# **Agency Plan: Probation Department**

## I. Headline list of recommendations sent to Probation Department:

2B: Interagency communication and collaboration

3A: Adequate training for peers

3B: Expansion of peer workforce

5B: Expand pre-arraignment diversion

### II. Considerations

#### • Recommendation 5B

- Pretrial release decisions should consider access to housing and other resources to prevent individuals from committing the same offense (including violence toward a loved one during a mental health crisis).
- Implementation barriers include the requirement for Union approval to change caseloads and responsibilities; expanding caseloads without adding staff is contrary to best practices.
- Monetary investment in prevention services is esseintial to success on pre-trial
- Investment in Restorative Practices (e.g., family peer support, neighbor mediation, family relationship building, etc.) is needed to support individuals' success on pre-trial

### III. Omissions

• None found

## **Alameda County Probation Department**

### 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		



### 2. Collaboration/ Whole Person Care/ Case Management

**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)
- 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)



Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
<ul> <li>Key Partners: <ul> <li>County</li> <li>ACSO</li> <li>ACBH</li> </ul> </li> <li>Consult with: <ul> <li>All CFJL Agencies</li> <li>AC Health specifically</li> </ul> </li> <li>[For Referrals bullet point] AC Public Health (Violence Prevention Department) key for prevention services and pre-release services including Restorative Justice, DV, family mediation</li> <li>Peer groups and agencies</li> </ul>	Service gaps, delays in services, and data loss, Redundant County meetings with various configurations of Agencies; direct connection from SRJ to providers County-wide unified approach to support reentry and prevention	No additional budget or timing needed - ACPD Community Reentry & Outreach Division will be delegate/ liaison Data from partner agencies is critical and needed; need to know the other Agencies' delegates	<ul> <li>Contact to ACPD Reentry Liaison</li> <li>ACPD SRJ DPO staff may also have a role to enter referrals</li> <li>Turn around time for response for partner agencies</li> <li>Ability to contact partner agency/liaison</li> <li>Partner agency ability to case conference and collaborate on a plan</li> <li>Reference outcome measures in various existing plans including:</li> <li>Community Corrections Partnership Annual Report</li> <li>AC Public Health Community Health Services Report</li> <li>Prop 47</li> </ul>	Existing: ACPD Community Reentry & Outreach Division will be delegate/ liaison - Also triage point for PDO New Strategy: Document communication strategy, contact tree, and ACPD internal communications process still needed Align SRJ ACPD staff with identified reentry approaches



### 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);
- 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);
- 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).

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: • ACBH • County • ACSO Consult with: • All CFJL Agencies •	Directly support peer workforce Breaking down service silos Increase cross-agency collaboration Address lack/ incorrect information Utilize a holistic approach to	No additional budget or data needed. Time – hiring of ACPD peers (1 year) Also pending HCSA's peer certification program	<ul> <li>ACPD to produce accessible and comprehensive resources and service content</li> <li>Training of ACPD Community Outreach Workers on materials</li> <li>Training of other peers on materials</li> <li>Request CBO's and peers staff to attend County decision meetings</li> </ul>	<ul> <li>Existing:</li> <li>ACPD to continue to include in all future RFPs and contracts the uplifting, living/equitable wage, hiring of those with lived reentry expereince.</li> <li>Promote participation in CAB and CCP/EC and all subcommittee meetings</li> <li>Outreach to peers via CORE</li> <li>ACPD Community Outreach Worker with lived experience (1 staff)</li> <li>ACPD leading in County Reentry Hiring Initiative</li> <li>Community Corrections Partnership and Executive Committee (CCP/EC) and all subcommittees</li> </ul>



community resources CBO hiring, investment, and compensation of peers	F	<ul> <li>Broadcasting public meetings in community hubs and peer spaces – CORE</li> <li>Training opportunities for peers to learn about, receive coaching, and engage in public meetings</li> <li>Broadly support County Reentry Hiring Initiative</li> <li>Create spaces for on the job peer training (e.g., CORE) and transitional employment (e.g., Ambassador programs)</li> <li>Open invitation for AC Health, sub-Agencies, CFJL, and other hiring peers</li> <li>AC Health and sub-Agencies to designate Reentry Hiring Initiative Positions:</li> <li>https://www.acgov.org/employm ent/Re-Entry%20Brochure.pdf</li> <li>https://www.acgov.org/probation /documents/CareerExpoOutcome s.pdf</li> <li>Also include CFJL Agencies and others as appropriate</li> </ul>	<ul> <li>Build into ACPD/New Strategy:</li> <li>Staff hiring 2 additional Community Outreach Workers (COW)</li> <li>Develop ACPD COW training and collaborate with CHW certification as appropriate</li> <li>Future RPF, ability to provide priority points to living/equitable wage providers and reentry hiring in leadership positions</li> <li>Request Contactors to hire, train, and provide fair wages to peer staff</li> <li>CORE offerings</li> <li>Revamp CCP/EC and improve County agency involvement starting with CFJL Agencies and parent/sub-agencies</li> </ul> CORE Vision and needed County BoS and CFJL Agencies investment: peers can collaborate, resource share, meet with clients, receive OTJ training, peer training site across the board, pipeline to employment, etc. <ul> <li>Directly reach the reentry community</li> <li>The more blended funding (i.e., supplemental to AB 109) and provider presence, the more holistic care can be provided and prevention CORE can address</li> </ul>



# **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
Key Partners: • County • ACBH • ACSO • OHCC Consult with: •	Accessibility and connection to clients Modeling success and service navigation Information, access, insight, and influence of County process - Amplifying peer voice,	No additional data, information, or funding needed	<ul> <li># of Ambassadors as CORE Types of peer specialties from County agencies that are coming to CORE for outreach</li> <li>Peer contact with clients</li> <li>Connection to peers based on client's expressed/presenting needs</li> <li># of peers and County meetings</li> <li>Peer contributing ideas/feedback in County decision meetings</li> </ul>	Existing: CORE is open for all County peers CORE is hiring peer Ambassadors on rolling 6mo basis ACPD peer Community Outreach Workers also present at CORE and high contact areas New Strategy: Opportunity to patch County meetings at CORE for community to participate



experience, and expertise	Identify missing peer specialties Outreach process of informing other peers/community about meetings	Opportunity for training and compensation (grant funding) for peers to attend public meetings Utilization of CORE to "patch" County meetings for decision-making, peer, and community participation; comfort in participation as a peer community, strength in numbers, and direct lived experience (including line staff)

#### 5. Diversion

**5B:** Expand Pre-Arraignment Diversion: Support and expand on the initial Reimagining Adult Justice (RAJ) recommendation that addresses post-arrest release for the entire arrested population.<sup>1</sup> Implementation of this recommendation applies to all persons arrested in Alameda County, including those with mental illness or substance use disorders, since it would reduce pretrial incarceration for a broad array of persons whose release does not present any substantial risk to public safety. The Pretrial Services Program features a risk assessment by a Superior Court judge within 24 hours after booking (and before arraignment) to see if the arrested individual should be released from jail, and if so, under what conditions. The Probation Department (ACPD) supervises a portion of those who are released from jail during the pretrial phase.

#### Key points

- Alameda County should increase its use of unsupervised pretrial release and, when appropriate, and supervised pretrial release, which is an effective method for reducing the pretrial felon population in jail systems and as a diversionary off-ramp into medically appropriate treatment and/or restorative justice services.
- Determination of an individual's pre-trial should be identified based on suitability for release with connection to appropriate resources, support, and, when necessary, supervision. If suitability for supervised pre-trial is near/exceeds ACPD's current capacity, ACPD to evaluate cost/ability to expand capacity and adjust to serve the additional population. 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 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.



Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
<ul> <li>Key Partners:</li> <li>Public Defender</li> <li>Superior Court</li> <li>Consult with:</li> <li>Community peer groups</li> <li>ACBH on MH options</li> <li>for pre-trial release</li> <li>AC PHD and violence</li> <li>prevention</li> <li>AC Health and sub</li> <li>agencies</li> </ul>	Extended incarceration time <b>NOTE</b> : people should not be release pretrial just for the sake of release if they are going to be homeless, without resources, and left to recommit the same offense (including violence toward a loved one during a MH crisis)	Funding – staff, EM equipment, etc. Implementation barriers – requires Union approval to change caseload and responsibilities; expanding caseloads without adding staff is contrary to best practices	<ul> <li>Investment in AC PHD, Violence Prevention, Community Coalition/Direct Action, and other prevention methods</li> <li>Success on pre-trial and prevention \$\$ investment are directly related</li> <li>Investment in Restorative Practices (e.g., family peer support, neighbor mediation, family relationship building, etc.)</li> <li>Gender responsive services including women without custody of their children, fathers, etc.</li> <li>Availability and access to residential treatment, transitional housing, and other high-touch supports as an alternative to SRJ</li> <li>Use of Bridge Housing and other increased housing via Prop 1, Prop 47, etc.</li> </ul>	<ul> <li>Existing:</li> <li>Automatic Alerts:</li> <li>Pre-trial clients already get automated alerts and court notifications</li> <li>ACPD does not go with them to court; this impacts staff time, duties, and staffing (\$\$ - net winding staff costs)</li> <li>New Strategy:</li> <li>ACPD to work on expanding pre-trial capacity from 100-140</li> <li>Requires Union negotiations</li> <li>ACPD will monitor if supervised pre-trial need increases and identify a strategy to address increasing needs</li> <li>ACPD will work with Research and Data team on updating existing dashboards to include pre-trial information</li> </ul>

