Agency Plan: Public Defender's Office

I. Recommendations sent to Public Defender's Office

- 2B: Interagency communication and collaboration
- 3A: Adequate training for peers
- 3B: Expansion of peer workforce
- 5B: Pre-Arraignment Diversion
- 5C: Behavioral Health Court, Collaborative Courts and proposed Dual-Diagnosis Court

II. Considerations

- **Recommendation 2B, Bullet #5:** PDO notes that reentry is a critical time and any support around stabilizing medication and housing in the short term is critical to long term success and continued engagement in services, and requests that services/referrals and discharge plans include at minimum:
    1. Thirty-day release of prescriptions regardless of insurance status (ie, provided at discharge, not a prescription available at a pharmacy) and;
    2. Housing/shelter placement confirmed at the time of discharge.
- **Recommendation 3A** would benefit from a "before and after" survey of the services/outcomes that were improved by having peers providing services.
- Clear guidelines and training are essential to successful peer services to ensure that they know when to refer to a subject matter expert rather than trying to give technical advice, such as legal advice, that could ultimately be detrimental to clients.
- The county needs more service providers (i.e. programs, particularly residential) that are able to accept clients with dual diagnosis. Expansion of the Collaborative Court described in **Recommendation 5C** has limited use if there are no providers to facilitate services and treatment as required by the court.
- Regarding Incompetent to Stand Trial (IST) diversion as outlined in **Recommendation 5D**, because Villa Fairmont and Gladman are not long-term housing options, there need to be more and viable longer term housing options for clients with high needs, or gains made at hospital facilities can quickly erode when clients return to the street due to insufficient housing/services.
- The PDO expresses reservations regarding a non-clinical public safety database (final bullet in **Recommendation 2B)** pending greater definition of the purpose, how it will be used, and how private and confidential information will be protected.

III. Omissions

- None found

Alameda County Public Defender'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**	

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
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 EXISTING STRATEGIES PD reaches out informally to agencies on case/project/issue basis and participates in group meetings related to certain courts/county initiatives NEW STRATEGIES Recognized work group organized around MH would be very helpful bc regular contact and encouraging responsiveness ● PD would like to participate in coordinating discharge efforts with agencies – oftentimes PD is the one that knows when will be released esp in short turn around cases ● PD would like to participate in evaluating implementation of No Wrong Door policy ● PD would like to provide input ● PD CONTINUES TO HAVE RESERVATIONS - not clear the purpose, how will be used, private & confidential info ● Re; Coordinated Discharge Efforts: 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

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: • 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 lacking 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 will 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' 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 program**s 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 ● AHS ● ACSO ● ACPD ● OHCC **Consult with**: ● Superior Court ●	PD can provide peer advocate or liaison if budget is provided (see notes section) ● PD can provide outreach at community events, community hubs ● PD in favor of advocates to provide client and family support			EXISTING STRATEGIES PD has consistently requested budget for the hiring of system involved advocates NEW STRATEGIES Continued efforts to hire system involved advocates preparing for community reentry, at the start, not end, of sentence – guidance for educ/emplymt training pgms, health/MH pgms, violation free time in custody to secure early release credit. Advocates would have access and training in other areas including social worker, def mitigation and paralegal support

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 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
				Prior PD objection - Purpose is to increase release/connection to services and not used as a basis to incarcerate or exclude from MH pgms or collaborative courts. Per Jamon email, Ra emailed additional possible language: 1) conditions voluntary and 2) MH services provided by CBO, and 3) inconsistent/lack of voluntary participation in MH treatment/services during pretrial release not be used as a basis for reincarceration or exclusion from diversion programs during pendency of case. Then Ra spoke to Corinne from probation. Discussion about mission of CFJL. Perhaps could pivot this rec to unsupervised release with greater funding/support of service providers that would ameliorate instability/conditions causing arrests/incarceration. PD in agreement with this shift.

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 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.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
PD DA Court ACBH Service providers	Shift focus from prosecution to treating the root cause for the charge – often has more to do with MH than actual or willful malice		Data from courts tracking demographic info (race, gender), charges, housing, diagnosis, existing/ referral to services, etc. to illuminate types of cases/clients are offered and accepted into collaborative courts, successful in collaborative courts. Also tracking custody status to see where inefficiencies in process are regarding release, assessment, etc.	EXISTING STRATEGIES Identify eligible clients and refer, NEW STRATEGIES • Use interagency coalition in 2B to find ways to more efficiently refer/assess/accept clients into div; find ways around bar to collaborative courts/MH services due to out of county MediCal – inter-county agmt with surrounding areas? • Review MOU/policy with ct/DA to increase acceptance and retention in div The county needs more service providers (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 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

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
				• Bc Villa and Gladman are not long term housing options, there needs to be viable longer term housing options for clients with high needs or gains made at hospital facilities quickly erode once rtn to street without adequate housing/services