used unlawfully with knowledge - HS11377-Possession of a CS formerly classified as restricted, dangerous drugs - HS11359-Possession of marijuana for sale - HS11368-Forging, altering, uttering a prescription to obtain narcotics - Other NON-VIOLENT offenses resulting from drug dependence (i.e. PC 484; PC 487; PC 470; PC 530.5) | <ul style="list-style-type: none"> - Sales or transportation of sales quantities (Drug Court Team Discretion) - Diversion Eligible (PC1000) - Record of drug sales or transportation of sales quantities (Drug Court Team Discretion) - Record for violence (Drug Court Team Discretion) - Record for sex crimes - History of weapons - Parolee (Drug Court Team Discretion) - Strike Prior (Drug Court Team Discretion) - Documented gang member - Not capable of participation (e.g. hold) - Multiple FTAs (Drug Court Team Discretion) |

POINTS OF CONTACT

DA's Office
 Joseph Fusco – 619-515-8615
Public Defender
 Central and East County:
 Ann Sommers – 619-338-4719
 South County:
 Audrey Bordeaux – 619-338-4705
 North County:
 Terri Peters – 760-945-4081

HOMELESS COURT

MISSION: To assist homeless individuals attempting to reenter society through self-sufficiency.

GOALS OF THE PROGRAM

Successful completion may result in the dismissal of infractions and elimination or reduction of fines and fees, and resolution of some open misdemeanors.

TARGET POPULATION

Homeless people who have amassed fines and warrants as a result of open trolley tickets, DMV violations and other infractions. Dismissal of the fines and fees and recall of the warrants allows them to go forward without significant financial burdens and often to regain their driver's license.

SCREENING PROCEDURE & ELIGIBILITY

The participants are nominated by their treatment providers. To be nominated, the participant has to have been involved in treatment, job services, or other programs that result in an end to homelessness. They have done significant volunteer work as a part of these programs.

- | | |
|---|---|
| <ul style="list-style-type: none"> - MHS Center Star (ACT) - Children's Advocacy Institute - CRASH - Catalyst - Crossroad Foundation - Episcopal Community Services / Friend to Friend / Safe Haven - Impact Downtown (formerly Reach) - Impact / Community Research Foundation - Josue House - Pathfinders of SD - MHS Dual Diagnosis Pegasus East - MHS Serial Inebriate Program - Rachel's Women's Center - Salvation Army / ARC & STEP - SD Rescue Mission - Second Chance / STRIVE | <ul style="list-style-type: none"> - Stepping Stone - Storefront - Sunburst Youth Housing Project - St. Vincent de Paul Village - Tradition One - TACO / Third Ave Charitable Foundation - Turning Point - Veteran's Village of SD (VVSD) - Veteran's Affairs (VJO) - Volunteers of America (SAMI) – YMCA (Passages & Cortez) - Casa Raphael - Choices - The McAlister Institute - Serenity House - House of Metamorphosis |
|---|---|

EXCLUSIONARY

Varies by program

POINTS OF CONTACT

DA's Office

Harrison Kennedy - 619-515-8156

Public Defender

Whitney Antrim 619-338-4623

City Attorney's Office

Caroline Song 619-533-5694

RE-ENTRY COURT

MISSION: To reduce parolee recidivism and protect public safety by leveraging integrated community resources and services to a target offender population through the implementation of the key components of collaborative justice.

| | |
|--|---|
| <p style="text-align: center;">PROGRAM DESCRIPTION</p> <p>Program lasts 12-24 months. Offender stipulates to local prison term but execution is suspended and he/she is placed on probation. Successful completion may lead to early termination of probation or parole, but not dismissal of charges, nor early termination of mandatory supervision. Violations result in graduated sanctions and ultimately termination and execution of term of local imprisonment.</p> | <p style="text-align: center;">TARGET POPULATION</p> <p>Parolees, PRCS, or MS Offenders (on a case by case basis)</p> <ul style="list-style-type: none"> - Commit a new 1170(h) felony offense if on parole, PRCS, or MS - Commit a new state prison eligible offense if on parole - Need substance abuse treatment, tailored case plan and high level of supervision |
| <p style="text-align: center;">ELIGIBILITY</p> <ul style="list-style-type: none"> - Legal resident of San Diego County - Must agree to participate - Current offense is non-violent, non-serious, non-sexual - Current offense is PC1170(h) (punishable in CJ for 16-2-3) or punishable in State Prison (if on parole) - Must have mental capacity to make discernments and actively participate in program - On Parole, PRCS, or MS at time of current offense | <p style="text-align: center;">EXCLUSIONARY</p> <ul style="list-style-type: none"> - Current offense or prison commitment may not be for serious or violent felony (PC667.5(c) or PC1192.7(c)) - Felony holds, detainers, warrants, interstate CDCR case, documented member of CDCR- recognized prison gang, or active CI - PC 451.1 (Arson) or PC 290 registration - Admission of PC 186.22 (gang allegation), - Current conviction pursuant to Family Code 6211 (domestic violence) or currently being ordered to complete DVRP as a condition of supervision |
| <p>SCREENING</p> <p>Screening occurs between change of plea and sentencing. Must agree to stipulated prison sentence with a referral for RCP screening. Must sign Arbuckle Waiver. Set screening in D34 for next Friday after disposition hearing and set back up due course sentencing date in Dispo Department. Team will assess defendant prior to sentencing date to make final decision on eligibility. If ineligible, defendant will be returned to dispo department for sentencing. If eligible, formal probation will be imposed and the prison term will be suspended.</p> | |
| <p>POINTS OF CONTACT</p> <p>DA's Office Heather Trocha 619-531-4252</p> <p>Public Defender's Office Ann Sommers – 619-338-4719</p> | |

VETERAN'S TREATMENT COURT

MISSION: To promote public safety and assist in the recovery of military Veterans that committed crime as a result of service related mental illness by providing intensive treatment, strict supervision and reintegration training.

PROGRAM DESCRIPTION

Program is 3 phases. Phase 1 requires weekly review hearings, Phase 2 requires bi-monthly review hearings and Phase 3 requires reviews every 3 weeks. VTC is held in front of Judge Bruce-Lyle (Central, Department 16) every Tuesday morning at 10:30 a.m.

Participants usually receive an abbreviated probationary period and reduced fines. Successful completion can result in a dismissal (PC 1170.9). Dismissal pursuant to PC 1170.9 allows for revival of all charges if Veteran re-offends.

TARGET POPULATION

Military Veterans suffering from duty-related mental illness; primarily those who served post 9/11/01.



ADMISSIONS PROCESS

Only defendants that have already been sentenced to probation will be considered. Referred by sentencing court, then thoroughly screened by VTC Team. Appropriate treatment plan must be developed and agreed upon. Entry is recommended by VTC Team and approved by VTC Judge.

ELIGIBILITY

- Probation Eligible Crime
- Military Veteran
- Must have mental health issue related to his/her service AND must be a nexus between mental health issue and charged offense.
- Examples of service related mental health issues include Post-Traumatic Stress Disorder, Traumatic Brain Injury, Military Sexual Trauma. Combat trauma is not always required.

EXCLUSIONARY

- Convictions resulting in prison term.
- Sex offenses.
- Serious or Violent Offenses not necessarily prohibited, but are considered on a case-by-case basis.

POINTS OF CONTACT

DA's Office

Harrison Kennedy - 619-515-8156

City Attorney

Caroline Song – 619-533-5694

Public Defender

Damien Lowe - 619-338-4639



Veterans' Housing Module at the Vista Detention Center

The Sheriff's Department has created a unit for male veterans of military service at the Vista Detention Facility. During his time in jail, this defendant will be closely monitored by jail staff and required to participate in several programs designed to reduce the risk of re-offending. There are only 32 beds in this module.

These programs include:

- Job Training
- Cessation of Drug Addiction
- Mental Illness Assessments
- Anti-Theft Classes
- Domestic Violence Prevention

Offenders housed in this module may be pre-sentence, sentenced to a custodial sanction as a condition of probation or a revocation of supervision, or sentenced pursuant to Penal Code section 1170(h) to serve a local prison term. For more information, or to find out if this defendant is a candidate for treatment under Penal Code section 1170.9, please contact DDA Harrison C. Kennedy at (619) 498-5633 or Damien Lowe at (619-338-4639)

ELECTRONIC MONITORING IN LIEU OF BAIL (PC 1203.018)

TARGET POPULATION

Offenders eligible for bail while charges are pending may be referred for release on GPS. While on GPS, the offenders are monitored 24 hours a day and 7 days per week and ordered to complete appropriate programming/education/employment.

ELIGIBILITY

NON VIOLENT CHARGES:

- Verifiable Residence
- Bail must be set
- Court must refer
- Offender must pay portion of GPS cost if able

EXCLUSIONARY

- Eligible for OR or Supervised OR
- Open or pending other charges, detainers or active warrants
- Current or prior DV incidents (including child abuse) or stalking that resulted in a currently valid protective order
- Sex offense charges pending, or prior conviction or arrest for sexual assault, lewdness, indecent exposure or child victim crimes
- Current charges of murder, manslaughter, attempted murder, or gang, weapons or GBI allegations
- Current serious or violent felony with strike prior

POINT OF CONTACT

Lieutenant Derick Jones SD Sheriff – 858-614-7655

Court Officer:

Deputy Augustine Valadez – 858-614-7761

NOTE: Sheriff may immediately retake offender into custody for non-compliance or equipment failure without court order or warrant.

NOTE: PC4019 credits are awarded.

WORK FURLOUGH

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| TARGET POPULATION | SCREENING |
| Offenders granted probation with custodial sanction. | Referred to the Sheriff or Probation for screening. Can be screened pending sentencing. |
| ELIGIBILITY | EXCLUSIONARY |
| <ul style="list-style-type: none"> - Sentenced to probation with custody - Able to function in dorm setting - Legal citizen/resident - Employed - Offender pays for housing in WF facility if employed - Must be employed 35+ hours per week | <ul style="list-style-type: none"> - Precluded by Court - Serious mental health/behavioral issues - Serious violence or pattern of assaultive behavior - Sales or large amounts of drugs - Serious or violent felonies. |

NOTE: Offenders placed by SDSO are on GPS

EMPLOYABLE WORK FURLOUGH (Residential Reentry Center)

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|---|--|
| TARGET POPULATION | SCREENING |
| Offenders granted probation with custodial sanction without a current job but are capable of future employment. | Referred to the Sheriff or Probation for screening. Can be screened pending sentencing. |
| ELIGIBILITY | EXCLUSIONARY |
| <ul style="list-style-type: none"> - Sentenced to probation with custody - Minimum of 30 days actual days left to serve - Able to function in dorm setting - Legal citizen/resident - Employable - Must be employable | <ul style="list-style-type: none"> - Precluded by Court - Serious mental health/behavioral issues - Serious violence or pattern of assaultive behavior - Sales or large amounts of drugs - Serious or violent felonies. |

NOTE: Offenders placed by SDSO are on GPS

HOME DETENTION (PC 1203.016 AND 1203.017)

TARGET POPULATION

Offenders sentenced to probation with a custodial sanction. If sheriff deems the offender is eligible and the Court has not precluded it, the defendant is released on GPS. While on GPS, the offenders are monitored 24 hours a day and 7 days per week and ordered to complete appropriate programming/education or secure employment.

ELIGIBILITY

- Non-Violent conviction
- Verifiable Residence
- Agree to participate
- Able to pay a portion of costs associated with GPS
- Granted probation with custodial sanction

EXCLUSIONARY

- Precluded by Court
- Sentenced per 1170(h) to a term of imprisonment in county jail
- Open/pending other charges, detainers or active warrants
- Domestic Violence with valid protective order
- Inmates with arrests or convictions for sex offenses to include sexual assault, lewdness, indecent exposure, or child victim crimes are presumptively ineligible.

POINT OF CONTACT

Lieutenant Derick Jones SD Sheriff – 858-614-7655

NOTE: PC 4019 credits after January 1, 2015 are awarded.

**FIRE CAMP
(PC 4019.2)**

| | |
|---|---|
| <p align="center">TARGET POPULATION</p> <p>Offenders sentenced to straight term in local prison per PC 1170(h)(5)(A).</p> | <p align="center">SCREENING</p> <p>Sheriff will conduct screening. Can be prescreened. Sheriff has final decision-making authority.</p> |
| <p align="center">ELIGIBILITY</p> <ul style="list-style-type: none"> - Sentenced to straight term in local prison per Penal Code section 1170(h)(5)(A) - Must have 1 year of actual time left to serve at time of sentencing - Must pass physical conducted by Sheriff's department | <p align="center">EXCLUSIONARY</p> <ul style="list-style-type: none"> - Sentenced to a split term per Penal Code section 1170(h)(5)(B) - Mental health/behavioral issues - Violence or pattern of assaultive behavior |

For *prescreening*, contact
 Captain Frank Clamser – 619-661-2874
 Processing Supervisor Cristina Sandoval – 619-661-2972

MANDATORY SUPERVISION COURT

MISSION: To reduce recidivism and protect public safety by leveraging custodial treatment and interventions services with a transition back into the community under the supervision of the probation department utilizing a Collaborative Court process for offenders sentenced to a split local prison term pursuant to Penal Code section 1170(h)(5)(B).

CUSTODIAL PROCESS

Once an offender is sentenced and the jail has identified him/her as receiving a split sentence, every attempt is made to provide the offender with programming while in custody. If classification allows, male inmates who receive split sentences are housed at the East Mesa Re-Entry Facility for at least the last portion of their sentence. Inmates are assigned to a correctional counselor who ensures they are enrolled in assessment driven in-custody programming, including substance abuse treatment, cognitive behavioral therapy (Thinking For A Change), vocational training, anger management, anti-theft, HIV, GED, as well as vocational programs. A minimum of **120 actual days** custody is suggested to accomplish any jail programming.

PRE-RELEASE REVIEW

- Collaborative Court is permanently staffed by dedicated Judge, DDA, PD, Probation Officers and Sheriff Correctional Counselor. Team discusses each case plan individually.
- 30 days prior to Offender is returned to Court for review of conditions in open court
- Court reviews housing or treatment plan
- Review Hearing set for 30-45 days post-release

RETURN TO THE COMMUNITY

- Curfew imposed and GPS device ordered for a minimum of 2 weeks
- High Risk offenders picked up from jail by a probation officer, and taken directly to an appropriate treatment program. If a bed is not immediately available, or if the offender requires transitional housing, may stay at the Community Transition Center for up to 7 days.
- 4th waiver: Offenders are frequently drug tested and searched, and must have regular in person and telephonic communication with the PO.
- The level of supervision and the frequency of court review hearings adjusted proportionately to the offender's level of success in the community. Offenders are recognized by the court for positive behaviors with incentives and phasing up through the program. Violations result in immediate sanctions imposed by the Court and dephasing. Mandatory Supervision Court lasts throughout the term of Mandatory Supervision.

POINTS OF CONTACT

DA's Office

Ana De Santiago 619-531-4380

Public Defender's Office

Leslie Wolf – 619-338-4795

The Life of a Criminal Case

