Alameda County Public Defender's Office

Recommendation Template March 2024

Inclusion Criteria

- **Accuracy**: Is this recommendation factual and/or an accurate assessment of current practice?
- **Mission-Driven**: Will it reduce the number of people with mental illness in Santa Rita jail?
- **Racial Equity**: Will this recommendation help reduce the racial disparities in incarceration at Santa Rita jail?
- **High Utilizers**: Will this recommendation support people who are repeatedly touching the system, i.e. people who cycle between jail, homelessness, and other informal family supports?
- **Level of Effort**: How complete or effort-ful is the recommendation in its current state? Is there a fully fleshed out recommendation that we need to consider as a group, or is this a brief phrase or string of words?
- **Data-Driven:** Is the recommendation data-driven?
- **Actionable**: is the recommendation "actionable" or "implementation-ready"? Does the recommendation identify the people/agency/CBP/other entity that will do the work and be held accountable for the outcome? Does the recommendation set forth achievable and quantifiable metrics and a time table by which progress can be measured?
- **Avoid Net-widening**: Does this recommendation help "shrink the net" for the number of people who are falling into the CJ system?

2. Collaboration/ Whole Person Care/ Case Management

Recommendation	Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
2B: Interagency Communication and Coordination: In the interest of non-duplication of efforts and prevention of individuals falling through the cracks of services, the Taskforce recommends the following actions to increase collaboration between agencies: ● **Each county agency to assign a delegate** to be the inter-agency communication liaison. If it is not possible to have a dedicated staff person, then establish a communication strategy. **(All Agencies)** ● **Create a central contact point for triage and communicating** to clients and Public Defenders about services so programs don't get overbooked. **(ACPD)** ● **Community MH providers contacted by custody staff upon intake** and during service coordination to plan for possible referral to service providers for collaborative courts or appropriate discharge and service coordination. **(ACSO)** ● ACBH/AFBH, ACSO/Wellpath to implement **coordinated service assessment and connection** to in custody services and referrals for CBO providers.(**ACBH**, ACSO)	**Key Partners**: ● County ● ACBH ● ACSO ● ACPD **Consult with**: ● ●	Streamlining referrals and services for clients – both in/out of custody. Prevent client's being shuffled around and being denied services/collaborative courts due to lack of space, beds, eligibility/disqualifiers. Regular communication between agencies will provide greater efficiency and transparency for services and opportunities for info sharing. PD participation is useful bc can provide feedback about client experience, challenges, successes for process, programs, and services.	Data needed: # of people in each designation (1-4) at time of intake at SRJ, # of people assigned to MH services previously, # connected with services at time of intake, # assigned but not active, # reconnected during incarceration, # referred to collaborative courts, # accepted and # rejected from collaborative courts and why. Budget needed. Time to implement 6 months	# of people (re)connected to service providers, # referred to collaborative courts, # accepted in collaborative courts, # released from custody with services (with or without collaborative courts)	PD will assign delegate liaison and central contact point for triage

• ACBH/AFBH, ACSO/Wellpath to implement **coordinated discharge efforts** and central point of contact for CBO providers.(**ACBH**, ACSO) • Assign personnel to **family liaison roles** within ACBH FSC or Alameda County Sheriff's Office (ACSO) in order that family caregivers are able to provide what can be vital information on the medical and psychiatric history and current needs of the incarcerated person. (**ACBH**, ACSO) • **Service roadmap**: ACBH to develop a roadmap from Santa Rita Jail (SRJ) to the programs and facilities providing treatment and re-entry support. **(ACBH)** • **Evaluate the implementation of all elements of a No Wrong Door policy**, as required by CalAIM, in Alameda County, and determine needed next steps that ensure access to care. **(ACBH)** • Conduct a **comprehensive assessment and redesign of ACBH ACCESS line** that ensures access to services consistent with CalAIM, No Wrong Door policy, and clinical need. **(ACBH)** • **Non-clinical public safety database at county level of high-contact individuals**; LE, DA's Office, Probation/Parole communication too. (**ACSO**)					• PD would like to participate in coordinating discharge efforts with agencies • PD would like to participate in evaluating implementation of No Wrong Door policy • PD would like to provide input • PD reservations bc not clear the purpose of database, manner in which used, private & confidential info contained

2.B • 2.6.C ACBH/AFBH, ACSO/Wellpath to implement coordinated service assessment and connection to in custody services and referrals for CBO providers. • 2.6.D ACBH/AFBH, ACSO/Wellpath to implement coordinated discharge efforts and central point of contact for CBO providers.					Is it possible to at minimum highlight in services/referrals and discharge plan INCLUDE AT MINIMUM 1) 30 day release Rx (regardless of ins status – ie not pick up pharmacy) and 2) housing/shelter placement at the time of discharge Reentry is a critical time and any support around stabilizing Rx/housing in the short term is critical to long term success and continued engagement in services

3. Community Based Support/Outreach/ Education

Recommendation	Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
3A: Peers must be provided with adequate training, support, and compensation to serve in front line, promotional, decision-making, and leadership positions. Training/support should include: • Specialty and diversion programs, resources, and outreach information to improve grassroots coordination including linkages in threshold languages (**all Agencies**); • Court operations, legal language, and making decisions (**Court, PD/DA**); • interventions to facilitate peer support groups, family collaboration, street outreach, and de-escalation services (**ACBH**); • Jail services, in-reach, and advocacy (**ACSO,** ACBH); • access to decision-making meetings and validate (uplift?) peer expertise (**all Agencies**); • Medi-Cal billing and other charting to expand peer tasks/positions (**ACBH**);	**Key Partners**: • County • ACBH • ACSO • DAO • ACPD **Consult with**: • •	Court process and programs can benefit from greater insight and feedback from Peers; provide recognition of lived experience for system and employment opportunities; allow community members greater participation and transparency in court/services/programs rather than imposition of these processes and programs	Would be helpful to have survey work before (about what was missing from experience) and after to assess how better served clients are with peer supports?		• PD will participate in trainings provided to Peers regarding collaborative courts, court operations, legal language, etc. • PD would like to participate in any mtgs related to court operations, collaborative courts, etc • Important for PD that clear guidelines and training so that peer role not veer into inadvertent legal advice/lawyering by Peers to clients'

• Support/subsidies to help peers obtain certifications, credentials, and on the job experience (**all Agencies**); • Fair pay for lived expertise as equitable to professional and educational experience (**County and Agencies**).					detriment
3B: Expansion of peer workforce must include placement in key spaces and uplifting of their expertise in front-line and leadership roles. These positions/locations include: • **School liaison to support families**, provide respite, and mitigate conflicts (**ACBH** and Center for Healthy Schools); • **Family case manager/liaison for John George and Cherry Hill** to respond to early MH episode situations (**ACBH** in partnership with AHS); • **Outreach in high-contact areas** (e.g., hospitals, respite, etc.), community, and community hubs (HCSA**, ACBH**, AHS, ACSO, ACPD); • **Jail in-reach** inside intake, units, and releasing (**ACSO** and AFBH); • **Peer-led interventions in housing programs** and other spaces to address vicarious trauma and practice restorative practices (**ACBH** and OHCC); • **Placement within the court systems** to help families understand processes, navigate, and connect to service (Court and **PD**);	**Key Partners**: • County • AHS • ACSO • ACPD • OHCC **Consult with**: • Superior Court •	**PD can provide peer advocate or liaison if budget is provided** • school liaison to support families, particularly relevant post-COVID • PD can provide outreach at community events, community hubs • PD in favor of advocates to provide client and family support,			

• **Clinical peers to conduct street health** and on first responder teams (HCSA, **ACBH**, LEA); • **Peer inclusion at County and Agency decision-making**, policy, and funding meetings (**all Agencies**).		connecting to services, updates, follow up			
5B Recommendation Expand Pre-Charge Diversion: . . . Key points • Alameda County should increase its use of unsupervised and supervised pretrial release, which is an effective method for reducing the pretrial felon population in jail March 2024 | Page 13 Care First, Jails Last March 28, 2024 Taskforce Meeting systems and as a diversionary off-ramp into medically appropriate treatment and/or restorative justice services. • The number of people eligible should not be determined by limits on the capacity or staffing of Probation for community supervision. • Community supervision should be the least onerous for clients and present fewest barriers to their success. This can be supported with electronic reminders of upcoming court dates and, (for those without reliable housing), accompaniment to the courthouse. • Per RAJ Final Report Recommendation #34: The Superior Court should collect data on the current risk assessment instrument (Public Safety Assessment) and a controlled study of its outcomes should be performed, potentially in					• In keeping with this rec, could specify that purpose is to increase release/connection to services and not used as a basis to incarcerate or exclude from MH pgms or collaborative courts

collaboration with the Probation Department. The Court and Probation should publish data on pretrial release to consider unmet needs in this area and outcomes, including those for recidivism and client health and well-being.					
5C Recommendation 5.C Recommendation: 5.3.A, 5.3.B [126,127] Behavioral Health Court, Collaborative Courts and a proposed Dual-Diagnosis Court: Produce data, and remove barriers and disincentives to court-based diversion. Behavioral Health and collaborative courts present alternatives to incarceration for eligible people with behavioral health needs. Currently the Behavioral Health Court (BHC) is the main diversionary off ramp for incarcerated individuals who have serious mental illness. In addition, there are eight separate "Collaborative" Courts (two drug courts, a Veterans' court, two reentry courts, and three treatment courts in the family dependency department of the court system). These collaborative courts are nimble and have many clients with some combination of mental illness and SUD. However, while these courts have successfully reduced recidivism and improved mental health outcomes for program participants, they do not come close to meeting the need. Many of those eligible do not participate because they are not					• The county needs more service providers

referred to the court by county agencies, or because of perceptions that benefits are outweighed by the requirements for participation (e.g. 1 - 2 year(s) minimum participation versus shorter-term release, weekly court appearances, mandatory medication). Another reason may be an insufficient number of treatment slots or beds; increasing those could increase participation. The County also lacks a Co-Occurring Disorders Court, which could more successfully address the needs of people diagnosed with both mental illness and a substance use disorder, who may not be eligible for the BHC. It is reported that the County currently has a shortage of judges to add such a collaborative court.					(i.e. pgms, particularly residential) that are able to accept clients with dual diagnosis. Creation of collaborative court has limited use if no providers to facilitate services and treatment required for court
5.D Recommendation: 5.3.C [129, 130, 140] The Incompetent to Stand Trial (IST) Diversion Program: The IST Diversion Programs diverts in-custody felony defendants who have been found by the court to be Incompetent to Stand Trial (IST). According to data compiled by the Department of State Hospitals (DHS) 88 felony defendants in Alameda County were found IST in FY 2021-22. These individuals currently languish in jail for six months or longer waiting for a treatment bed at the State Hospital. To help alleviate this problem, DHS has provided significant funding to Alameda County so that these individuals can be diverted into local treatment. However, very few of the in-custody defendants in Alameda County who are eligible for this program have actually been					• Bc Villa and Gladman are not long term housing

diverted. The County needs to learn why this is so and specifically what obstacles exist to getting IST defendants out of jail and into medically appropriate treatment, and. The task force should consider whether additional capacity at our county's sub-acute facilities, namely Villa Fairmont, to would allow the IST Diversion program to successfully treat more of these individuals					options, there needs to be viable longer term housing options for clients with higher needs