# District Attorney Symposium

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

April 30, 2018

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

Justice Center
THE COUNCIL OF STATE GOVERNMENTS

- 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

Visit us at: csgjusticecenter.org
Overview

How We Got Here

Stepping Up

What You Can Do Today and Going Forward

Mental Illnesses: Overrepresented in Our Jails

General Population
- 4% Serious Mental Illness

Jail Population
- 17% Serious Mental Illness
- 72% Co-Occurring Substance Use Disorder


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
Jails Report Increases in the Numbers of People Mental with Illnesses

NYC Jail Population (2005-2012)

What would this look like for San Diego County?

58 County Survey

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

Challenge #1: Being Data-Driven

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

- 17,630
- 3,600 est. with MR
- Medical and MH Screen/Classification/Initial Appearance
- Screening by DA for diversion eligibility
- Not eligible for MH Diversion
- Eligible for MH Diversion
- Additional Court Appearances
- Did not participate in MH Diversion
- Participated in MH Diversion

Council of State Governments Justice Center
Challenge #2: Using Best Practices

ADULTS WITH BEHAVIORAL HEALTH NEEDS UNDER CORRECTIONAL SUPERVISION:
A Problem Framework for Reducing Incarceration and Preventing Recidivism

Not All Mental Illnesses are Alike

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

- M Group
  - M Group, SMI: 43%
  - M Group, Non-SMI: 57%

Average Length of Stay by Mental Health Status

<table>
<thead>
<tr>
<th>Category</th>
<th>Average Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-M Group</td>
<td>61</td>
</tr>
<tr>
<td>M Group (Overall)</td>
<td>112</td>
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<tr>
<td>M Group, Non-SMI</td>
<td>128</td>
</tr>
<tr>
<td>M Group, SMI</td>
<td>91</td>
</tr>
</tbody>
</table>

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)
Not All Substance Use Disorders are Alike

The Substance Use Disorder Continuum

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

Low Risk + 3%

High Risk - 14%

Moderate Risk - 6%

Source: Presentation by Dr. Eich et al., "What Works and What Doesn't in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry", available online at www.cojusticecenter.org
Overview

How We Got Here

Stepping Up

What You Can Do Today and Going Forward

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

NACo
American Psychiatric Association Foundation
CSG Justice Center

Federal Partners

BJA
NIC
SAMHSA

Stepping Up Steering Committee

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
Policy Research Associates

Over 400 Counties "Step Up"

The Counties

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

All 58 counties respond to state-wide survey of needs and current practices, presented to COMIO November 2016

Stepping Up: The California Summit brings leadership teams from 53 counties together in Sacramento

State-wide leadership Stepping Up planning developing implementation tools, highlighting successes

The “Six Questions”

1. Is your leadership committed?
2. Do you have timely screening and assessment?
3. Do you have baseline data?
4. Have you conducted a comprehensive process analysis and service inventory?
5. Have you prioritized policy, practice, and funding?
6. Do you track progress?
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

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

<table>
<thead>
<tr>
<th>County</th>
<th>Interagency Groups</th>
<th>Leader(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calaveras</td>
<td>Community Corrections Partnerships (CCPs)</td>
<td>Chief Probation Officer</td>
</tr>
<tr>
<td>Orange</td>
<td>Separate planning group, reporting to Criminal Justice Coordinating Council and Board</td>
<td>Sheriff and Supervisor</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>Diversion Committee, reporting to the Board</td>
<td>Supervisor and Judge</td>
</tr>
<tr>
<td>Santa Barbara</td>
<td>Separate planning group</td>
<td>Sheriff</td>
</tr>
<tr>
<td>Yolo</td>
<td>Continuum of Care committee, established by Board of Supervisors</td>
<td>County Behavioral Health</td>
</tr>
</tbody>
</table>
Do You Have Timely Screening and Assessment?

- [ ] Is there a 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

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.
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

Assessment

Triage
- Short
- Universal
- Indicates need for follow-up

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

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

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
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
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

Recommended Uses for Informing Decision-Making

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

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

1. Jail Bookings among People with SMI
2. Average Length of Stay
3. Percentage of People Connected to Care
4. Recidivism Rate

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
Have You Prioritized Policy, Practice, and Funding?

- A full spectrum of strategies
- Strategies clearly focus on the four key measures
- 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)

<table>
<thead>
<tr>
<th>Identified Gap</th>
<th>Data Illustrating Gap</th>
<th>Objective(s)</th>
<th>Key Measure Addressed</th>
<th>Projected Cost &amp; Identified Sources of Funding</th>
<th>Data to be Tracked</th>
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</thead>
</table>
| 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 MH booked into jail | Cost: Project coordination, LE and/or MH training, IT  
Funding: Participating agencies, JMHC, 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

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
Overview

How We Got Here

Stepping Up

What You Can Do Today and Going Forward

Goal: A System of Diversion to a System of Care

Community-Based Continuum of Treatment, Services, and Housing

- Outpatient Treatment
- Intensive Outpatient Treatment
- Peer Support Services
- Integrated MH & SU Services
- Case Management
- Psychopharmacology
- Supportive Housing
- Crisis Services
- Supported Employment
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?


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**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 jail
3. **Increase** the percentage of people with mental illnesses in jail connected to the right services and supports
4. **Lower** rates of recidivism
Prioritizing System Improvements

1. **Reduce**
   - The number of people with MI booked into jail
   - Police-Mental Health Collaboration programs
   - CIT training
   - Co-responder model
   - Crisis diversion centers
   - Policing of quality of life offenses

2. **Shorten**
   - The average length of stay in jail
   - Routine screening and assessment for mental health and SUDs in jail
   - Pretrial mental health diversion
   - Pretrial risk screening, release, and supervision
   - Bail policy reform

3. **Increase**
   - The percentage of connection to care
   - Expand community-based treatment & housing options
   - Streamline access to services
   - Leverage Medicaid and other federal, state, and local resources

4. **Lower**
   - Rates of recidivism
   - Apply Risk-Need-Responsivity principle
   - Use evidence-based practices
   - Apply the Behavioral Health Framework
   - Specialized Probation
   - Ongoing program evaluation

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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?
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?

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?
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?

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.SteppingTogether.org/Events
THANK YOU
For more information, please contact:
Hallie Fader-Towe, Senior Policy Advisor, The CSG Justice Center
hfader@csg.org
www.stepuptogether.org

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
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
Lt. Chris May
SDSO PERT

Lieutenant Christopher May has 25 years of law enforcement experience with the San Diego Sheriff's Department. He is a graduate of both the Sherman Block Supervisory Leadership Institute and the FBI National Academy. He is currently assigned to the San Diego Central Courthouse. He has worked in the jails, patrol, community policing and the Sheriff's Analysis Driven Law Enforcement Team. For the past 10 years, Lt. May has been the Sheriff's Mental Health/PERT Liaison.
Dr. Mark Marvin
PERT Director

Dr. Marvin is a Licensed Psychologist who was named Director of the Psychiatric Emergency Response Team (PERT) in 2015. PERT (A division of Community Research Foundation) consists of specially trained law enforcement officers/deputies who are paired and ride their entire shift with licensed mental health clinicians. They respond to persons in behavioral health crisis throughout San Diego County who have come to the attention of emergency dispatch. PERT also provides education and training to public safety personnel on effective response to persons in behavioral health crises.

Dr. Marvin has provided services to public safety agencies (law enforcement, fire service, emergency medical, and dispatch), including the San Diego Police Department (since 1990), U.S. Department of Homeland Security (since 1994, including legacy agencies), and the Drug Enforcement Administration - U.S. Department of Justice (since 2008). His services have included training development and presentation; Emergency/Hostage Negotiation consultation & training; post-trauma intervention; management consultation; peer support development; death notification; and counseling. Prior to joining PERT, Dr. Marvin also served many years as a clinician, consultant, and Chief Psychologist with Community Research Foundation.
S.I.M. Talks

Dr. Linda Richardson
NAMI, Director Next Steps

Linda Richardson, Ph.D., R.N. is a licensed clinical psychologist and a registered nurse. Presently, she is employed by NAMI San Diego as the Program Director of Next Steps, a multi-agency partnership with NAMI San Diego as the lead agency. Next Steps provides recovery oriented, integrated care and peer and family support to adults accessing emergency and inpatient services at San Diego County Psychiatric Hospital and to clients of County operated specialty mental health clinics and County funded DUI programs. Previously, Linda was the program manager at Hope Connections and the program manager at North Inland Mental Health Center, both Mental Health Systems programs. Her career has been devoted to serving the underserved in psychiatric hospitals, outpatient mental health clinics, jails and prisons in Louisiana, North Carolina, Michigan, Texas and most recently in California. She has many years of experience in program management, mental health service delivery, teaching, research and consultation. Currently, she is President of the Public Service division of the American Psychological Association, a member of the editorial board of The Psychologist Manager and a guest reviewer for The Consulting Psychologist.

Luz Pinto
NAMI, Director Hospital Transitions

Luz L. Pinto, MBA is the Director of NAMI San Diego’s PeerLINKS program, which provides an enhanced array of peer support services to persons with serious behavioral health challenges who have been admitted to psychiatric hospitals and/or crisis residential services. The PeerLINKS team continues to work with these individuals after they return to the community, providing them with ongoing peer support, case management, as well as health care and benefits navigation, for up to a year. Prior to joining NAMI San Diego, Ms. Pinto managed several bioethics-related research projects that sought to understand decisional capacity and success among individuals with various mental health challenges.
S.I.M. Talks

Dr. Alfred Joshua
Chief Medical Officer, SDSO

Dr. Alfred Joshua was selected in 2013 to lead the San Diego County Sheriff's Medical Services Division as Chief Medical Officer to design and manage a medical system that provides comprehensive medical care for the 84,000+ inmate/patients who are annually booked with a daily census of 5,800+ inmate/patients who are housed at one of seven county jails across San Diego County. Dr. Joshua has been designing an innovative managed care model for the county jails in order to meet the medical and financial challenges of AB 109 or Public Safety Realignment. Dr. Joshua earned his medical degree from the State University of New York, Syracuse and holds a Master's degree in Business Administration from UC Irvine. He completed a two-year hospital administrative fellowship at UCSD. Dr. Joshua is a board certified Emergency Medicine physician and has worked clinically in the Emergency department at UC San Diego and at Tri-City Medical Center and currently practices clinically at the Veterans Affairs Emergency Department. He currently sits on the Board of Directors for San Diego Health Connect and Council of Mentally Ill Offenders.
Model
San Diego Jail Mental Health Services
S.I.M. Talks

Neil Besse
Deputy Public Defender

Neil Besse has been a Deputy Public Defender for 18 years. He is a graduate of Old Dominion University (B.A. '91) and the University of Georgia (J.D. '96). He currently supervises the Public Defender's Defense Transition Unit, which he formed in 2016. The DTU consists of three licensed mental health clinicians with paralegal support accepting referrals directly from assigned Public Defenders. DTU clinicians assess for diagnoses and treatment needs within 5 working days. The unit is designed to make the most constructive use possible of a client's initial weeks in custody, and to bring timely and appropriate treatment plans to the court.
S.I.M. Talks

Lara Easton
Deputy City Attorney

Lara Easton is the Chief of the Neighborhood Justice and Collaborative Courts Unit (NJU) at the San Diego City Attorney's Office. Ms. Easton joined the City Attorney’s Office in 2009 and became Chief of NJU in 2016. As Chief she oversees the City Attorney's Collaborative Courts and Alternative Sentencing Programs including: Behavioral Health Court, Drug Court, Veterans Treatment Court, Homeless Court/Stand Down, Beach Area Community Court, the Community Justice Initiative, the Prostitution Impact Panel, and the San Diego Misdemeanants At-Risk Track Program (SMART).

Ms. Easton graduated summa cum laude from San Diego State University with a Bachelor of Science Degree in Criminal Justice Administration and received her Juris Doctorate from California Western School of Law in San Diego, graduating cum laude.
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
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

Impact on City Attorney’s Office

Cases issued from 2014 to 2015:

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

**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
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;
  - 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))

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

- Available at multiple stages in the criminal justice continuum.

<table>
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<th>Arrest/Citation</th>
<th>Prosecution</th>
<th>Custody</th>
<th>Social Contact</th>
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<tbody>
<tr>
<td>S.M.A.R.T. participant avoids prosecution</td>
<td>S.M.A.R.T. participant agrees to treatment in lieu of custody</td>
<td>S.M.A.R.T. participant is released from jail</td>
<td>S.M.A.R.T. participant voluntarily enters treatment with no case pending</td>
</tr>
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Participants Receive:

- Comprehensive Case Management
- Bridge Housing Assistance of Housing Navigator and exit to permanent housing
- Substance Abuse Treatment Comprehensive substance abuse treatment by FHCS
- Employment Skills Soft-skills training Job-readiness training Job placement GED
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
S.I.M. Talks

Harrison Kennedy
Deputy District Attorney

Harrison Kennedy has been a prosecutor since 2001. While he spent most of his career trying child abuse and domestic violence cases, he came to the Collaborative Courts Division when it was formed in 2015. Harrison works on three problem-solving courts focused on Veterans, the homeless, and parolees. Each of these courts aim to increase public safety by addressing the fundamental reasons people commit crime and provide them the tools to lead a law-abiding life. Harrison is an Army Reservist, has served in Iraq and Afghanistan, and is a recipient of the Bronze Star Medal.
S.I.M. Talks

Hon. Judge Desiree Bruce-Lyle
San Diego Superior Court

Since her appointment to the bench by Governor Davis in April 2001, Judge Bruce-Lyle's assignments have included a Criminal Trial Department, Drug Court, Juvenile Delinquency, Prop 36 (PC 1210) Court, Superior Court Appellate Panel, AB 109 Post Judgment Courts (Mandatory Supervision, Post Release Community Supervision and Parole Revocations) and Veteran's Treatment Court. Judge Bruce-Lyle was instrumental in implementing Reentry Court, AB 109 Post Judgment Courts as well as Veteran's Treatment Court. More recently, Judge Bruce-Lyle's judicial leadership has been vital to managing San Diego's challenging AB 109 population.

Presently, Judge Bruce-Lyle presides over Reentry Court, Mandatory Supervision Court and Veteran's Treatment Court. This year, she has been given the added responsibility as Assistant Supervising Criminal Judge and oversees the San Diego Superior Court's Collaborative Courts. She also serves as the Chair for the San Diego Superior Court Collaborative Courts Committee.

Judge Bruce-Lyle's pioneering efforts in collaborative courts and with the AB 109 population, have earned her statewide and international attention. In addition to her judicial assignments, Judge Bruce-Lyle has traveled throughout California as a distinguished panelist for Judicial Council training sessions and California Judges Association conferences. In 2006, Judge Bruce-Lyle served as Special Master for the Commission on Judicial Performance.

Prior to her appointment, Judge Bruce-Lyle served as a Workers' Compensation Administrative Law Judge from 1992-2001 and a Workers' Compensation Referee from 1991-1992. She worked as Deputy County Counsel from 1982-1991. Born in Ghana, Judge Bruce-Lyle earned her Bachelor of Laws degree from the University of Zambia School of Law. She received her Master of Laws degree from the University of California at Berkeley Law (Boalt Hall).
S.I.M. Talks

Christine Brown-Taylor
SDSO Reentry Services Manager

Christine J. Brown-Taylor is the San Diego County Sheriff Department's first Reentry Services Manager. She oversees the Reentry Services Division which was created in response to California's Criminal Justice Realignment. The Division is responsible for the programming and operations in the seven detention facilities in San Diego. Christine supervises over 130 staff and 1000 volunteers who provide supportive services and interventions for over 5500 people who are in custody. The division also has 40 counseling staff that provides pretrial services, case management, group counseling, and reentry planning. Christine holds a Master of Social Work degree from San Diego State University.
S.I.M. Talks

Dr. Michael Krelstein
Behavioral Health Services Medical Director

Board Certified in Adult Psychiatry and Forensic Psychiatry, Dr. Krelstein's clinical background is in hospitals, emergency psychiatry, jails, and criminal justice populations. He is Clinical Director of San Diego County Behavioral Health Services, and Medical Director of San Diego County Psychiatric Hospital. He is a practicing forensic psychiatrist in Las Vegas and Orange County. Dr. Krelstein is a frequent consultant with local law enforcement, where he assists with threat assessment and risk mitigation. His work with Las Vegas Metropolitan Department's Crisis Intervention Team led to his receiving several Congressional recognitions. Dr. Krelstein was a resident physician at University of California, San Francisco.
S.I.M. Talks

Commander Hank Turner
SDSO Homeless Task Force

Commander Hank Turner has been in law enforcement for 26 years and currently oversees all of the Sheriff’s Department’s investigative units. Throughout his career, Hank has supervised patrol operation in Alpine, Lakeside, Ramona, the Rural portion of San Diego County and in Santee. Hank has also served on the board of the East County Regional Homeless Task Force and helped establish a Regional Law Enforcement Working Group on Homeless. He has also worked with service providers and government agencies to improve law enforcements response to the mentally ill and homeless.
S.I.M. Talks

Christiene Andrews
Supervising Probation Officer, Mentally Ill Offender Unit

Christiene is a Supervising Probation Officer with the San Diego County Probation Department. She has 15 years of experience in probation programs including institutional services, juvenile field services and adult field services. She specializes in the case management of criminally involved individuals with mental health or developmental concerns. She has served as the Supervisor for the Behavioral Health Supervision Unit since 2012. Christiene has functioned as a Subject Matter Expert with the Board of State and Community Corrections in the updating and development of curriculum for adult and juvenile correctional officers and probation officers throughout the state with regard to the effective treatment and rehabilitation of offenders with mental health concerns.

Christiene is a field instructor for California State University San Marcos Social Work Department and San Diego State University Social Work Department. Christiene is a liaison with the Public Defender's office; the District Attorney's office, the Superior Court of San Diego, Assertive Community Treatment providers, Health and Human Services, hospitals, and many other community organizations. She served on the San Diego and Imperia Counties Regional Round Table Community Planning Committee for Stigma/Discrimination Reduction of Mental Illness and on the workgroup for the implementation of Laura's Law in San Diego County. She is a graduate of the FBI's Crisis Negotiation Academy.
Lunch Presentation

Supervisor Kristin Gaspar
&
Hon. Judge David Danielsen (Retired)
Lunch Presentation

Supervisor Kristin Gaspar

Supervisor Kristin Gaspar is Chairwoman of the San Diego County Board of Supervisors. She is the youngest woman ever elected to the board. Prior to becoming a Supervisor, Gaspar was an Encinitas City Council Member and went on to become the first Mayor ever elected in that city. She and her husband Paul, have three children. Kristin was born and raised in North County and is proud to represent her hometown community.

In her first year as Supervisor, Gaspar teamed up with Supervisor Dianne Jacob to launch an initiative that will help the growing number of seniors with dementia who end up in crisis. The effort is an outgrowth of The Alzheimer's Project, the county-led initiative to find a cure and help families struggling with the disease.

Chairwoman Gaspar also co-initiated an investment of more than $400,000 to install five additional cameras in key fire-prone areas around the county. This will also boost the wireless network's capacity and capabilities, ensuring first responders have real-time information that enhances fire protection.

Before being elected Supervisor of District Three, Gaspar was CFO of a physical therapy company. She is very involved in her children's schools and extra-curricular activities and serves as a pop Warner cheerleading coach.
Lunch Presentation

Hon. Judge David Danielsen (Retired)

Judge David Danielsen is a graduate of Dartmouth College and earned his law degree at the University of San Diego. Before ascending to the bench in 1980, he was a civil trial attorney with the firm of Ault, Deuprey, Jones, Danielsen and Gorman for 23 years. Since ascending to the bench, he has served as Presiding Judge, Criminal Supervising Judge, a Settlement Judge and presided over innumerable trials. Judge Danielsen has been a member of both the CJER and California Judicial College Faculty, teaching classes ranging from New Judge Orientation to Determinate Sentence and Sentencing Sexual Assault Cases. Judge Danielsen has taught throughout the state on AB 109 and Evidence Based Practices. Judge Danielsen led the design and implementation of the court’s response to Criminal Justice Realignment, Prop 36, Prop 47 and Prop 64. Judge Danielsen retired in December 2017.
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

**Intercept 0**
Community Services

*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**
Law Enforcement

*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**
Initial Detention/Initial Court Hearings

*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 pretrial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

**Intercept 3**
Jails/Courts

*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**
Reentry

*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**
Community Corrections

*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**

<table>
<thead>
<tr>
<th>Crisis Response</th>
<th>Police Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>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:</td>
<td>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:</td>
</tr>
<tr>
<td>- Certified Community Behavioral Health Clinics</td>
<td>- Crisis Intervention Teams</td>
</tr>
<tr>
<td>- Crisis Care Teams</td>
<td>- Homeless Outreach Teams</td>
</tr>
<tr>
<td>- Crisis Response Centers</td>
<td>- Serial Inebriate Programs</td>
</tr>
<tr>
<td>- Mobile Crisis Teams</td>
<td>- Systemwide Mental Assessment Response Team</td>
</tr>
</tbody>
</table>

**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: (a) Community Services, (b) Law Enforcement, (c) Initial Detention and Initial Court Hearings, (d) Jails and Courts, (e) Reentry, and (f) 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.

We conduct meaningful, quality work to improve the lives of people who are disadvantaged through evaluation and research, technical assistance and training, and facilitation and event planning that makes an impact in the field and promotes a positive work environment.

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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 Murazik, PhD 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 its leadership of a National Institute of Mental Health-funded Small Business Innovation Research (SBIR) grant awarded to PRA. The linear SIM model was first published by PRA in 2006, through its contract to operate the GAINS Center on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA). The "bulls-eye" and "revolving door" versions of the model were formally introduced in a 2006 article in the peer-reviewed journal Psychiatric Services authored by Drs. Murazik 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 Care Act, the 111th 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 local criminal justice and behavioral health 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.

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5. 21st Century Cures Act, Pub. L. 114-255, Title XIV, Subtitle B, Section 1401, codified as amended at 41 U.S.C. § 3071a, Title I, Section 2941
The Stepping Up Initiative: Four Key Outcomes and Strategies to Achieve Them

1. **Reduce**
   - The number of people with MI booked into jail
   - Police-Mental Health Collaboration programs
   - CIT training
   - Co-responder model
   - Crisis diversion centers
   - Policing of quality of life offenses

2. **Shorten**
   - The average length of stay in jails
   - Routine screening and assessment for mental health and SUDs in jail
   - Pretrial mental health diversion
   - Pretrial risk screening, release, and supervision
   - Bail policy reform

3. **Increase**
   - The percentage of connection to care
   - Expand community-based treatment & housing options
   - Streamline access to services
   - Leverage Medicaid and other federal, state, and local resources

4. **Lower**
   - Rates of recidivism
   - Apply Risk-Need-Responsivity principle
   - Use evidence-based practices
   - Apply the Behavioral Health Framework
   - Specialized Probation
   - Ongoing program evaluation
Survey Results

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

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Service Provider</td>
<td>34.36%</td>
</tr>
<tr>
<td>Law Enforcement/First Responder</td>
<td>37.60%</td>
</tr>
<tr>
<td>Medical</td>
<td>9.38%</td>
</tr>
<tr>
<td>Detentions/Jail</td>
<td>15.63%</td>
</tr>
<tr>
<td>Courts/Legal</td>
<td>15.63%</td>
</tr>
<tr>
<td>Re-entry</td>
<td>15.63%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>18.75%</td>
</tr>
</tbody>
</table>

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, SDPD 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 barriects (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 SJP clients are released from custody to a SJP officer for re-introduction to their new medical home, housing and treatment. 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 call/ 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:

Notes:
Resources:

Gaps/Needs:

Notes:
Resources:

Gaps/Needs:

Notes:
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.

<table>
<thead>
<tr>
<th>PROGRAM DESCRIPTION</th>
<th>TARGET POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Mentally ill defendants eligible for probation on a felony or misdemeanor.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SCREENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
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<table>
<thead>
<tr>
<th>ELIGIBILITY</th>
<th>EXCLUSIONARY</th>
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<tbody>
<tr>
<td>- Diagnosed with Axis I serious mental illness</td>
<td>- 290 Registrant</td>
</tr>
<tr>
<td>- San Diego County Resident</td>
<td>- Parolee</td>
</tr>
<tr>
<td>- 18 years or older</td>
<td>- Charged with use or possession of a firearm</td>
</tr>
<tr>
<td>- Probation eligible</td>
<td>- Mentally incompetent</td>
</tr>
<tr>
<td>- Mentally Competent</td>
<td></td>
</tr>
<tr>
<td>- Approval from BHC team</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>POINTS OF CONTACT</th>
</tr>
</thead>
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<tr>
<td><strong>DA’s Office</strong></td>
</tr>
<tr>
<td>Matthew Dix</td>
</tr>
<tr>
<td>619-531-4473</td>
</tr>
<tr>
<td><strong>City Attorney</strong></td>
</tr>
<tr>
<td>Caroline Song</td>
</tr>
<tr>
<td>619-533-5694</td>
</tr>
</tbody>
</table>
# 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

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

<table>
<thead>
<tr>
<th>ELIGIBILITY</th>
<th>EXCLUSIONARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON VIOLENT drug offenses:</td>
<td>- Sales or transportation of sales quantities (Drug Court Team Discretion)</td>
</tr>
<tr>
<td>- HS11350- Possession of a controlled substance</td>
<td>- Diversion Eligible (PC1000)</td>
</tr>
<tr>
<td>- HS11357-Possession of marijuana</td>
<td>- Record of drug sales or transportation of sales quantities (Drug Court Team Discretion)</td>
</tr>
<tr>
<td>- HS11364-Possession of drug paraphernalia (used to smoke or inject a CS)</td>
<td>- Record for violence (Drug Court Team Discretion)</td>
</tr>
<tr>
<td>- HS11365-Being in a place where a CS is being used unlawfully with knowledge</td>
<td>- Record for sex crimes</td>
</tr>
<tr>
<td>- HS11377-Possession of a CS formerly classified as restricted, dangerous drugs</td>
<td>- History of weapons</td>
</tr>
<tr>
<td>- HS11359-Possession of marijuana for sale</td>
<td>- Parolee (Drug Court Team Discretion)</td>
</tr>
<tr>
<td>- HS11386-Forging, altering, uttering a prescription to obtain narcotics</td>
<td>- Strike Prior (Drug Court Team Discretion)</td>
</tr>
<tr>
<td>- Other NON-VIOLENT offenses resulting from drug dependence (i.e. PC 484; PC 487; PC 470; PC 530.5)</td>
<td>- Documented gang member</td>
</tr>
<tr>
<td></td>
<td>- Not capable of participation (e.g. hold)</td>
</tr>
<tr>
<td></td>
<td>- Multiple FTAs (Drug Court Team Discretion)</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>GOALS OF THE PROGRAM</th>
<th>TARGET POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful completion may result in the dismissal of infractions and elimination or reduction of fines and fees, and resolution of some open misdemeanors.</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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.

- 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

- 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 McAllister 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.

<table>
<thead>
<tr>
<th>PROGRAM DESCRIPTION</th>
<th>TARGET POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Parolees, PRCS, or MS Offenders (on a case by case basis)</td>
</tr>
<tr>
<td>- Commit a new 1170(h) felony offense if on parole, PRCS, or MS</td>
<td>- Commit a new state prison eligible offense if on parole</td>
</tr>
<tr>
<td>- Commit a new state prison eligible offense if on parole</td>
<td>- Need substance abuse treatment, tailored case plan and high level of supervision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ELIGIBILITY</th>
<th>EXCLUSIONARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Legal resident of San Diego County</td>
<td>- Current offense or prison commitment may not be for serious or violent felony (PC667.5(c) or PC1192.7(c))</td>
</tr>
<tr>
<td>- Must agree to participate</td>
<td>- Felony holds, detainers, warrants, interstate CDCR case, documented member of CDCR- recognized prison gang, or active CI</td>
</tr>
<tr>
<td>- Current offense is non-violent, non-serious, non-sexual</td>
<td>- PC 451.1 (Arson) or PC 290 registration</td>
</tr>
<tr>
<td>- Current offense is PC1170(h) (punishable in CJ for 16-2-3) or punishable in State Prison (if on parole)</td>
<td>- Admission of PC 186.22 (gang allegation),</td>
</tr>
<tr>
<td>- Must have mental capacity to make discernments and actively participate in program</td>
<td>- Current conviction pursuant to Family Code 6211 (domestic violence) or currently being ordered to complete DVRP as a condition of supervision</td>
</tr>
<tr>
<td>- On Parole, PRCS, or MS at time of current offense</td>
<td></td>
</tr>
</tbody>
</table>

SCREENING

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.

POUNTS OF CONTACT
DA’s Office
Heather Trocha 619-531-4252
Public Defender’s Office
Ann Sommers – 619-338-4719
**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.

<table>
<thead>
<tr>
<th>PROGRAM DESCRIPTION</th>
<th>TARGET POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Military Veterans suffering from duty-related mental illness; primarily those who served post 9/11/01.</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>ELIGIBILITY</th>
<th>EXCLUSIONARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Probation Eligible Crime</td>
<td>- Convictions resulting in prison term.</td>
</tr>
<tr>
<td>- Military Veteran</td>
<td>- Sex offenses.</td>
</tr>
<tr>
<td>- Must have mental health issue related to his/her service AND must be a nexus between mental health issue and charged offense.</td>
<td>- Serious or Violent Offenses not necessarily prohibited, but are considered on a case-by-case basis.</td>
</tr>
<tr>
<td>- Examples of service related mental health issues include Post-Traumatic Stress Disorder, Traumatic Brain Injury, Military Sexual Trauma. Combat trauma is not always required.</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>ELIGIBILITY</th>
<th>EXCLUSIONARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON VIOLENT CHARGES:</td>
<td></td>
</tr>
<tr>
<td>- Verifiable Residence</td>
<td></td>
</tr>
<tr>
<td>- Bail must be set</td>
<td></td>
</tr>
<tr>
<td>- Court must refer</td>
<td></td>
</tr>
<tr>
<td>- Offender must pay portion of GPS cost if able</td>
<td></td>
</tr>
<tr>
<td>- Eligible for OR or Supervised OR</td>
<td></td>
</tr>
<tr>
<td>- Open or pending other charges, detainers or active warrants</td>
<td></td>
</tr>
<tr>
<td>- Current or prior DV incidents (including child abuse) or stalking that resulted in a currently valid protective order</td>
<td></td>
</tr>
<tr>
<td>- Sex offense charges pending, or prior conviction or arrest for sexual assault, lewdness, indecent exposure or child victim crimes</td>
<td></td>
</tr>
<tr>
<td>- Current charges of murder, manslaughter, attempted murder, or gang, weapons or GBI allegations</td>
<td></td>
</tr>
<tr>
<td>- Current serious or violent felony with strike prior</td>
<td></td>
</tr>
</tbody>
</table>

## POINT OF CONTACT
Lieutenant Derick Jones SD Sheriff – 858-614-7655  
Court Officer:  
Deputy Agustine 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

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>SCREENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offenders granted probation with custodial sanction.</td>
<td>Referred to the Sheriff or Probation for screening. Can be screened pending sentencing.</td>
</tr>
</tbody>
</table>

#### ELIGIBILITY
- 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

#### EXCLUSIONARY
- 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)*

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>SCREENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offenders granted probation with custodial sanction without a current job but are capable of future employment.</td>
<td>Referred to the Sheriff or Probation for screening. Can be screened pending sentencing.</td>
</tr>
</tbody>
</table>

#### ELIGIBILITY
- 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

#### EXCLUSIONARY
- 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.

<table>
<thead>
<tr>
<th>ELIGIBILITY</th>
<th>EXCLUSIONARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Non-Violent conviction</td>
<td>- Precluded by Court</td>
</tr>
<tr>
<td>- Verifiable Residence</td>
<td>- Sentenced per 1170(h) to a term of imprisonment in county jail</td>
</tr>
<tr>
<td>- Agree to participate</td>
<td>- Open/pending other charges, detainers or active warrants</td>
</tr>
<tr>
<td>- Able to pay a portion of costs associated with GPS</td>
<td>- Domestic Violence with valid protective order</td>
</tr>
<tr>
<td>- Granted probation with custodial sanction</td>
<td>- Inmates with arrests or convictions for sex offenses to include sexual assault, lewdness, indecent exposure, or child victim crimes are presumptively ineligible.</td>
</tr>
</tbody>
</table>

POINT OF CONTACT
Lieutenant Derick Jones SD Sheriff – 858-614-7655

NOTE: PC 4019 credits after January 1, 2015 are awarded.
# FIRE CAMP
(PCM 4019.2)

<table>
<thead>
<tr>
<th><strong>TARGET POPULATION</strong></th>
<th><strong>SCREENING</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Offenders sentenced to straight term in local prison per PC 1170(h)(5)(A).</td>
<td>Sheriff will conduct screening. Can be prescreened. Sheriff has final decision-making authority.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ELIGIBILITY</strong></th>
<th><strong>EXCLUSIONARY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Sentenced to straight term in local prison per Penal Code section 1170(h)(5)(A)</td>
<td>- Sentenced to a split term per Penal Code section 1170(h)(5)(B)</td>
</tr>
<tr>
<td>- Must have 1 year of actual time left to serve at time of sentencing</td>
<td>- Mental health/behavioral issues</td>
</tr>
<tr>
<td>- Must pass physical conducted by Sheriff’s department</td>
<td>- Violence or pattern of assaultive behavior</td>
</tr>
</tbody>
</table>

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

1. Arrest
2. Grand Jury
   - No Indictment
   - Indictment
3. Case Review by Deputy District Attorney
   - Warrant Request
   - Decline Prosecution
4. Case Issued
   - Arraignment on Complaint
   - Guilty Plea (Misdemeanor)
   - Sentencing
   - Not Guilty Plea
   - Bail Review Hearing
5. Felony Disposition Conference
   - Preliminary Hearing
     - Dismissal
     - Guilty Plea
     - Sentencing
6. Arraignment on Information
   - Not Guilty Plea
   - Motions and Hearing
   - Dismissal of Charges
7. Readiness Conference
   - Trial
     - Guilty
     - Sentencing
   - Not Guilty