



# COUNTY OF SAN DIEGO

Community Corrections Partnership Plan  
FY 2021/22

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## Introduction

The County of San Diego's (County) Community Corrections Partnership (CCP) Plan describes services and programs that are guided by goals and objectives that define the successful implementation of Public Safety Realignment (AB 109). The CCP Plan aligns with the County's *Live Well San Diego* vision for the region that is Building Better Health, Living Safely, and Thriving.

During the last decade, San Diego County agencies successfully implemented strategies to meet the goals of AB 109. In the fall of 2021, the County updated its CCP Plan to expand on the progress made in the last ten years while addressing current and emerging issues and priorities. In the decade since Public Safety Realignment took effect, the California justice system has continued to evolve dramatically due to a series of legislative and voter-driven changes to laws. Likewise, in San Diego County, Board of Supervisors policy priorities have shifted to reflect current community needs and priorities. The updated CCP Plan provides an overview of Public Safety Realignment and the local planning efforts led by the Executive Committee of the CCP, which governed development of the CCP Plan. Included in the updated CCP Plan is a description of the County's goals and objectives with the associated programs and services that are designed to meet measurable outcomes geared towards client success within an equitable system of care.

### Overview of 2011 Public Safety Realignment Act

California's criminal justice system fundamentally shifted on October 1, 2011 as the result of implementation of the Public Safety Realignment Act. The intention of the law was to address both state budget shortfalls and overcrowded conditions of the California prison system. The law fundamentally altered the criminal justice system by changing the definition of a felony; shifting housing for low level offenders from prison to local county jail; and transferring the supervision of designated parolees from the California Department of Corrections and Rehabilitation (CDCR) to local county agencies. AB 109 and the companion bills addressed four areas of the criminal justice system including felony sentencing, supervision of felons post-release, alternatives to custody, and parole revocations.

The shifting of supervision and housing from CDCR to San Diego County required a comprehensive plan to effectively implement these modifications to the criminal justice system without compromising public safety. The State encouraged realignment plans to maximize the investment of criminal justice resources in evidence-based correctional sanctions and programs.

### Local Planning

Public Safety Realignment expanded the role and purpose of the CCP, which was previously established in Penal Code §1230 (Senate Bill 678). Pursuant to AB 117, an Executive Committee of the CCP, with membership defined in statute, is required to prepare a CCP Plan that enables the County to meet the goals of Public Safety Realignment. The CCP provides a structure for county agencies to collaborate on criminal justice policies and improvements and to determine service needs and priorities collectively for clients reentering the community from jail and prison.

### Members of the Community Corrections Partnership

The Executive Committee of the CCP is composed of the Chief Probation Officer (the Chair of the CCP), the Presiding Judge of the Superior Court, the District Attorney, the Public Defender, the Sheriff, a Police Chief, and the Health and Human Services Agency Director (Table 1).

Table 1. Executive Committee of the CCP

<b>Agency</b>	<b>Representative</b>
<b>Probation (Chair)</b>	<b>Cesar Escuro</b> , Interim Chief Probation Officer
<b>Presiding Judge of the Superior Court or designee</b>	<b>Honorable Lorna Alksne</b> , Presiding Judge of the Superior Court
<b>District Attorney</b>	<b>Summer Stephan</b> , District Attorney, San Diego County District Attorney
<b>Public Defender</b>	<b>Randy Mize</b> , Public Defender, San Diego County Public Defender
<b>Sheriff</b>	<b>William D. Gore</b> , Sheriff, San Diego County Sheriff's Department
<b>Chief of Police</b>	<b>Mike Moulton</b> , Chief of Police, El Cajon Police Department
<b>Director, Health and Human Services</b>	<b>Nick Macchione</b> , Agency Director, County of San Diego Health and Human Services Agency

CCP at large members include representatives from the County Chief Administrative Office, the San Diego Workforce Partnership, the County Office of Education, a representative from a community-based organization, and an individual who represents the interests of victims (Table 2).

Table 2. CCP at Large Members

<b>Agency</b>	<b>Representative</b>
<b>County Supervisor or Chief Administrative Officer or a designee of the Board of Supervisors</b>	<b>Dorothy Thrush</b> , Chief Operations Officer, Public Safety Group, Chief Administrative Office
<b>Head of the County Department of Employment</b>	<b>Andy Hall</b> , Chief Impact Officer, San Diego Workforce Partnership
<b>Head of the County Office of Education</b>	<b>Dr. Paul Gothold</b> , San Diego County Superintendent of Schools
<b>A representative from a community-based organization with experience in successfully providing rehabilitative services to persons who have been convicted of a criminal offense</b>	<b>Charlene Autolino</b> , Chair, Reentry Roundtable
<b>An individual who represents the interests of victims</b>	<b>Linda Pena</b> , Director of Victim Services, San Diego County District Attorney's Office

On September 27, 2021, the Executive Committee of the CCP voted to update the CCP Plan and recommended that a Working Group be established with representatives from each of the Executive Committee member agencies to update the CCP Plan and report back to the Executive Committee within 45 days. It was recommended that the updated CCP Plan address equity impacts and the expected performance outcomes and gather community input. The CCP Working Group met on six occasions to develop the CCP Plan through a series of public meetings, with valuable information provided by stakeholders such as members of the public including individuals with prior justice involvement. Members of the CCP Working Group are listed in Table 3.

Table 3. CCP Working Group Members

Agency	Representative
Probation	<p><b>Dr. Erinn Herberman</b>, Research Director, Adult Reintegration and Community Supervision Services, San Diego County Probation Department</p> <p><b>David Joralemon</b>, Division Chief, Post Release &amp; Mandatory Supervision Division, Adult Reintegration and Community Supervision Services, San Diego County Probation Department</p> <p><b>Karna Lau</b>, Division Chief, Collaborative Reentry Services, Adult Reintegration and Community Supervision Services, San Diego County Probation Department</p>
District Attorney (DA)	<p><b>Ana A. De Santiago Ayon</b>, Division Chief Collaborative Justice Division, San Diego County District Attorney’s Office</p>
Public Defender	<p><b>Neil Besse</b>, Supervising Attorney, Defense Transition Unit, Office of the Primary Public Defender</p> <p><b>Julie Gibson</b>, Supervising Attorney, Collaborative Courts Division, Office of the Primary Public Defender</p>
Sheriff	<p><b>Christopher Buchanan</b>, Commander, Detention Services Bureau, San Diego County Sheriff’s Department</p> <p><b>Chuck Cinnamo</b>, Commander, Law Enforcement Services Bureau, San Diego County Sheriff’s Department</p>
Chief of Police	<p><b>Rob Ransweiler</b>, Captain, Support Bureau, El Cajon Police Department</p>
Health and Human Services Agency	<p><b>Nadia Privara Brahms</b>, Acting – Assistant Director, Chief Strategy &amp; Finance Officer, Behavioral Health Services, County of San Diego Health &amp; Human Services Agency</p> <p><b>Amy Thompson</b>, Executive Finance Director, County of San Diego Health and Human Services Agency</p> <p><b>Cecily Thornton-Stearns</b>, Assistant Director and Chief Program Officer, Behavioral Health Services County of San Diego, Health and Human Services Agency</p> <p><b>Anita Walia</b>, Chief of Staff, Agency Executive Office, County of San Diego Health and Human Services Agency</p>

## Guiding Principles

The CCP Working Group identified the following overarching principles for the CCP Plan:

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.
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.

## Goals, Objectives, and Outcomes

The CCP Working Group identified goals, objectives, and outcomes that form the basis for the FY 2021/22 CCP Plan. Goals represent collaborative priorities for San Diego County established by the Working Group. Objectives are in some cases collaborative and shared by multiple agencies, while others apply to an individual department. Outcomes are the measures and indicators that will be developed and reported on to assess the status of how, and to what extent, the collaborative partners and individual departments are meeting the goals and objectives.

**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.**

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### Goal 1 Objectives

1. Maximize prevention and diversion opportunities to divert individuals with primary behavioral health conditions, including substance use disorders, 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 Unit, Home Detention, the Residential Reentry Center, Collaborative Court referrals, the District Attorney (DA) Community Justice Initiative, the DA Juvenile Diversion Initiative, the Community Transition Center, the Public Defender Defense Transition Unit, and the Public Defender Substance Abuse Assessment Unit.
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, Mandatory Supervision, 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 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 substance use disorders, to behavioral health care and connections to housing.
4. Assess AB 109 clients referred to the Strengths-Based Case Management program and Post Release Outpatient program 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.

#### **Goal 2: Enhance reentry interventions in custody and the community.**

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#### Goal 2 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 California Advancing and Innovating Medi-Cal initiative; etc.

### Goal 2 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, 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 Post Release Community Supervision and Mandatory Supervision clients receiving reentry services.
6. The San Diego County Sheriff's Department Reentry Services Division 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.



**Goal 3: Provide evidence-based supervision and intervention services to reduce recidivism through more effective services for realigned clients.**

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Goal 3 Objectives

1. Incorporate evidence-based practices, trauma-informed care, and multi-disciplinary team approaches into supervision and case management of clients placed on Post Release Community Supervision (PRCS) and Mandatory Supervision (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 substance use disorders 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 Outcomes

1. AB 109 clients in the Post Release Outpatient program 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 Post Release Community Supervision (PRCS) and Mandatory Supervision clients during supervision and twelve months after termination from supervision. For PRCS clients, monitor the successful termination from supervision within 6-12 months.
6. Track the use of incentives for compliant behavior.

## Programs and Services

This section highlights the programs and services that are important to meet the CCP Plan goals and support successful client outcomes.

### San Diego County Sheriff's Department

The San Diego County Sheriff's Department is committed to the mission of working in partnership with our communities, to provide the highest quality public safety services. Since the inception of California's Criminal Justice Realignment (AB 109) on October 1, 2011, the San Diego County Sheriff's Department has been faced with several new challenges. Primarily, due to new sentencing mechanisms in the California penal code for individuals incarcerated in the county jail for the commission of non-serious, non-violent, and non-sexual felony crimes.

As a result of AB 109, individuals may serve felony sentences in the county jail because of the creation of Penal Code 1170(h).

These types of sentences fall into two categories; Individuals sentenced pursuant to 1170(h)(5)(a) serve the entirety of their felony sentence in the county jail. Through October 2021, the Sheriff's Department has processed and released 11,909 bookings which fall into this category, with an overall average length of stay of 240 days spent in custody per booking.

Individuals sentenced pursuant to 1170(h)(5)(b) are eligible to "split" their sentences between custody in the county jail and in the community, under the supervision of the San Diego County Probation Department. Through October 2021, the Sheriff's Department has processed and released 4,906 bookings which fall into this category, with an overall average length of stay of 217 days spent in custody per booking.

As of November 2021, the longest stay in custody of an individual sentenced pursuant to 1170(h) PC is 2,906 days, or approximately 8 years.

Additionally, the Sheriff's department became responsible for housing individual who have violated the terms of Post Release Community Supervision (PRCS) terms in the community, as well as parole violators in the county jail.

Individuals entering the Sheriff's custody as a PRCS violator may be subject to a "flash" incarceration of up to 10 days, per California Penal Code 3453(q) or for a more serious violation resulting in a revocation of the individual's PRCS status, for which the individual may serve up to 180 days in the county jail for each custodial sanction per Penal Code 3455(a).

Through October 2021, the Sheriff's Department has processed and subsequently released 38,147 bookings in either of these categories, with an overall average length of stay of 36 days spent in custody per booking.

Individuals booked into the Sheriff's custody pursuant to California Penal Code 3056 for violating the terms of their parole may be housed in the county jail for a maximum of up to 180 days per revocation. Through October 2021, the Sheriff has processed and subsequently released 27,981 bookings in this category with an overall average of 28 days spent in custody per booking.

## Alternatives to Custody

### *Pretrial Services*

The Sheriff's Pretrial Services (PTS) unit works to safely reduce the number of people detained before trial by gathering information about new arrestees, conducting pretrial assessments, preparing individually tailored recommendations to the court regarding release options and conditions, and providing pretrial services and supervision to individuals on pretrial release. For FY 2020/21, 541 individuals were granted Supervised Own Recognizance (SOR) release. FY 2021/22, SOR releases are projected to exceed the FY 2020/21 total by mid-year.

### *County Parole and Alternative Custody*

County Parole and Alternative Custody (CPAC) unit uses evidence-based practices and proactive supervision methods to provide participants the opportunity to complete their custody sentence in a non-jail setting, maintain or attain employment, continue individual treatment and/or programming needs. CPAC supervises participants on Home Detention (HD), at the Residential Reentry Center (RRC), Pretrial, and Court referrals.

## Reentry Services

### *Reentry Services Division*

The San Diego County Sheriff's Department Reentry Services Division (RSD) provides direct and support services to the inmate population in San Diego County detention facilities. RSD counselors meet with individuals and perform an assessment to address needs. Prescribed programming is done based on needs identified through individual and group reentry interventions in the following four tracks offered while in custody.

### ***Vocational Programs***

*Vocational programs offer valuable skills and may receive certifications, preparing the participants for employment opportunities in the community, in partnership with Grossmont Adult Education instructing curriculums in a learning environment and hands on training. Vocational opportunities include Culinary Arts, Bakery, Commercial Laundry, Healthcare Service Assistant Training, Industrial Sewing, Landscape Maintenance, Construction Trades, Bicycle Shop and CIVICS Landscape. San Diego Workforce Partnership offers job readiness training, resume building and linkage to employment through the Job Centers in the reentry facilities.*

### **Educational Programs**

*Educational courses incorporate classroom-based learning along with independent studies in order to cultivate skills that will contribute to a successful reentry into the community. Educational courses include High School Equivalency and Computer Literacy through Grossmont Adult Education. College-level courses are provided by Southwestern Community College, Grossmont-Cuyamaca Community College, and Palomar Community College. In addition, a science workshop facilitated by students from University of California San Diego.*

### **Wellness Programs**

*Wellness services provide individuals in custody the opportunity to work on building and maintaining healthy lifestyles through wellness education. In partnership with various community-based organizations and volunteers, the population can participate in yoga classes, meditation classes, and workshops addressing health topics. Medi-Cal enrollments are also available to support any medical needs upon release with activating their health insurance.*

### **Psycho-Social Programs**

*The foundation of the Psycho-Social classes offered is Cognitive Behavioral Therapy (CBT) curriculum such as Thinking for a Change, a 12-week course addressing self-cognitive change, social skills, and problem solving. Gender Responsive and Trauma Informed curriculum: Beyond Anger and Violence focuses on anger along with the traumas experienced while addressing cognitive behavioral restructuring and grounding skills for trauma triggers. Other supplemental classes are assigned based on individual need also in partnership with contracted providers offering direct services with other evidence-based programs facilitated in a group setting.*

These interventions provide additional education, skills, linkage to services in the community and assist in creating a reentry plan to support future success and reduce the likelihood of returning to custody. In FY 2020/21, one or more reentry interventions were provided to 5,165 individuals.

#### *Sheriff's - Supporting Individual Transitions (S-SIT)*

The S-SIT program serves individuals who over the last three years, have averaged 10 or more bookings per year. On average, these 100 individuals are in custody 15 days per booking and remain in the community approximately 24 days before they return to custody. As a result of their rapid cycling through the system, they are rarely connected to a provider in or out of custody. Taking a long-term look at the needs of these individuals is the focus of the S-SIT team. Reentry Services Division (RSD) counselors will meet with S-SIT clients regularly to build rapport, assess the individual's interest in services, and provide support towards appropriate community referrals. RSD counselors will be notified each time the client returns to custody to continue to build rapport and attempt to link client to community resources. S-SIT team staff are working closely with community providers to assist them in contacting their clients while they are in custody. Our latest report shows that 811 total annual contacts were made with S-SIT participants.

### *Coordinated Program Release*

The Sheriff's Department provides our community partners with additional assistance through the Coordinated Program Release process. Providers who pick-up individuals from the jails can submit a Coordinated Program Release Form prior to the person's release date. The process ensures individuals being released are prepared with medication, transportation, program linkage, and transitional information. The Sheriff's Department conducted 2,361 coordinated releases for FY 2020/21.

### *San Diego County Probation Department*

Under the direction of the Board of Supervisors and leadership of Interim Chief Probation Officer Cesar Escuro, the San Diego County Probation Department envisions an Adult Reintegration and Community Supervision Services (ARCSS) Bureau that provides a fair and equitable model of support for all adult Probation clients, values the client's individual needs, and provides access to meaningful and relevant opportunities for success. In 2021, the ARCSS Bureau developed an Action Plan that lays out a roadmap for how the Probation Department continues to transform its adult service model to enhance and strengthen community supervision.

### *Realigned Populations Supervised by Probation*

Assembly Bills 109 and 117 created two new classifications under the Probation Department's supervision: Post Release Community Supervision (PRCS) and Mandatory Supervision (MS) clients. Adults on PRCS have felony convictions and are released from prison with committing offenses that are non-violent, non-serious, or non-sex related. Prior to AB 109, these individuals were supervised by State Parole upon release from prison. MS clients have felony convictions and sentenced after AB 109 pursuant to PC 1170(h) for non-violent, non-serious, and non-sex related offenses. Clients on MS who receive a "split" sentence are required to spend a portion of their sentence in jail and another portion under probation supervision.

The Post Release and Mandatory Supervision Division of the ARCSS Bureau at the San Diego County Probation Department oversees the supervision of clients on PRCS and MS. Each supervision level consists of distinct operating procedures, legal authority, and procedural guidelines. Since the beginning of AB 109, the Probation Department has served 16,197 individuals with either MS and/or PRCS grant(s).

### *Community Supervision Model*

The San Diego County Probation Department utilizes evidence-based practices in the supervision and case management of its clients. The process begins by assessing client's risk and criminogenic needs using the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment tool. The COMPAS is a validated risk assessment designed to measure the critical risk and needs of adult clients in the correctional system to provide objective, structured decision-making regarding the level of supervision and interventions that could reduce their risk to reoffend.

Based on the results of the COMPAS assessment, the Probation Department applies an evidence-based and therapeutic approach by developing individualized case plans to target the client's highest needs and increase the likelihood of success. Officers utilize the Community Resource Directory, which is a web-based resource developed by the Probation Department that provides a catalogue of countywide services to which clients can be referred. It supports the delivery of case management services by probation officers who assess client needs and develop individualized case plans with referrals to services in the

community to address behavioral health, substance abuse, and other issues. From FY 2015/16 to FY 2020/21, 2,730 (94%) of client on MS and 6,375 (95%) of clients on PRCS were referred to services.

One evidence-based program to which MS and PRCS clients can be referred is Cognitive Behavioral Therapy (CBT). Therapists address factors such as criminal thought processes, cognitive and behavioral control of anger, interpersonal skill deficits, and exposure to trauma. CBT services include healthy communication skills, problem solving skills, anger management, family classes, and relapse prevention.

During community supervision, probation officers positively reinforce progress and sanction negative behavior with the goal of reinforcing long-term positive behavior change. Probation officers apply Integrated Behavioral Intervention Strategies in their interactions with their clients. Equipped with motivational interviewing and cognitive behavioral skills, probation officers engage their clients to encourage lasting behavior change and to promote positive outcomes. These evidence-based supervision and intervention services are provided with a focus on reentry.

#### *My Reentry Roadmap Resource Guide*

The Probation Department recently developed a resource guide called My Reentry Roadmap that provides clients and community members with links and guidance for the successful transition back into the San Diego community: [MyReentryRoadmap.pdf \(sandiegocounty.gov\)](#). The resource guide helps clients to identify what they need to transition back into the community given the available resources throughout San Diego County. It provides information about how to be successful on community supervision; how to access identification/documents; transportation services; housing and homeless services; substance use disorder resources; medical services; social security/disability; Veteran's services; resources for families; employment/education information; financial literacy; and criminal record relief.

#### *Post Release Community Supervision (PCRS)*

Since the beginning of Realignment through September 2021, there have been 15,050 grants of PRCS. PRCS clients on supervision from CY 2013 to 2020 were predominately male (91%). On average each year, PRCS clients were identified as 34% Hispanic, 34% White, 26% Black, 3% Asian, and 3% other.

#### *Community Transition Center*

To facilitate the successful reentry of PRCS clients, the County of San Diego developed the Community Transition Center (CTC), which became operational in January of 2013. The CTC was created through a collaborative partnership between Probation and justice partners, including the San Diego County District Attorney's Office, the San Diego County Sheriff's Department, the San Diego County Public Defender's office as well as San Diego County Health and Human Services Agency. The CTC is co-located at the Health Care Services Inc. Lighthouse Residential Treatment Program, which provides a culture of recovery and resiliency that instills hope in clients returning to the community.

A key component of the program is that every PRCS client is picked up at state prison upon release and transported directly to the CTC by staff members who have lived experience with the justice and substance abuse treatment systems.

The CTC is designed to reduce barriers to reentry by ensuring a seamless transition from prison to the community. In addition to clients released from state prison, the CTC serves some clients on MS who are brought to the center from local prison to await placement into community-based programming.

Additionally, clients currently on supervision can be diverted to the CTC when in need of substance use detoxification, pending placement in a higher level of community care, or in lieu of incarceration.

The CTC is the site of a Multi-Disciplinary Team comprised of probation officers, Optum Behavioral Health Services Team (BHST) licensed mental health clinicians, Lighthouse treatment staff, a United Healthcare nurse case manager, and Medi-Cal Assistance Support specialists from HHSA. The CTC is open 7 days a week, 365 days a year with Probation and BHST staff onsite from 9-6pm daily.

Upon arrival at the CTC, clients are drug tested and assessed for criminogenic needs using the Reentry COMPAS and screened by the BHST for behavioral health needs. Clients can meet with a nurse case manager as well as with Medi-Cal Assistance Support staff, as needed.

Through the assessment and screening process, the clients' criminogenic, behavioral health, and physical health needs are identified. Clients are then linked to appropriate community-based treatment and intervention programs to address their needs. Services range from strength-based mental health case management, full-service partnership/Assertive Community Treatment programs, outpatient substance use disorder (SUD) programs, residential SUD programs, withdrawal management programs, co-occurring programs, Cognitive Behavioral Therapy (CBT), and education/employment services. Clients also have immediate access to on-site short-term housing pending placement in long-term programs.

With the implementation of the CTC, probation officers can immediately assess and engage the clients and connect them with services needed to successfully reintegrate into society. While at the CTC, a preliminary case plan is developed, and clients are referred to treatment and intervention services. Upon leaving the CTC and reporting to the assigned supervision probation officer, clients may be referred to additional services based on their specialized case plans.

From January 2013 to September 2021, 16,469 clients were screened and assessed at the CTC. There were 17,226 referrals to services. This included 5,805 referrals to residential treatment for SUD, 3,569 referrals to outpatient treatment for SUD, and 3,052 referrals to CBT, among other referrals.

As one client reflected on the CTC, "It gave me the opportunity to get my life together and to put a plan together for successful reentry into society." An overview of the CTC is provided in this video, Community Transition Center Offers a Helping Hand: <https://www.youtube.com/watch?v=F0TIYlgPRSU&feature=youtu.be>

Another innovative use of the CTC is that it allows clients who violate their community supervision terms and who need treatment to be referred to and housed at the CTC while awaiting availability of a residential treatment program. This temporary housing helps to save limited jail bed space and keeps the clients in a therapeutic environment until they can enter a program. From 2013 to 2021, 1,442 clients were referred to the CTC in lieu of custody, saving an estimated 10,094 jail days.



*Clients at the Community Transition Center*

The Probation Department monitors recidivism for PRCS clients based on the criteria defined by the Chief Probation Officers of California that measures new convictions during supervision. From FY 2013/14 to FY 2020/21, 38% of PRCS clients recidivated during supervision.

#### *Mandatory Supervision (MS)*

Since the beginning of Realignment through September 2021, there have been 5,413 grants of MS. From CY 2013 to 2020, clients on MS were predominantly male (76%). On average each year, MS clients were identified as 35% Hispanic, 42% White, 16% African American, 4% Asian, and 3% other.

#### *Reentry Services*

Mandatory Supervision clients receive comprehensive reentry planning that starts when they are in custody and ensures their successful transition to the community. In-custody services involve the collaborative efforts of a correctional counselor, on-site probation officer, and alcohol and drug program specialist. Clients' criminogenic risks and needs are assessed as well as their drug and alcohol histories. Multi-disciplinary team meetings occur with clients to create in-custody case plans that outline the services the clients receive in custody.

Once sentenced, clients participate in prescribed programming while in custody including Cognitive Behavioral Therapy, vocational programming, anger management, life skills, and treatment for substance use disorders. With correctional counselors and on-site probation officers, MS clients work to complete the goals identified in their case plans. Prior to release, Probation prepares a MS pre-release plan which includes a case plan based on the clients' risks and needs identified through the COMPAS assessment and serves as a guide to link the clients to services during community supervision. Clients are also screened and assessed for behavioral health needs including the American Society of Addictive Medicine criteria, by a designated Behavioral Health Services Team licensed clinician.

When the MS clients are released to supervision, they participate in an intensive and structured supervision process through MS Court. The probation officer continues to update the case plan, monitor compliance and place the client in appropriate programs based on the client's assessed risk and needs, and provides the client with assistance obtaining and/or maintaining housing and employment.



## Mandatory Supervision Court

MS clients are provided an intensive supervision model called The Blueprint for Success that is designed to increase their chances of successful reintegration into the community. The Blueprint for Success is an ongoing collaborative effort that outlines how reentry is facilitated for MS clients. Once sentenced, the client participates in prescribed programming based on the assessments. While in custody, the client meets with correctional counselors and on-site probation officers and works to complete the individualized goals as identified in the case plan.

Approximately 45 days prior to release, clients complete a “Community Reentry Plan” and Probation prepares an MS Pre-Release Plan, which includes a COMPAS assessment, behavioral health screening completed by a Behavioral Health Services Team clinician when indicated, and a case plan based on the client’s identified risk and needs. Thirty days prior to release, the client attends a pre-release court hearing. At that time, the client’s progress in custody is reviewed and the plan for transition to the community is discussed with the Court and the multi-disciplinary team, which includes a deputy district attorney, a deputy public defender, a correctional counselor, and a probation officer. The client is then brought into court and is informed of the conditions and requirements of MS. The plan is then reviewed again prior to the client being released from custody.

When a MS client is released to supervision, clients are placed on Global Positioning System (GPS) monitoring for a minimum of two weeks. Regular status hearings are calendared in MS Court for continued monitoring of the client’s progress. MS Court is held twice weekly. In addition to these regular status hearings, the probation officer continues working with the client on the case plan, monitoring compliance, and placing the client in appropriate programs based on the client’s assessed risk and needs. To address criminogenic risks and needs, clients are referred to community-based services using the Community Resource Directory.

Clients are also helped with obtaining and/or maintaining housing and employment. MS clients are incentivized by adjusting supervision levels in response to client compliance with case plan goals such as eliminating drug use, maintaining residential stability, and achieving employment/educational accomplishments. All warrants are brought before the judge and all revocations and modifications to the conditions of supervision are heard in MS Court. From FY 2013/14 to FY 2020/21, 13% of MS clients recidivated with new convictions for felony or misdemeanor offenses during supervision.

## Health and Human Services Agency

### Integrated Services

The Health and Human Services Agency (HHSA) provides a broad range of health and social services to promote wellness, self-sufficiency, and a better quality of life for individuals and families in San Diego County. HHSA offers a continuum of quality services, including to individuals with justice involvement. HHSA’s integrated continuum of services are accessible through County-operated and community-based programs to support individuals in achieving and sustaining wellness, along with improving outcomes for education, family reunification, housing stability, and social connectedness. Connection to services also reduces unnecessary interactions with law enforcement.

Virtually all departments in HHSA are involved to some extent in working with the County’s Public Safety Group (PSG) partners to connect individuals to the appropriate resources at all stages of justice

involvement. In some instances, this means co-locating services when possible. For example, HHSA Medi-Cal enrollment assistance is available at every San Diego County Probation Department that serves adults, and the Probation Department is co-located with the HHSA East County Family Resource Center.

### Health & Housing

HHSA's Public Health Services (PHS) Department continues to work closely with PSG partners, providing recommendations around robust screenings, testing, vaccinations, education, and other needed public health interventions for County jails, as well as working to ensure continuity of care and treatment for HIV-positive inmates, tuberculosis cases, and other communicable disease during incarceration and upon release for effective case management. Additionally, PHS will work with PSG as needed to ensure health screenings are provided at intake and upon release, including linkage to a medical home, which is critical for continuity of care.

Access to Medi-Cal covered physical and behavioral health services is a critical piece in delivering continuity of care for the justice involved population. HHSA's Medical Cares Services Division will be exploring new opportunities afforded by the State's CalAIM (California Advancing and Innovating Medi-Cal) initiative to further enhance these efforts to improve physical and behavioral healthcare for the justice-involved population, also to include access to community support services for those released from custody.

In talking about health, housing is a critical component. HHSA recently established a new department, Homeless Solutions and Equitable Communities (HSEC), that includes the Office of Homeless Solutions (OHS). OHS is focused on building coordinated robust services, community outreach, and County cross-threading to assist people experiencing homelessness, as well as engaging in upstream, equitable prevention efforts. OHS is leading several collaborative programs with PSG partners, including the Public Defender and Sheriff, to engage individuals while they are in custody to begin making connections to services and developing a housing plan prior to release. The goal is to provide participants immediate housing options, connections to services on the day of their release, intensive case management and housing assistance for up to twelve months in the community to ensure connections to services and placement into permanent housing. OHS currently oversees the Community Care Coordination (C3) program, which serves individuals who have a serious mental illness, the Community Care Coordination for Veterans program (C3V), which serves veterans, and Community Care Coordination Straight to Home program (C3 STH), which will be implemented in January 2022 and will serve individuals with high needs (such as behavioral and/or physical health needs). All three C3 programs serve individuals who are reentering the community from local jails and are experiencing or at-risk of experiencing homelessness.

### Behavioral Health Services

HHSA's Behavioral Health Services (BHS) department remains a central and key partner in serving the justice involved population. BHS offers an array of mental health and substance use disorder prevention, treatment and recovery services, including permanent supportive housing, through County-operated and community-based providers to connect children, youth, adults, older adults and families who have behavioral health conditions, including individuals with justice involvement, to ongoing care. BHS collaborates with the Courts, the Sheriff's Department, Probation, and other law enforcement agencies to divert and connect individuals with law enforcement involvement or at-risk of justice involvement diversionary with treatment in lieu of incarceration, when possible, as they are entering or exiting

detention, jails, or courts. In FY 2020/21, BHS served approximately 95,000 individuals across the system, 40% of which had justice-system involvement within the preceding two years.

In Fiscal Year 2018/19, BHS opted into the Drug Medi-Cal Organized Delivery System (DMC-ODS), to enhance and expand services for individuals with substance use disorders, including individuals with justice-involvement. DMC-ODS expanded services, including services target to individuals with justice-involvement, and increased service standards, oversight, and improved care coordination.

BHS continues to transform the **behavioral health continuum of care** from a system that is driven by crisis to a system of chronic and continuous care management in support of achieving the **Triple Aim – Improving patient care and experience, improving the health of populations, and lower cost per capita**. This system transformation includes the creation of regionally distributed services that are available across the county to enhance prevention, diversionary, treatment and support, and care coordination services. Many of the services across the behavioral health continuum of care support individuals with justice involvement, a population that is often underserved. Some examples of the array of the BHS services available to individuals with justice involvement or at risk of justice involvement are outlined below.

#### *Behavioral Health Court*

Behavioral Health Court (BHC) applies the Collaborative Court model to individuals who are diagnosed with serious mental illness (SMI) who have engaged in criminal behavior. BHC provides intensive mental health treatment with concurrent emphasis on sobriety, stable housing, linkage to benefits and employment, re-unification with family and employment or education support. Successful completion of the program may result in the reduction or dismissal of charges.

#### *Center Star Assertive Community Treatment*

The Center Star Assertive Community Treatment (ACT) utilizes the ACT model of care to provide comprehensive, multi-disciplinary, field-based mental health services for justice-involved clients who are diagnosed with SMI and co-occurring disorders who are experiencing homeless. The program supports the client in stepping down to a lower level of care within the program utilizing a strength-based case management approach, and offers both transitional and long-term housing resources.

#### *Crisis Stabilization Units*

Crisis Stabilization Units (CSUs) provide 24/7 services to individuals who are experiencing a behavioral health crisis to stabilize and connect them to ongoing services that meet their individual needs. CSU services are available in hospital- and community-based settings, and include law enforcement drop-offs as a safe alternative to a jail or hospitalization. CSUs provide psychiatric services, medication, peer support, connection to community-based services and transition planning, with stays of less than 24 hours. CSUs services provide a client-centered and cost saving approach to care diverting individuals experiencing a psychiatric crisis away an unnecessary emergency department visit or acute care hospitalization.

#### *Drug Court*

BHS Drug Courts provide substance use disorder treatment services under DMC-ODS in collaboration with justice partners including the Judge, District Attorney, Public Defender, City Attorney, Probation and Sheriff. Services provide highly structured treatment to for adults who have committed a non-violent,

drug-related crime and need connection to substance use disorder treatment. Services emphasize sobriety, housing, employment, education and family re-unification with the goal of diversion from incarceration and a reduction in recidivism. Additionally, criminal charges may be reduced or dismissed upon successful completion of the program.

#### *Mobile Crisis Response Teams*

Mobile Crisis Response Teams (MCRTs) are deployed to connect individuals who are experiencing a behavioral health crisis to care by dispatching behavioral health experts to emergency calls, as an alternative option to a law enforcement, when appropriate. Deploying clinicians to non-violent behavioral health crisis calls rather than law enforcement, when appropriate, is more effective and less traumatic to clients. In January 2021, BHS launched the MCRT pilot program in the North Coastal Region and MCRTs will be expanded countywide through a staggered process, in partnership with law enforcement entities in the region.

#### *Post Release Outpatient Program Services Assertive Community Treatment*

The Post Release Outpatient Program Services (PROPS) Assertive Community Treatment (ACT) program utilizes the ACT model of care to serve clients who are diagnosed with SMI and co-occurring disorders who have been adjudicated under AB 109, and who are supervised by local Probation (i.e., Post Release Community Supervision and Mandatory Supervision). The PROPS ACT program provides comprehensive mental health services to individuals who have extensive contacts with the criminal justice system, and includes outreach and engagement, benefits assistance, independent living skills training, counseling, and transitional housing support.

#### *Psychiatric Emergency Response Teams*

The Psychiatric Emergency Response Teams (PERT) pair a licensed mental health clinician with a uniformed law enforcement officer in the field. PERT clinicians are deployed countywide via 911 to provide behavioral health assessments, consultation, case coordination, linkage and limited crisis intervention services to individuals who come into contact with law enforcement. PERT teams also transport individuals to a hospital or other community-based treatment, as appropriate.

#### *Project In-Reach*

Through Project In-Reach, BHS collaborates with the Sheriff's Department to engage individuals in custody and who have been diagnosed with SMI and/or co-occurring disorders, in treatment. This bridging program receives referrals by the Sheriff and provides services to clients 30-60 days prior to their release into the community. The program provides ongoing support to clients for up to 90 days to help them successfully transition from custody to community.

#### *Reentry Court*

The Reentry Court program consists of collaboration between BHS justice partners to engage individuals who have violated their community supervision (Probation) and have been assessed as having substance use disorders, and may have co-occurring mental health conditions. This program also emphasizes sobriety, housing, employment, education, and family re-unification and successful program completion may result in early termination of Probation.

### *San Diego Misdemeanants At-Risk Track*

The San Diego Misdemeanants At-Risk Track (SMART) program is a collaboration between BHS, the Public Defender, and the City of San Diego Attorney's Office to assist low-level misdemeanor offenders in connecting to services, including care coordination and housing, and prioritizes chronic offenders with complex social needs.

### *Serial Inebriate Program*

The Serial Inebriate Program (SIP) is a collaboration between BHS, the courts, law enforcement, emergency medical services, and hospitals to provide services for individuals who are experiencing homelessness and are chronically inebriated. SIP provides outpatient substance use disorder treatment, case management and housing for individuals as an alternative to custody.

### *Sobering Center*

The Sobering Center provides a safe alternative to custody to individuals who are inebriated in public and in need of sobering services. Individuals who are under the influence of alcohol and other intoxicants may be transported to the facility by law enforcement for a minimum of 4 hours. Individuals receive counseling and linkage to treatment resources.

### *Strength-Based Case Management*

The AB 109 Strength-Based Case Management (SBCM) program provides outpatient mental health services, including medication management and strength-based case management. This program has flex funds to cover various needs including temporary housing. Participants in this program are referred by Probation and are under supervision as AB 109 offenders. The program serves adults 18 years old and older and serves a minimum of 465 clients annually.

### *Vida ACT*

The Vida ACT program utilizes the ACT model of care to serve clients that have been diagnosed with SMI and may have co-occurring disorders, who are experiencing homelessness and are re-entering the community from custody. The program specializes in assessing criminogenic needs to ensure they are addressed in the treatment plan.

### *Wellness Ministry*

The Wellness Ministry functions similarly to Project In-Reach and includes the added element of pairing a religious pastor with a mental health clinician to provide services. This program emphasizes the support of an individual's spiritual needs and provides linkage to religious organizations within the community based the client's choice.

## San Diego County Public Defender

### Defense Transition Unit

The Defense Transition Unit (DTU) was created October 2016 within the Primary Public Defender's Office to assist with the resolution and sentencing of criminal cases where the primary goal is effective mental health management. The DTU is centered on six licensed mental health clinicians and three housing navigators who work as part of the criminal defense team accepting referrals directly from a client's assigned Deputy Public Defender. With both legal and clinical supervision and paralegal support, DTU clinicians will meet with and assess the mental health needs of clients in custody. In collaboration with Behavioral Health Services, the clinicians will use their knowledge of community resources to arrange

comprehensive mental health treatment. The DTU will then propose treatment plans for use by attorneys, judges and the Probation Department. When these plans are adopted by the court, the DTU will ensure that clients are transported directly from custody to mental health service providers.

Public Defender clinicians work closely with the mental health providers at all levels of care across the county. In particular, the DTU maintains crucial connections with Sheriff and County Mental Health clinicians to ensure that clients move with continuity of care between the jail, the hospital, and community treatment. DTU clinicians also work closely with housing navigators and substance abuse assessors within the department so that treatment planning includes housing and substance use disorder care whenever needed. Annually, the Defense Transition Unit processes over 1,400 attorney referrals while participating in Behavioral Health Court, advocating for diversion motions, and educating justice partners daily concerning Behavioral Health Services program criteria.

By more quickly and appropriately linking mentally ill clients to the resources they need, the DTU will improve a client's ability to maintain their well-being and remain free of new offenses. Clients will attend clinical intake and treatment appointments while stable and motivated, and are less likely to return to more costly emergency hospitalization, crisis houses and Psychiatric Emergency Response Team (PERT) intervention. The DTU provides data to Behavioral Health Services to identify trends among mental health providers, and assists the court system in better achieving clinically appropriate grants of diversion and probation. Ultimately, the Defense Transition Unit reduces recidivism and benefits the taxpayer while improving the quality of life for Public Defender clients.

#### Substance Abuse Assessment Unit

The Substance Abuse Assessment Unit (SAAU) of the County of San Diego Primary Public Defender's Office is a vital resource to the community of San Diego. The SAAU is a full-service placement agency that assesses, transports, and connects in-custody clients directly to residential treatment programs (RTP). For individuals with co-occurring disorders, the unit works closely with the Sheriff's Department to provide a supply of psychiatric medication directly to the treatment facility, within the same day of the client's arrival.

The SAAU works closely with attorneys and the justice partners to identify those clients with both the need for treatment and amenability. An in-depth assessment designed around the American Society of Addiction Medicine (ASAM) criteria is conducted with every individual to establish the person's amenability and reception towards change. If the unit makes the recommendation for treatment, the assessors work directly with residential treatment providers to ensure a continuum of care from incarceration to admission into the program.

Not all who are assessed by the unit are recommended to be placed in treatment. SAAU assesses approximately 1,800 clients per year and places approximately 70% into RTP. Unsuccessful placements occur for multiple reasons which range from: clients declining services at assessment, clients not meeting ASAM criteria for residential level of need, clients declined by programs due to severity of charges, primary medical or mental health needs, or clients that are released prior to the possibility of placement.

The goal of the SAAU is to address substance abuse issues within the justice population with the hopes of reducing criminal recidivism.

## San Diego County District Attorney

### District Attorney Collaborative Justice Division

The District Attorney's Office mission is to pursue equal and fair justice for all and to build safe neighborhoods in partnership with the communities we serve, by ethically prosecuting those who commit crimes, protecting victims and preventing future harm.

The District Attorney's Collaborative Justice Division (CJD) advocates for the best solutions to protect public safety, where individuals convicted of criminal offenses are held accountable, yet supported with appropriate treatment and supervision in order to reduce the likelihood of recidivism.

CJD is staffed by specialized Deputy District Attorneys (DDAs) who are experts on evidence-based practices and alternatives to incarceration. Working alongside a multi-disciplinary justice partner team, DDAs use a balanced approach to develop and implement problem-solving strategies that address the root of an individual's criminogenic behavior by combining rehabilitative services with intensive supervision. CJD currently staffs eight Collaborative Courts, including Mandatory Supervision and Post Release Community Supervision Court.

### District Attorney Blueprint for Mental Health Reform

The District Attorney's Blueprint for Mental Health Reform was created to memorialize the work of stakeholders who participated in two symposiums mapping the intersection between mental health and the criminal justice system. The Blueprint includes ten specific recommendations with many sub-recommendations that move the needle on mental health reform and keep the public safe using evidence-based practices, while treating individuals with mental illness with compassion, dignity, and respect.

Several of the Blueprint's recommendations have been implemented or are on their way to implementation including de-escalation training for every police officer in the county, Mobile Crisis Response Teams, Community Based Crisis Stabilization Centers with law enforcement drop offs, and expanded mental health diversion options. Most recently, the first Community Based Crisis Stabilization Center opened in Vista providing options to help families facing a mental health crisis, with 24/7 access to stabilization services, medication, and connection with community services. This Crisis Stabilization Center also provides law enforcement with a third option from taking an individual experiencing a mental health crisis to jail or the hospital.

### District Attorney Community Justice Initiative

The San Diego County District Attorney Community Justice Initiative (DA CJI) provides those individuals facing low level criminal charges the opportunity to have their case dismissed before sentencing. Participants must successfully complete twelve-hours of CBT and four hours of community service. After completion of the Cognitive Behavioral Therapy, the participant can choose to be connected to services in lieu of the community service. Referrals can be made for housing assistance, job training, mental health or substance use disorder treatment, food, clothing and more. After completing the program, the case is dismissed, and the individual's record is sealed.

In the initial two years the program has been running, there have been about 841 participants of which 538 cases have been dismissed. Others are still in the process of completing the program. Of the participants who successfully completed the program, only 5% have had additional criminal cases filed against them.

### District Attorney Juvenile Diversion Initiative

The Juvenile Diversion Initiative (JDI) is a county wide early intervention program that prioritizes alternative diversion options for youth before filing criminal charges, to help reduce the possibility that a young person will reoffend. The JDI, in conjunction with the National Conflict Resolution Center, works in collaboration with other community-based organizations to provide culturally competent services and restoration to the youth diverted through the DA's JDI.

The objective is to provide San Diego County youth the opportunity to attempt to repair the harm they caused, understand the impact of their choices, and to avoid permanent and negative outcomes related to the formal criminal justice system, including stigma, labeling, and a criminal record. Evidence-based data shows that when a youth who commits a crime is provided specific services in their own community, they can maintain those connections, reducing the likelihood of reoffending. All impacted parties are eligible to participate in the JDI with the goal of accountability for the crime. This includes, the person harmed (the victim), the youth responsible for the harm, family members, and/or community.

The DA's JDI program is for youth between the ages of 13 and 17 and provides comprehensive as well as restorative justice principles to ensure participants address the harm they caused. Participation is a voluntary process, and upon completion, the diverted youth responsible for the harm will have the opportunity to have their arrest record sealed.

### District Attorney Community Partnership Prosecutors

The District Attorney established a team of Community Partnership Prosecutors to work in the community to address many issues that lead to criminal behavior before it elevates to the justice system. The four Community Partnership Prosecutors are assigned regionally throughout the county to problem solve in neighborhoods, build relationships, identify issues with a nexus to public safety and help create strategic solutions that ultimately improve quality of life in our communities. Community Partnership Prosecutors also organize community events including forums on various criminal justice related topics which creates opportunities for community feedback to the District Attorney's Office through the CPPs work in our various neighborhoods.

### District Attorney Community CARE Center

The Community, Action, Resource, Engagement (CARE) Center is a satellite office of the District Attorney's Office, located in National City. The CARE Center is a product of the community's collaboration with the San Diego County District Attorney's Office, aimed at actively linking individuals in the community to community-based prevention and intervention services with the goal of building strong community relationships and reducing crime. The CARE Center provides individuals with evidence-based prevention and intervention support services to help them improve their quality of life, reduce crime and recidivism, and promote public safety.

Using an evidence-based needs assessment, motivational interviewing and trauma-informed practices, the DA's Prevention and Intervention Program team members work with both adults and youth to identify their top needs. Crime prevention specialists at the CARE Center assist those individuals transitioning back to the community with reentry services. The CARE Center also assists families receive wraparound services, which includes family counseling, employment, housing, and food distribution.



### District Attorney Community Grants Program

The District Attorney's Community Grant Program (CGP) seeks to engage San Diego County community-based organizations to identify and implement new and innovative methods to address community safety and expand community assets, such as hope and resilience regardless of zip code. One-time grant funding of up to \$50,000 is awarded to participating organizations for a maximum of twelve months, to grow promising evidence-based solutions that produce positive results in the following four focus areas: youth and family support, environmental justice, protecting vulnerable youth, and victim support.

CGP partners with small organizations embedded in communities who may not have had previous access to grant opportunities but are poised to propose innovative and dynamic community-based approaches to addressing the four areas of focus. The District Attorney's Office is committed to ensuring CGP providers reflect the diverse makeup of the communities we serve.

### District Attorney Tattoo Removal Program

The Tattoo Removal Program is a DA led initiative to support successful reentry to our justice involved populations. The program provides free of charge, to those who qualify, removal of gang and human trafficking tattoos for youth and adults who have been involved in the criminal justice system and are making strides to disassociate themselves from that life. Elimination of tattoos have been shown to improve employment opportunities and decrease negative bias towards individuals seeking to reenter the community and work force.