

# Agency Plan: District Attorney's Office

## I. Headline list of recommendations sent to District Attorney's Office

2B: Interagency communication and collaboration

3A: Adequate training for peers

3B: Expansion of peer workforce

3H: Use of District Attorney's Daylight system to generate jail release alerts to next of kin

5A: Expand Point-of-Arrest Diversion

5C: Behavioral Health Court, Collaborative Courts and a proposed Dual-Diagnosis Court

5D: The Incompetent to Stand Trial (IST) Diversion Program

## II. Considerations

- Implementation of Recommendations 2B and 3-AB require significant coordination across agencies, however the DAO plan identifies specific investments that could be leveraged to achieve these goals.
- Funds will need to be identified to support cross-system collaboration and coordination to satisfy **Recommendation 2B**.
- The DAO plan identifies that 14 staff with lived experience have been hired, but does not note the job titles or the degree to which staff have been trained in the areas identified in **Recommendation 3A** or whether they are engaged in front-line and/or leadership roles, per **Recommendation 3B**.
- Further study of the CARES Navigation Center should reflect the findings and recommendations of past Prop. 47 program evaluations
- Taskforce recommendations to expand point-of-arrest diversion echo those developed by an independent evaluator (RDA Consulting) in the report *Alameda County Prop. 47 Cohort II Evaluation*
- Implementation success for multiple recommendations, including **Recommendation 5A**, depends on effective collaboration with city law enforcement agencies, especially to determine reasons these departments do and don't refer to the CARES center and to identify whether additional locations would be beneficial.
- The DAO points out that the lack of locked psychiatric sub-acute facilities is a barrier to implementing the IST diversion program.

### III. Omissions

- The responses to **Recommendations 3A and 3B** are combined; the response is not specific to peer training, support, compensation, or peer engagement in key spaces.
- DAO referred response to **Recommendation 3H** to CSO and Probation, thus information on how to coordinate and/or integrate jail release alerts is not provided -- this will need to be defined in next steps to plan and implement this recommendation.
- The response to **Recommendation 5C** does not detail the ways in which DAO staff might collaborate with the courts to enable less onerous court attendance.

## Alameda County District Attorney's Office Recommendation Template March 2024

Recommendations in this plan include the following highlighted thematic groups (in blue):

1. African American Resource Center	2. Collaboration & Case Management	3. Community-Based Support/Outreach/ Education
4. Crisis Services/5150 & Treatment Beds	5. Diversion	6. Funding & Financial Transparency
7. Housing & Residential Facilities	8. Increase Access to Treatment	9. Space & Services for Youth & TAY
10. Staff Training & Professional Development	11. Family Support	

### Section 2: Collaboration, Case Management, and Reentry

**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)**

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
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<p><b>Key Partners:</b></p> <ul style="list-style-type: none"> <li>• ACBH</li> <li>• ACSO</li> <li>• ACPD</li> </ul> <p><b>Consult with:</b></p> <ul style="list-style-type: none"> <li>• <b>DAO</b> Community Service Support Bureau</li> <li>• <b>MDFT</b> Work Group</li> <li>• <b>DAO</b> Mental Health Commission</li> </ul>	<p>Ensures Collaboration, awareness, assistance, and approaches offering Care First Jails Last solutions from various entry points</p>	<p>Funding sources (existing or potential) available to support collaboration</p> <p>Current staffers with the respective agencies who could serve as representatives without seeking additional funding.</p> <p>Communication and coordination of information and services should continue to be ongoing – monthly.</p> <p>Budget TBD</p>	<p>The DAO Community Support Bureau has an Assistant District Attorney leading the Multi-Disciplinary Forensic Team with similar goals.</p> <p>New DAO Administration has established a Mental Health Advisory Commission that aligns with this recommendation.</p>	<p><b>Current Strategy</b></p> <p>MDFT, led by DAO Assistant District Attorney, has been established to communicate and coordinate vital information and services about those with SUD and health and wellness challenges, and/or co-occurring issues who are frequently encountered by law enforcement agencies across Alameda County.</p> <p><b>New Approach</b></p> <p>MDFT sessions could possibly end with a non-clinical report that does not violate HIPAA Law to share with the public that includes age, race, and types of supports needed and provided by the MDFT Work Group</p>
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### 3. Community Based Support/Outreach/ Education

#### **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 and HCSA**);
- 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 and HCSA**);
- 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**).

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<p><b>Key Partners:</b></p> <ul style="list-style-type: none"> <li>● ACPD</li> <li>● Court</li> <li>● Community &amp; Faith-based Organizations</li> <li>● ACHRS</li> </ul> <p><b>Consult with:</b></p> <ul style="list-style-type: none"> <li>● DAO Community Support Bureau</li> <li>● DAO Civil Rights Bureau</li> </ul>	<p>Provides a balanced workforce of those with textbook knowledge alongside others who are uniquely qualified and culturally competent to engage, assess, and assist individuals with evidence-based strategies and meaningful resources.</p>	<p>Alameda Co. Human Resources Job Group Codes lists positions applicable to Peer Support Specialist</p> <p>Candidate pool of Peer Support individuals who are currently on the county's HR eligibility list for available positions (Community Outreach Worker #6700)</p> <p>Data for the number of employees currently working in Peer Support Positions across all participating agencies</p> <p><b>Leverage Funds:</b> \$41,675.00 <b>Additional Funds Needed:</b> TBD</p>	<p><b>Progress</b> The New DAO Administration has hired 14 individuals with lived experience.</p> <p><b>Outcome</b> The employees are having a positive impact on Executive decision making, racial justice, Re Entry services, Behavioral Health Court, Survivor Support Advocacy.</p> <p><b>Racial Equity</b> The individuals hired reflect the unique culture living throughout Alameda County.</p>	<p>DOA believes that recommendation 3A and 3B are inclusive of our progress, new approach and strategy in listed in 3A</p>

**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);
- **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).**

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
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See response to 3A above.

**3H: Use the District Attorney's Daylight system to generate jail release alerts to next of kin or other approved parties, so that they may be able to provide immediate support to individuals upon release.**

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
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CSO and Probation would be best for 3H.

## 5. Diversion

**5A: Expand Point-of-Arrest Diversion:** The Board of Supervisors should commission a report by an independent body on the history and prospects of Alameda County's initiatives for diversion at the point of arrest, particularly the CARES Navigation Center. The report should gather input from the District Attorney's Office, law enforcement agencies, community-based organizations (CBOs), and others, and document and assess all aspects of the Navigation Center to understand, among other things: how well it is meeting its goals; why some police departments don't use the Navigation Center, how client engagement can be improved; whether one Navigation Center for the entire county is sufficient; what are the rates of engagement with services as well as rates of recidivism; the extent to which clients would benefit from restorative justice services from community or county agencies; and whether limiting the program to only "low-level" offenses is sensible.

In addition to this independent report, the CARES Navigation Center should provide regular public reporting, using consistent terms, on the number of people served, their demographics, outcomes (including how many completed diversion programs or were incarcerated), and numbers referred by each law enforcement agency and each law enforcement officer.

Any decision to maintain or expand the CARES Navigation Center must address obstacles to law enforcement participation and non-police means for people to receive services at the Center.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
<p><b>Key Partners:</b></p> <ul style="list-style-type: none"> <li>• ACSO</li> <li>• DAO</li> <li>• ACBH</li> <li>• County Law Enforcement agencies</li> <li>• Community/Faith Based Groups</li> </ul> <p><b>Consult with:</b></p> <ul style="list-style-type: none"> <li>• UNCUFFED</li> <li>• BOSS</li> <li>• La Familia</li> <li>• Assigned DAO staff</li> <li>• RDA</li> </ul>	<p>Individuals deflected from the justice system.</p> <p>Received referrals to supportive external agencies.</p> <p>Citizens did not recidivate</p>	<p>Data from county law enforcement agencies on referrals and declines in CARE services from eligible citizens.</p> <p>Leveraged Funds \$745,000 (Mar-2023 to Mar-2026)</p> <p>Expansion funds needed for 3 years, 3 service sites, 24/7 model: \$9M</p>	<p><b>Progress:</b> Jan. 1, 2023 to May 1, 2024: <b>343</b> individuals referred to diversion.</p> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• 165 citizens were referred to 46 different organizations.</li> <li>• Blacks made up 43% of referrals, Hispanics 16%, Whites 15%, Others 26%</li> </ul>	<ul style="list-style-type: none"> <li>• Request for an independent audit by the BOS would duplicate quarterly, annual, and final evaluations by ACBH, BSCC, and an independent evaluator (RDA)</li> <li>• The independent evaluation report for the reporting period Feb. 1, 2021 to Jan. 15, 2023 addresses many of the recommendations presented by the task force. The report is available to the public and is titled "Alameda County Prop. 47 Cohort II evaluation"</li> </ul> <p><b>New Approach</b></p> <ul style="list-style-type: none"> <li>• Ongoing training efforts to law enforcement agencies to utilize CARES for eligible justice-involved citizens with SUD, mental health challenges.</li> <li>• Planned mobile service dates county-wide.</li> <li>• BOS quarterly report</li> </ul>

## 5C: 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 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.

The Superior Court’s Office of Collaborative Courts works with an independent evaluator to collect demographic and outcomes data. However, the County does not reliably publish data on the outcomes of Behavioral Health or collaborative courts as measured by recidivism, numbers of persons offered and received services, or client health and well-being.

### Key points

- ACBH, which runs the BHC, should **contract with independent evaluators** to analyze: numbers of persons who meet eligibility criteria for diversion,<sup>2</sup> numbers offered and received services, data on recidivism and client health and well-being, and what evidence, if any, supports BHC’s policy of exclusion of persons with serious felonies.
- Both ACBH and the Office of Collaborative Court should **annually publish the results of independent evaluations**, including criteria for participation, outcomes and metrics of success.
- As close as possible to time of booking, clinical staff should **conduct a full assessment of behavioral health and eligibility for pretrial release**, for collaborative courts/BHC referral, and for statutory diversion pursuant to California’s Mental Health Diversion statute, Penal Code section 1001.36. Court and behavioral health personnel also should reach out as early as possible to the families of clients for full information and to support follow-up.
- Collaborative courts and BHC should **require court attendance that is the least onerous** for clients and presents fewest barriers to their success.
- The County should **establish a Co-occurring Disorders Collaborative Court**, possibly by converting an under-utilized collaborative court (reentry court).
- The Mental Health Advisory Board should **analyze the reasons for non-participation of eligible persons in collaborative courts** and BHC and make recommendations that the Board of Supervisors should consider and act upon in a public meeting.

**The BHC and Collaborative Courts should create a family liaison role, who participates in the Court and who, with permission of the client, can explain to families what is going on and receive information from families.**



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<p><b>Key Partners:</b></p> <ul style="list-style-type: none"> <li>● ACBH</li> <li>● ACPD</li> <li>● DAO</li> <li>● OCCS</li> <li>● Parole</li> <li>● AC Probation</li> <li>● Superior Court</li> </ul> <p><b>Consult with:</b> LCA (EIC) Youth Alive! Mentor diversion</p>	Diverts defendants who commit their charged crimes due to mental health or SUD symptoms from the criminal justice system into treatment and other services such as education, employment, and housing.	Collaborative courts are funded through various sources, including AB109, MHSA, and Prop 47. Other significant sources of funding for some courts are the Medi-Cal or SSI benefits of individual participants.	<p>In 2023, 1,257 cases involving 696 defendants were diverted from the traditional criminal justice system into collaborative court programs.</p> <p>484 cases representing 292 defendants were specifically diverted into BHC.</p>	<p><b>New Strategy</b> Establishment of a Co-Occurring Court is being explored. Requires collaboration and sign-off of multiple agencies at a time when the corresponding judge appointments are in transition. DAO is committed to working through the MOU to bring the vision to fruition.</p>

**5D: The Incompetent to Stand Trial (IST) Diversion Program:** The Task Force recommends that mental health resources go towards diverting IST defendants from the criminal-legal system and into clinically appropriate treatment in non-jail settings rather than towards restoring them to competency so they can then be prosecuted, convicted, and (in 24% of the cases statewide) sent to prison. Restoring mentally ill defendants to competency does not promote public safety. According to the Dept. of State Hospitals (DSH), 71% of ISTs who are restored to competency, prosecuted and convicted recidivate within 3 years of release. The comparable rate for non-IST defendants is 41%.

Since the enactment of Penal Code section 1001.36 (the Mental Health Diversion Act) in 2018, most ISTs are eligible to be diverted into treatment rather than restored to competency. And unlike non-ISTs who must agree to treatment before they can be diverted, IST defendants can be diverted and treated over objection (in other words, the statute provides a non-LPS mechanism for treating ISTs who are too ill to realize they are sick). If diversion is successful (ie, if the defendant stays in treatment for the requisite amount of time), the criminal case is dismissed.

**Alameda County has already received significant funding from the DSH to implement a Pilot IST Diversion Program. Unfortunately, of the approximately 80 felony IST defendants per year in Alameda County, only a handful have been diverted under the Pilot program. The Task Force recommends that the County learn why the IST Diversion Program, despite adequate funding from the state, continues to be so under-utilized and what obstacles exist to getting IST defendants out of jail and into treatment. If, as the Task Force suspects, it becomes evident that lack of capacity at the County's acute and sub-acute facilities is the cause of such under-utilization, appropriate investments should be made in these areas so that more IST defendants can be successfully treated in non-jail settings**

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<b>Key Partners:</b> <ul style="list-style-type: none"> <li>● ACBH</li> <li>● ACPD</li> <li>● DAO</li> <li>● John George Psychiatric Hospital</li> <li>● AFBH</li> </ul> <b>Consult with:</b> Superior Court	Diverts those suffering from severe mental illness and commit felony offenses from the criminal punishment model into the hospital-based medical model. Also redirects defendants away from the Dept. of State Hospitals beds which are used to restore defendants to competency.	Funding is through the Dept. of State Hospitals Pilot Program.	Efforts are made to locate eligible defendants at the earliest opportunity. The program participants must have a qualifying diagnosis, be medication compliant and have enough insight to maintain in the program.  Approximately half of the participants are black, 25% are Hispanic and 25% are white.	Alameda County has a severe lack of locked psychiatric sub-acute facilities that can house and service the number of severely mentally ill defendants. Current local facilities cannot accommodate mentally ill patients that are violent and non-responsive to medications.  Current medications can often (but not always) manage symptoms but do not offer long-term "cures" to the illness. While the goal is to transition defendants out of the hospital setting into the community, many IST defendants cannot maintain the requisite consistency needed for medication and therapeutic regimens when out of the hospital setting.