



County of San Diego AB 109 Realignment Plan Update

NOVEMBER 22, 2021

CCP Working Group

On 9/27/21, the Executive Committee of the CCP voted to update the AB 109 Realignment Plan in 45 days.

A CCP Working Group was established to update the Plan with representatives from each of the Executive Committee member agencies.

- Probation (Chair)
- District Attorney
- Health and Human Services Agency
- Police Representative
- Public Defender
- Sheriff

WORKGROUP
REPRESENTATIVES

Division Chiefs Karna Lau and David Joralemon, Dr. Erinn Herberman, Research Director, Probation Department

Chief Ana De Santiago, District Attorney

Supervising Deputy Public Defenders Neil Besse and Julie Gibson, Public Defender

Cecily Thornton-Stearns, Nadia Privara, Anita Walia and Amy Thompson, Health and Human Services

Commanders Christopher Buchanon and Charles Cinnamo, Sheriff

Captain Rob Ransweiler, El Cajon Police Department

Priority Areas



EQUITY IMPACTS



EXPECTED PERFORMANCE
OUTCOMES



COMMUNITY INPUT

Meeting schedule



Community Feedback

- Reentry needs to start as early as possible
- Avoid duplication of services by facilitating collaboration
- Incorporate trauma responsiveness into the plan
- Metrics and outcomes need to be clearly delineated in the plan and presented
- Importance of soliciting partnerships with those with lived experience
- Importance of shared language and understanding of principles related to social justice

Guiding Principles

1. Data Integration Efforts: Pursue data integration efforts between justice partners and the Health and Human Services Agency (HHSA) to promote diversion and enhance the coordination of care for individuals with justice involvement, to support data-driven decision making and meaningful outcomes.

2. Community and Stakeholder Engagement: Facilitate robust community and stakeholder engagement including individuals with lived experience and other efforts to identify communities who are suffering disproportionately with unmet needs, including behavioral health and those with justice involvement, to ensure service equity across the region.

Guiding Principles

3. Multi-Agency Collaboration: Engage in multi-disciplinary collaboration and leverage community and stakeholder resources to address operational and legislative challenges in a timely and comprehensive manner.

4. Equity: Reduce disparities across the health and justice systems and ensure equitable access to quality prevention, intervention, treatment, and rehabilitation services to unserved and underserved communities, addressing the intentional and unintentional barriers from bias or systemic structures.

Goal 1

Enhance prevention, diversion and alternatives to custody; reserve jail for individuals posing a serious risk to public safety or sentenced for serious crimes.

Goal 2

Enhance re-entry interventions in custody and the community.

Goal 3

Provide evidence-based supervision and intervention services to reduce recidivism through more effective services for realigned clients.

Goals

GOAL 1

Enhance prevention, diversion and alternatives to custody; reserve jail for individuals posing a serious risk to public safety or sentenced for serious crimes

Goal 1 – Proposed Objectives

1. Maximize prevention and diversion opportunities to divert individuals with primary behavioral health conditions, including substance use disorders (SUD), away from justice involvement by connecting them to behavioral health care and housing services.
2. Maximize use of alternative custody options and explore opportunities for growth in areas such as Pretrial Services, the County Parole and Alternative Custody (CPAC) Unit, Home Detention (HD), the Residential Reentry Center (RRC), Collaborative Court referrals, the District Attorney (DA) Community Justice Initiative, the DA Juvenile Diversion Initiative, the Community Transition Center (CTC), the Public Defender Defense Transition Unit (DTU), and the Public Defender Substance Abuse Assessment Unit (SAAC).
3. Capitalize on all housing resources available and work towards addressing and removing barriers to housing.
4. Maximize the use of screening and assessments, treatment, graduated sanctions, alternatives to custody, and community sanctions using multi-disciplinary approaches to address violations for clients on Post-Release Community Supervision (PRCS), Mandatory Supervision (MS), and felony probation. This includes providing alternatives to traditional criminal justice sanctions through evidence-based practices, for targeted offenses where there is not an enhanced public safety risk.
5. Continue to improve felony settlement by identifying appropriate cases for alternatives to custody as early in the process as possible and continuing cross collaboration, education, and training with justice partners by using best practices in sentencing.
6. Strengthen partnerships through co-location of departments and programs when possible, to support an integrated model of supervision and service delivery.

Goal 1 – Proposed Outcomes

1. Track the number and sources of referrals to Collaborative Courts and diversion programs.
2. Monitor the number of post-sentenced individuals who receive enhanced care coordination and services after a violation is established.
3. Advance strategies and programming to connect individuals with primary behavioral health conditions, including SUD, to behavioral health care and connections to housing.
4. Assess AB 109 clients referred to the Strengths-Based Case Management (SBCM) program and Post Release Outpatient program (PROPs) for substance use when receiving a behavioral health assessment and referred for services, when appropriate.
5. Monitor the number of clients diverted to the Community Transition Center in lieu of custody, to include demographic information that will be used to ensure equitable use of community sanctions.
6. Maximize jail capacity by reducing the number of lower risk offenders in jail. This goal will benefit not only the low-risk offender, but the community, and local agencies.

Enhance re-entry interventions in
custody and the community

GOAL 2

Goal 2 – Proposed Objectives

1. Provide direct and support services to the inmate population in San Diego County detention facilities including screening and assessment; services for behavioral health conditions; services for individuals who rapidly cycle in and out of custody; public health interventions including immunizations; housing services for those experiencing or at risk of homelessness; etc.
2. Provide services to individuals as they are transitioning back to the community upon release including discharge planning, intensive case management where appropriate, and coordinated release with community partners. Services include mentoring using community members with lived experiences; addressing behavioral health care and homelessness; medical health screenings and linkages to a medical home; public health services for HIV-positive individuals and other communicable diseases; etc.
3. Provide services to clients in the community after a period of incarceration to avoid recidivism including a widened scope of services for clients on MS; use of the DA Community Action, Resource, Engagement (CARE) Center, DA Tattoo Removal Program, and DA Community Grant Program; Public Defender Defense Transition Unit and Substance Use Assessment Unit; Community Transition Center; increased utilization of resources for education, employment, financial literacy, housing; improved physical and behavioral health coordination through new opportunities provided by CalAIM; etc.

Goal 2 – Proposed Outcomes

1. Advance strategies and programming designed to connect individuals with behavioral health conditions to services while in custody and during their transition into the community.
2. Through collaboration between the Probation Department and the Behavioral Health Services Strengths-Based Case Management program and Post Release Outpatient programs (PROPs), assess and enroll AB 109 clients into housing, treatment, and other services, when appropriate, to support clients in transitioning from custody to community.
3. Measure the percentage of HIV positive participants released from custody with a medical appointment for ongoing care scheduled and a 30-day supply of HIV medications as warranted through the Intensive Case Management program that works with HIV positive individuals during and post incarceration in County detention facilities.
4. Measure the percentage of participants who have a housing option available to them on the day they are released from jail and who experience reduced justice involvement as measured by an increase in the number of days lived out of custody and in the community compared to the prior 12 month through the Community Care Coordination programs that serve individuals who are reentering the community from local jails and are experiencing or at-risk of experiencing homelessness.
5. Track and monitor the number of PRCS and MS clients receiving reentry services.
6. The San Diego County Sheriff's Department Reentry Services Division (RSD) designs programs to influence change in criminal behavior while promoting healthy lifestyles and community safety. The skills acquired through the Sheriff's Department programming, encourage the individuals in custody to translate new behaviors both in custody and into the community. Services provided include case management, reentry planning as well as psycho-social programs, vocational training, employment connection, educational opportunities, and wellness. It is anticipated, this level of collaboration will lend to successful reentry into the community.

Provide evidence-based supervision
and intervention services to reduce
recidivism through more effective
services for realigned clients

GOAL 3

Goal 3 – Proposed Objectives

1. Incorporate evidence-based practices, trauma-informed care, and multi-disciplinary team approaches into supervision and case management of clients placed on PRCs and MS. Utilize principles and practices proven to support engagement and accountability, to include the use of incentives and risk-based supervision. Increase equity and facilitate breaking the cycle of poverty, addiction, disease, and incarceration.
2. The District Attorney's Collaborative Justice Division will continue to staff the Collaborative Courts, MS Court, and Parole and PRCs Revocation Court with specialized Deputy District Attorneys who have expertise on evidence-based practices and alternatives to incarceration.
3. Connect individuals with behavioral health conditions and who have justice involvement to existing services within the system of care to support them in successfully re-entering the community. This includes ensuring people with first episode psychosis are connected to care in healthcare settings and connecting individuals to housing services and supportive services in the community.
4. Identify and address gaps in services for clients with acute mental health and SUD who have co-occurring conditions.
5. Agencies will focus on providing training related to best practices in serving justice-involved clients including trainings focused on equity, inclusion, cultural competency, poverty, substance abuse, trauma-informed care, and harm reduction.

Goal 3 – Proposed Outcomes

1. AB 109 clients in the Post Release Outpatient program (PROPs) with housing objectives included in their client plans shall demonstrate progress toward achieving those housing objectives over the previous 6-month period.
2. Advance strategies and programming that ensure people with first episode psychosis are connected to care in healthcare settings.
3. Advance efforts to integrate health and justice data to support tracking the rates of recidivism for individuals with justice involvement who are connected to behavioral health care, and establish a baseline.
4. Monitor referrals to community-based services including demographic information to track and support equity and inclusion in service delivery.
5. Monitor the recidivism rates for PRCS and MS clients supervised on probation, twelve months post-probation termination, and PRCS early discretionary discharges (successful termination from PRCS supervision within 6-12 months).
6. Track the use of incentives for compliant behavior.



Thank You!