Criminal Justice Continuum of Care Map

Incident
Booked
Jail Custody
Arraignment
Adjudication
Released on Probation
Discharged
Remain in County
Transfer Out of County
Released No Supervision
Jail Custody
Cited & Released or Bailed Out
Home
Homeless Court
Neighborhood Court
Steps 2 Success
Bail Out or Pre-Trial Release w/ Conditions/Services
Home
Stay in Jail Custody
Release (w/ or without EM or SHIP)
Home
AB 109 or Sentenced
Stay in Jail Custody
Mental Health Court/Drug Court (Voluntary Post Sentencing)
ER
Transfer to In-Patient Services or Safe Harbor
Discharged w/ Plan
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

Initial Incident

Gap/Need	Potential Solution
1. Community fears to call for assistance with family members that are mentally ill	Provide media campaign or educational classes on resources , how response is conducted and how to assist in de-escalation
2. First responders need information on health of individuals to assist in determining the correct response (avoid escalating a situation)	Explore expansion of SNAP service into all jurisdictions
	Develop an indicator system for mental health history to triage calls so that dispatch can send out the correct response units (ex. EMS, police). See San Diego model.
	Explore a way to flag incident calls as potential mental illness case so that appropriate agencies can be notified to follow up with that individual
	Increase information sharing between EMS and Police
3 Loss of CIP to assist in intervention on scene and post-event follow up.	Potentially establish a mobile crisis response **[UNDERWAY]**
4. Officer training may not be adequate to address individuals with mental illness	Conduct an assessment of officer training to see if it is adequate and if there is a way to make it more accessible of a time commitment (ex. Online; train the trainer)
	Explore how other countries conduct their response (ex. Britain)
5 Greater law enforcement participation in diversion program connections at incident	Potential to include greater law enforcement participation through Steps 2 Success program **[UNDERWAY]**
6 Individuals brought by officer to jail rather than hospital because it is less cumbersome	Establish mental health urgent care **[UNDERWAY]**
	Establish mobile crisis response **[UNDERWAY]**
7. Individuals released from hospital after assessment with no hand off	Establish a post-hospital follow-up

Initial Detention/Court Hearings

Gap/Need	Potential Solution
8 Need to improve VA verification at jails	Develop improved questions to identify VA status
9. PC1000 arraignments do not have court follow up dates and individuals not given credit for recent voluntary treatment received.	Evaluate PC1000 population to determine if PC1000 protocols should be reviewed/altered.
	Potentially increase level of treatment for PC1000 population through Communicare
10. Post-booking jail diversion programs may need expansion or development	Explore San Diego post-booking jail diversion program (mild to moderate misdemeanor
11. Need for more programs and restorative justice opportunities for women with trauma	**[clarification needed]**
12 Connect individuals to outpatient treatment prior to arraignment or adjudication; who would benefit from the greater sup-	Probation can explore adding mental health assessment to SOR
	Potentially expand eligibility criteria for SOR
13. Prevent mental health escalation for misdemeanor cases pre-adjudication	Develop criteria to keep these individuals until arraignment or another method to get them quickly in front of a judge (for those with mental illness and/or the homeless)
14. Misdemeanor cases do not receive discharge planning	Consider providing a court date at time of cite & release or book & release
	Potentially include in Prop 47 grant program
15 Pre-adjudication process needed for those now competent	Create a process to review individuals now deemed competent as a potential diversion opportunity
16 There are some inmates with mental illness that may sit in jail awaiting trial;	Explore fast tracking felony and misdemeanor incompetence **[PD EXPLORING]**
	District Attorney can notify jail when inmates will not be charged so they can be released
	Consider a jail-based competency program

After Adjudication Court/Jail

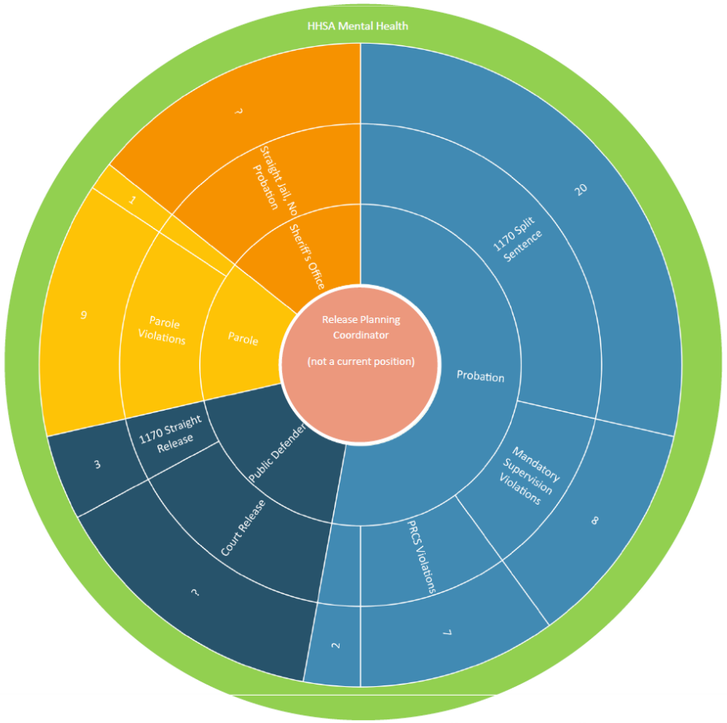
Gap/Need	Potential Solution
17. Delays related to ALTA occurring with mental health patients	Reach out to ALTA to discuss improvements **[IMPROVED]**
18. Greater usage of Electronic Monitoring for those with mental health	Explore the EM capacity, policies and procedures to see if SMI can be included potentially linking individuals through the ACT program
19. Lack of in-person psychiatrists at the jail	
20. How to best manage VA individuals with mental illness and get them into treatment	Explore developing a Veteran's Court or, if numbers of VA are not sufficient, link with another specialty court. Explore champion judge.
21. Limited jail programming (particularly at Monroe facility)	Expand DRC services to the Monroe facility under the current contract
	Explore current jail expansion to see if there is greater space for mental illness and/or substance abuse programming
	Consider post 90 day re-entry facility; similar to San Diego
22 Need to review and potentially expand Mental Health Court	A redesign, additional staff, and funding for Mental Health Court expansion **[UNDERWAY]**
23 Individuals in jail only receive 2-4 hours a day out of their cell, depending on classification. This is very difficult for those with mental health.	Design a program (ex. Board & Care program) for functioning mentally ill, that is outside of jail.
	Potential Safe Harbor placement out of jail for mentally ill in custody.

Re-entry

Gap/Need	Potential Solution
24. Difficulty in planning release for individuals with severe needs when it is clear they cannot take care of themselves	Review legality of how to refer individuals for conservatorship
25. Difficulty in connecting individuals with short term sentences (30 days or less) to services; particularly those with mental illness	Potentially utilize interns to assist with re-entry coordination.
26 The Public Defender and Probation provide some release planning services for straight sentence and 1170 individuals, but the rest do not receive release planning services	Establish a re-entry coordinator position stationed at the jail that is full time and ideally a social worker so they would have strong knowledge of mental illness and substance abuse. Position would coordinate with other involved bodies and assist individuals out of custody for first 30 days. (**See Pie Chart**)
27. HHSA sets up psychiatric appointments for clients prior to their release but the appointment wait time is delayed	Individuals delayed in a psychiatric appointment can utilize urgent care for assistance; although getting to the location in West Sac may be difficult for some
28. Once individuals are released from jail they frequently do not follow through on assignments/meetings.	A strong re-entry plan helps improve individual follow through for at least the first 30 days.
	Explore ways to correct or incentivize attending appointments
29 If not a public defender client, they leave with a prescription, not medication in hand (many may not make it to pharmacy to get meds)	Have a re-entry coordinator that is a social worker, so they can have individual set up with appointments, Medi-Cal reinstated, and their prescriptions in hand (if possible).
30 It is common that individuals are released without Medi-Cal reinstated so they are unable to get their medication	

= Identified as priority

= Identified priority that is currently underway



Proposed Division of Release Planning Responsibilities

Numbers Based Off of Sheriff's Release List
Nov 2017– May 2018

Courtesy: Emily Kochly, Public Defender's Office

Community Corrections

Gap/Need	Potential Solution
31 Navigator to link people to and help coordinate services	
32 Gap in assistance services for those with mild to moderate disorders that may benefit from that level of support	Establish case managers
33. Delays with Veterans Services	Evaluate veterans services
34. Lack of outpatient substance use disorder services in Davis	Have the DRC and CCHC expand in Davis; providing services for a few days a week
35. Transportation for individuals to meet appointments	Explore an on-demand taxi service (partner w/local taxi providers, potentially use bus pass funding) [**PD EXPLORING]**
36. Need for a transition after an individuals re-entry planning	Social workers to take over discharge plan after plan is developed
37. Availability of appropriate housing (particularly transitional housing in West Sac)	IGT house [**UNDERWAY]**
	Develop supported living housing (ex. SMI Board & Care; half-way house)
	Need for slots in housing dedicated to those with mental illness (2-3 beds)
38. Barriers to housing: Fee to get on housing waitlist ($40) and some housing providers don't allow eligibility w/ any convictions	
39. After transitional housing there are no linkages to stability (Jobs, housing, and income); getting people to self-sufficiency	Strategies could include linkage planning, job partnerships, getting individuals on waitlists early and/or including requirements in Probation or Court plans that will assist clients in qualifying for those linkages (ex. Completing rental housing certificate program)
40. Some clients need assistance in navigating out in the community; some are not able to be self-sufficient and have varying levels of care. Including those recovering from relapse.	Develop case management system that includes providers
	Develop social/peer support program with the faith based community. Trained volunteers that are matched to volunteers in the community for support.
41 Evaluate 5150 Process: difficulties in transportation of inmates to hospital and hospital acceptance of inmates	Discussion with hospitals and Sheriff's Office to resolve issue.

Information and Data Sharing

Gap/Need	Potential Solution
42. Greater information sharing at time of booking	Timely notification to HHSA when a client is booked into jail
43. Improvement of Napa State Hospital process: -County not always notified when a client is admitted to or released from Napa State	Notification from Napa State to HHSA when a client is admitted and prior to their release
-Individuals may be released early due to lack of bed space	Sheriff and CMFG could share release information to/from
44. Definition of SMI not known across agencies	Provide education/resources on definitions
45. Make VA point of contact information more readily available	Email out contact information for VA or Justice Outreach Specialist
46. Need for increased knowledge and training on evidence based practices, services and resources (what services are available to those with mental health, substance abuse and Fetal Alcohol Spectrum Disorders)	Training on what to do if someone appears in crisis
	Host summit with training for signs of violence/mental illness
47. Difficulty sharing information due to 42CFR P.2. requirements	Develop waiver
	Lobby for alterations to the law
48. Greater understanding of Release of Information policies (ROI)	Create general ROI when entering custody
	Create a share folder for MDT for ROIs
	Clarify HHSA record releases between Public Defender and HHSA: currently have to go through CMFG.
49. Timely information sharing among agencies: for clients leaving/returning to the area; care data for MH and substance abuse clients; ongoing court dates; probation violations while engaged in services; timely notification of who is getting released, released to whom, what services/treatment did they receive and what issues or problems may they have Information sharing among all responsible parties on necessary client data (jail programs, services received/receiving, responsible party for inmate's plan/ coordination.	Develop case management system that includes providers
50 Baseline data: number of mentally ill in jail, length of time in jail, recidivism rates, % engaged in custody, charges, mental health diagnosis (SMI, Mod, co-occurring)	Implementation of IJIS Report Project Plan
	Universal intake screening needed on everyone booked into jail and the results recorded electronically
	Establish way to effectively gather mental health intake data at the jail
51. Greater coordination among program providers; How to track client connections and successes among providers and among community providers	Ongoing meeting for program coordinators and a list of the services they provide
	Set up share drive for competency declarations
	Set up share folder for Mental Health Court Team **[COMPLETED]**
	Case management system