



Sacramento County

Community Corrections Partnership Advisory Board

Agenda: October 3, 2022, 10:30 AM – 12:00 PM

Meeting Location: County Administration Center (Open to the Public)
Board of Supervisors Hearing Room 1
700 H Street, 1st Floor
Sacramento, CA 95814

Facilitator: Laura Foster, Management Analyst II, Public Safety and Justice Agency

Invitees: CCP Advisory Board Members - Melinda Avey (Chair - Community Member), Nina Acosta (Vice Chair - Social Services), Chris Baker (Sheriff's Office), Amy Holliday (District Attorney's Office), Robyn Howland (Probation Department), Michelle Jeremiah (Superior Court), Sameer Sood (Sacramento Police Department), William B. Norwood (Community Member), Bill Pieper (Community Member), Muriel Strand (Community Member), Tiffanie Synnott (Public Defender)

Alternates: Joe Cress (Public Defender), David Linden (Probation Department), Kristin Markos (Sheriff's Office), Alondra Thompson (Social Services), William Satchell (District Attorney's Office), Robbie Young (Sacramento Police Department)

Open to the Public

Public Comment Procedures:

The CCPAB fosters public engagement during the meeting and encourages public participation, civility and use of courteous language. The CCPAB does not condone the use of profanity, vulgar language, gestures or other inappropriate behavior including personal attacks or threats directed towards any meeting participant. There will be a designated time for public comment at the end of each item. Seating in the designated room is limited and available on a first-come, first-served basis.

Speaker time limits

In the interest of facilitating the conduct of CCPAB business, members of the public (speakers) who wish to address the board during the meeting will have specific time limits as enumerated below. Matters not on the posted agenda will be discussed in accordance with the order of the agenda. Speakers should not expect CCPAB members to comment on or respond to comments directly during the meeting. The CCPAB may request county staff to follow up with a speaker or provide additional information after the meeting or at a later date.

The Chairperson, at their discretion, may increase or decrease the time allocation. Each speaker shall limit remarks to the specified time allotment as follows:

- Speakers will have 2-minutes total for each separate item
- Speakers will have 2-minutes total for any matter not on the posted agenda

<https://saccoprobatation.saccounty.net/Pages/CCPAB.aspx>

CCPAB Goal: Conduct analysis and make recommendations to the CCP for annual AB 109 Plan updates



Sacramento County

Community Corrections Partnership Advisory Board

In-Person Public Comment

Speakers will be required to complete and submit a speaker request form to staff. The Chairperson will invite each individual to the podium to make a verbal comment.

Written Comment

The Public may provide written comments in regards to a specific item on the agenda or off agenda matters by emailing SacCountyCCPAdvisoryBoard@saccounty.net.

Topic	Action Item	Presenter
1. Welcome, Announcements, And Introductions		Melinda Avey, Chair
2. ACTION ITEM: Approve Minutes From September 12, 2022	✓	Melinda Avey, Chair
3. Jail Population Reduction / Alternatives To Incarceration Discussion		Laura Foster, Analyst / Eric Jones, Deputy County Executive
4. Updates From Ad Hoc Committees: <ul style="list-style-type: none">• Outreach to Justice-Involved Individuals and Families• Public Awareness and Community Engagement		Laura Foster, Analyst
5. AB 109 Plan And County Budget Timelines		Laura Foster, Analyst
6. AB 109 Plan 2023 Update Kickoff		Melinda Avey, Chair / Laura Foster, Analyst
7. ACTION ITEM: Vote To Select A Chair And Vice Chair for 2023	✓	Laura Foster, Analyst
8. Member Reports And Future Agenda Items		Melinda Avey, Chair / CCPAB Members
9. Public Comment On Off Agenda Items		Melinda Avey, Chair
Adjournment		Melinda Avey, Chair

Next CCPAB Meeting: November 14, 2022, 10:30 AM – 12:00 PM

Next CCP Meeting: October 6, 2022, 8:30 AM – 10:00 AM

<https://saccoprobation.saccounty.net/Pages/CCPAB.aspx>

CCPAB Goal: Conduct analysis and make recommendations to the CCP for annual AB 109 Plan updates



Sacramento County

Community Corrections Partnership Advisory Board

Draft Minutes

Agenda: September 12, 2022, 10:30 AM – 12:00 PM

Meeting Location: County Administration Center (Open to the Public)
Board of Supervisors Hearing Room 2
700 H Street, 1st Floor
Sacramento, CA 95814

Facilitator: Laura Foster, Management Analyst II, Public Safety and Justice Agency

Attendees: CCP Advisory Board Members - Melinda Avey (Chair - Community Member), Nina Acosta (Vice Chair - Social Services), Chris Baker (Sheriff's Office), William Satchell (District Attorney's Office Alternate), Robyn Howland (Probation Department), Bill Pieper (Community Member), Muriel Strand (Community Member), Tiffanie Synnott (Public Defender)

Open to the Public

Topic	Action Item	Presenter
1. Welcome and Announcements		Melinda Avey, Chair
The meeting was called to order and a quorum was established. A roll call was completed and public comment procedures were reviewed.		
2. ACTION ITEM: Approve Minutes from August 8, 2022	✓	Melinda Avey, Chair
Muriel Strand made a motion to approve the CCPAB Action Summary/Minutes from August 8, 2022. Nina Acosta seconded the motion. Public Comment: A member of the public shared that they were communicating with Deputy County Executive Eric Jones about investigating the possibility that he was directed by staff to move forward with the BSCC definition for recidivism, negating the need for additional work by the CCPAB on this issue. AYES: Melinda Avey, Nina Acosta, Chris Baker, Robyn Howland, Bill Pieper, Muriel Strand, Tiffanie Synnott, William Satchell NOES: None ABSTAIN: None RECUSAL: None		
3. ACTION ITEM: Approve Staff's Recommendation to Present AB 109 Plan 2022 Update to CCP on October 6, 2022	✓	Laura Foster, CCP Analyst
The Plan will go before the CCP on October 6 th and then proceed to the Board of Supervisors. There is one highlighted area within the plan that will be updated before it is presented.		

<https://saccoprobaton.saccounty.net/Pages/CCPAB.aspx>



Sacramento County

Community Corrections Partnership Advisory Board

Amendments:

- Page 35 lists four evidenced based tools, the fourth tool for the housing assessment is HSCR which stands for Homeless Screening Clinical Reminder assessment. Also, the contract with community intervention workers needs to be reflected under the second to last sentence within the same paragraph.
- Page 22 language utilizes language ensure release during daylight hours. The language should be adjusted and moved towards the end of the statement and state "further recommended when feasible, release during daylight hours". This way the statement is disconnected from the required supplies that are provided to the clients.

William Satchell motioned to approve the AB 109 Plan 2022 Update. Robyn Howland seconded the motion.

AYES: Melinda Avey, Nina Acosta, Chris Baker, Robyn Howland, Bill Pieper, Muriel Strand, Tiffanie Synnott, William Satchell

NOES: None

ABSTAIN: None

RECUSAL: None

4. Relationship Between AB 109 Plan and County Budget

Laura Foster, CCP Analyst

A formal item for the timeline will be available at the October 3rd meeting. The budget was approved on September 7th. At this time, it is unlikely that the CCPAB will be able to receive a presentation on the budget, but the Office of Budget and Debt Management (OBDM) has provided links to documents and videos that provide a budget overview.

Staff met with OBDM analysts to understand why there has been a public understanding of a disconnect between the budget and the AB 109 plan. While there is not a direct connection between the AB 109 plan and the County's budget process, the AB 109 plan can still inform department and county-wide efforts in determining division of AB 109 funds. All AB 109 funds are used on expenses deemed eligible within the AB 109 plan, and this is documented through a quarterly claims process. Staff intends to improve the claims process for the purpose of facilitating greater transparency of funding use and provide a clearer connection to the AB 109 plan. The claims process is also an opportunity to more clearly identify which funds are distributed to community based organizations (CBOs). As the CCP lacks contracting authority, funds are given to departments who utilize many CBOs to provide programs and services. This has created a public misunderstanding that CBOs do not receive any AB 109 funding, which is untrue.

Contracting processes are an open and publicly documented process. The CCPAB will work on bridging the gap over how to access this information.

5. **ACTION ITEM:** Vote To Establish Ad Hoc Committee(s) Dedicated to Community Outreach and Engagement

- Outreach to Formerly Incarcerated Individuals and Families

✓

Melinda Avey, Chair



Sacramento County

Community Corrections Partnership Advisory Board

• Outreach to Community to Share Information on the CCP, CCPAB, and AB 109 Plan		
<p>CCPAB would like to provide a greater outreach to the public. There is a request to create two subcommittees, one to facilitate input from justice involved individuals into the plan and one is how to share the plan with the community.</p> <p>Tiffanie Synnott made a motion to establish the two subcommittees that will sunset on 12/31/22. One will be for outreach to formerly incarcerated individuals and families and one will be for outreach to the community to share information on the CCP, CCPAB, and AB 109 plan. The intention of both is to come up with a strategy/plan on how to implement the outreach and members of the subcommittees should consist of volunteers that are established today. The ad hocs are expected to develop their outreach and engagement plans and bring them back to the CCPAB for consideration and approval. Bill Pieper seconded the motion.</p> <p>Public Comment: A member of the public commented that they do not feel welcomed the space of the CCPAB. They have been denied being able to a member of an ad hoc committee. They would like to know why the atmosphere has changed and how the CCPAB will define meaning engagement and how they will use community experts to accomplish their goals.</p> <p>County Counsel Comment: When a board creates a committee and the committee creates a subcommittee, it generally consists of only the committee's members. The reason is the voting rights were given to the committee by the board (in this case, the CCP). It is not typical to include new members on subcommittees. This does not limit subcommittees from communicating with members of the public and gaining insight from the public.</p> <p>AYES: Melinda Avey, Nina Acosta, Chris Baker, Robyn Howland, Muriel Strand, William Satchell NOES: Bill Pieper, Tiffanie Synnott ABSTAIN: None RECUSAL: None The motion carries.</p> <p>Volunteers will consist of:</p> <ol style="list-style-type: none">1. Outreach to Justice Involved Individuals and their families:<ul style="list-style-type: none">○ Nina Acosta, Chris Baker, Melinda Avey, Tiffanie Synnott, Bill Pieper <i>Note: After the meeting, it was determined by mutual agreement that William Norwood would serve on this ad hoc, replacing Tiffanie Synnott.</i>2. Public Awareness / Community Engagement<ul style="list-style-type: none">○ Muriel Strand, Robyn Howland, Tiffanie Synnott, Nina Acosta		
6. Member Reports and Future Agenda Items • Recommended Reading on Crimes of Injustice (Muriel Strand)		Melinda Avey, Chair / CCPAB Members



Sacramento County

Community Corrections Partnership Advisory Board

• September 14th BOS Workshop on Mays Consent Decree and Expert Reports (Laura Foster)		
Summaries on three different books were provided. There was a brief discussion of record expungements, fines, and fees. There will be a workshop on September 14 th at 2:00 PM on the Mays Consent Decree at the Board of Supervisor Chambers and the information is published on the Public Safety, and Justice Agency website. Public Comment: A member of the public started a legal nonprofit to assist people unable to afford fines and fees. For example, one client had to pay \$50 a month for five (5) years in order to qualify for an expungement. Housing vouchers can't be obtained if a person has a criminal background. It was requested that fines and fees issues be brought to the CCP, and that future agendas consider fines and fees and expungements as topics of interest.		
7. Public Comment on Off Agenda Item		Melinda Avey, Chair
No Public Comment.		
Adjournment		Melinda Avey, Chair

Next CCPAB Meeting: October 3, 2022, 10:30 AM – 12:00 PM

Next CCP Meeting: October 6, 2022, 8:30 AM – 10:00 AM

Community Corrections Partnership Advisory Board

DATE: October 3, 2022

TO: CCP Advisory Board

FROM: Laura Foster, Management Analyst II, Public Safety and Justice Agency

RE: **STAFF REPORT ON AGENDA ITEM #3**

3 – Jail Population Reduction / Alternatives to Incarceration Discussion

Background:

The Sacramento County Public Safety and Justice Agency (PSJA) aims to increase efficiencies and effectiveness of the countywide criminal justice system with the core framework of shared public safety and through a lens of racial and ethnic equity. Some of the major functions and roles of the PSJA are to work with County staff to implement components of the Mays Consent Decree, examine existing and new programs to reduce the jail population and recidivism, work with the Superior Court and all criminal justice partners on diversion, and create additional public/community input regarding the criminal justice system.

On September 14, 2022, Eric Jones, Deputy County Executive, PSJA provided a presentation to the Board of Supervisors during a workshop that included updates on the Mays Consent Decree, expert reports, and criminal justice issues and reforms. As follow up, the PSJA is coordinating with County Counsel as well as the County's Criminal Justice system partners to return to the Board of Supervisors later this year to propose a framework for improving compliance with the Mays Consent Decree that includes jail population reduction measures.

To develop this framework, the PSJA seeks input and recommendations from community members and system partners regarding alternatives to incarceration as identified in Kevin O'Connell's Sacramento Jail Study recommendations and the programs described in the Sacramento County Adult Sequential Intercept Model (SIM).

Today, the PSJA seeks the CCPAB's input on the following:

- Which of the Kevin O'Connell recommendations should the County prioritize for implementation?
- Which programs identified in the SIM should be expanded?
- Are there any other deflection and diversion efforts that the PSJA should consider implementing to reduce the jail population?

Recommendation:

N/A – This item is for discussion only.

Attachments:

Excerpt from [Sacramento Jail Study](#)

Sacramento County Adult Sequential Intercept (September 2022 Working Draft)

REDUCE JAIL BOOKINGS

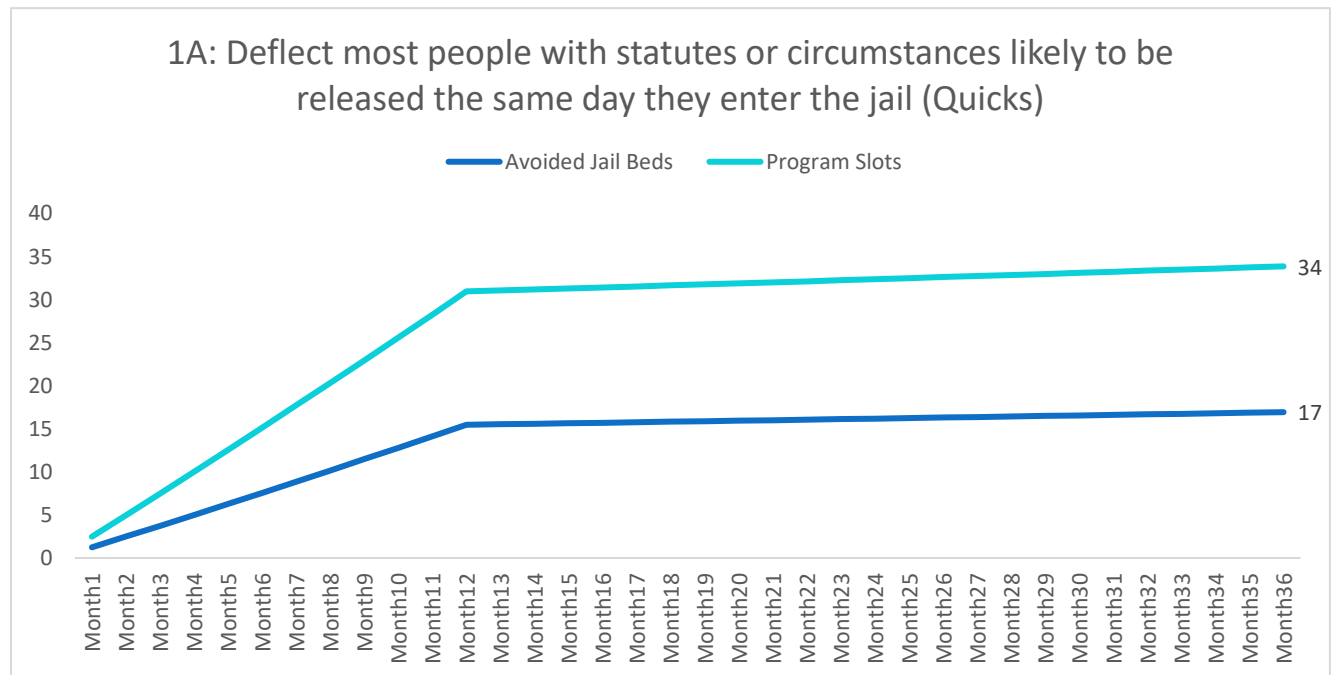
The recommendations in this section are based on deflecting certain types of bookings from entering the jail. The theory of change is that by deflecting people from jail in ways that could support human service interactions for people not serving public safety risks, the county can better use its jail beds.

<u>Recommendation</u>	<u>ADP Reduction Impact</u>	<u>Partnership Needed</u>	<u>Target population</u>
1A) Deflect all people with statutes or circumstances likely to be released the same day they enter	17	Local facilities and operational partnerships with police departments	People booked as “Quicks”, and likely to never leave the booking loop
1B) Augment Crisis Response to deflect more people not requiring jail admission who have MH Needs	26	Local Police and Behavioral Health Crisis Response Team	People arrested in the community who have MH concerns or are in crisis, but are booked for citable offenses or non-violent misdemeanors
1C) Cite in the field people usually booked on non-violent misdemeanors or infractions	74	Courts and local law enforcement agencies	Misdemeanor and Infractions not related to Mental health, who are not “Quicks”, and don’t have underlying warrants or violations related to violence

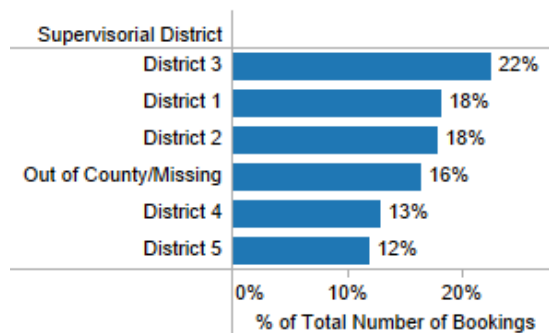
1A: DEFLECT MOST PEOPLE WITH STATUTES OR CIRCUMSTANCES LIKELY TO BE RELEASED THE SAME DAY THEY ENTER THE JAIL (QUICKS)



PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS



GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS



Parameter	Amount
Net Program entries per month	800
Time to phase in	12
Jail Length of Stay (Days)	0.5
Alternative Program Length of Stay (Days)	1
Program Acceptance	100%
Termination Rate and Timing (Months)	0% (x)

1A. Current State:

Nearly 10,000 people per year are released as “quicks”, meaning they are never housed and generally leave the jail within 24 hours. The booked crimes are most often related to alcohol or substance use, quality of life, and compliance issues like misdemeanor warrants. In general, based on hours in custody, these 10,000 admissions make up 6,000 bed days, or about 1% of all bed days. However, these people make up 25% of all admissions. The geographical spread of these types of bookings means local sites/models could also be useful.

Impact Of The Policy Change On The Daily Population

By reducing admissions for these people likely to be released quickly, it would reduce the jail population by 17 beds on a daily basis, but create a need for 34 beds in a facility to support up to a 1 day stay for some clients, depending on the facilities.

Impact Of The Policy Change On Race Equity

36% of short stays are white, 30% black, and 25% Hispanic. This policy will slightly increase disparity since black and Hispanic people are less likely than white people to be released as quicks based on what they are booked in for.

Impact Of The Policy On Behavioral Health

- This program would substantially reduce clients entering the jail with behavioral health needs, reducing the 33% who enter intoxicated, as well as the 13% who enter for other reasons but have Mental Health concerns.

Implementation:

Work with local law enforcement to create an alternative non-custodial booking site, where people could be triaged for various human service needs, health, and court compliance issues. Near term, this site could make use of the Jail Diversion and Treatment Center to start to scale up efforts in order to avoid them being booked into the jail. If medical issues or intoxication play a role, then an “always open” crisis or voluntary detox location could better serve people than the jail, but not point to the hospital.

Partnerships:

Local Law Enforcement, health and human service agencies, and a facility to locate non-medical bookings. There may also be needs for transportation or human assistance.

Evidence And Existing Programs:

The Sacramento County SURE program has been operating on a voluntary basis for people to recover. In general, sobering centers have a stabilization and linkage strategy so long-term impacts on health and re-booking is still being researched.

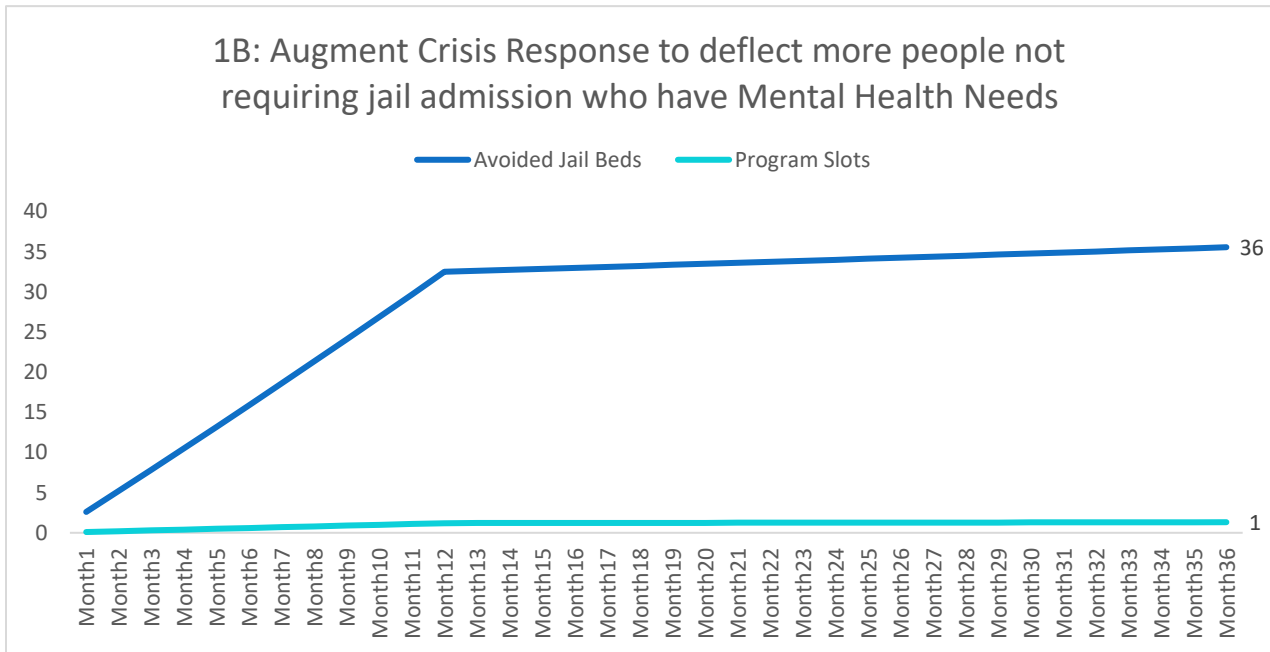
Complexity And Funding:

This is high complexity due to setting up a new facility or alternative booking site, possibly in a number of locations, as well as adding to the existing crisis response continuum for a sobering center that takes voluntary admissions.

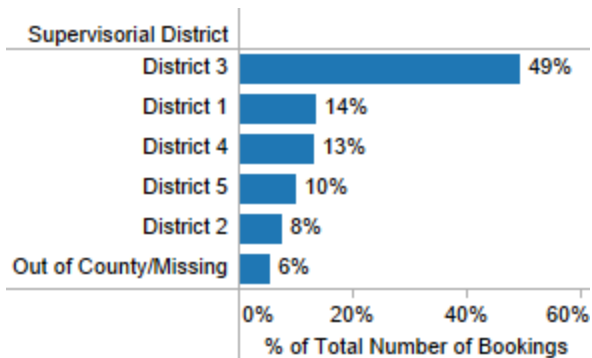
1B. AUGMENT CRISIS RESPONSE TO DEFLECT MORE PEOPLE NOT REQUIRING JAIL ADMISSION WHO HAVE MENTAL HEALTH NEEDS



PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS



GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS



Parameter	Amount
Net Program entries per month	35
Time to phase in	12
Jail Length of Stay (Days)	27
Alternative Program Length of Stay (Days)	2
Program Acceptance	50%
Termination Rate and Timing (Months)	0% (x)

1B. Current State:

Annually, 400 people are booked into jail for non-violent misdemeanors related to a new crime, and also have a history of SMI. This *excludes* misdemeanor warrants and technical violations, as well as alcohol. Crisis response could be an alternative in certain situations and deflect the booking altogether. The general approach is to identify situations where a crisis response or co-responder team could have produced a different outcome.

Impact Of The Policy Change On The Daily Population

By reducing admissions for those possibly in crisis at the point of law enforcement contact, it would reduce the jail population by 25 beds on a daily basis, but create a need for 2 beds to support the portion of the population who can't be safely released. In theory, this alternative would be connected to the large crisis continuum or respite options.

Impact Of The Policy Change On Race Equity

41% of stays are white, 33% black, and 19% Hispanic. This policy will slightly increase disparity since black and Hispanic people enter the jail less often under these circumstances.

Impact Of The Policy On Behavioral Health

- This program would reduce seriously mentally ill clients entering the jail by 10% under non-violent circumstances and not involving court compliance issues.

Implementation:

Work with local law enforcement and health services to continue to staff and operationalize the Sacramento County crisis response strategy.

Partnerships:

Local Enforcement, health and human service agencies, and a facility to locate non-medical bookings

Evidence And Existing Programs:

Sacramento County has two parallel approaches being implemented, a Mobile Crisis Response team embedded with police, and a Mobile Crisis Support Team, staffed and dispatched by behavioral health. Mobile Crisis strategies have been found to be highly effective near term by avoiding jail entries as well as hospitalizations, compared to the usual law enforcement response, but requires linkage and treatment for lasting effects.

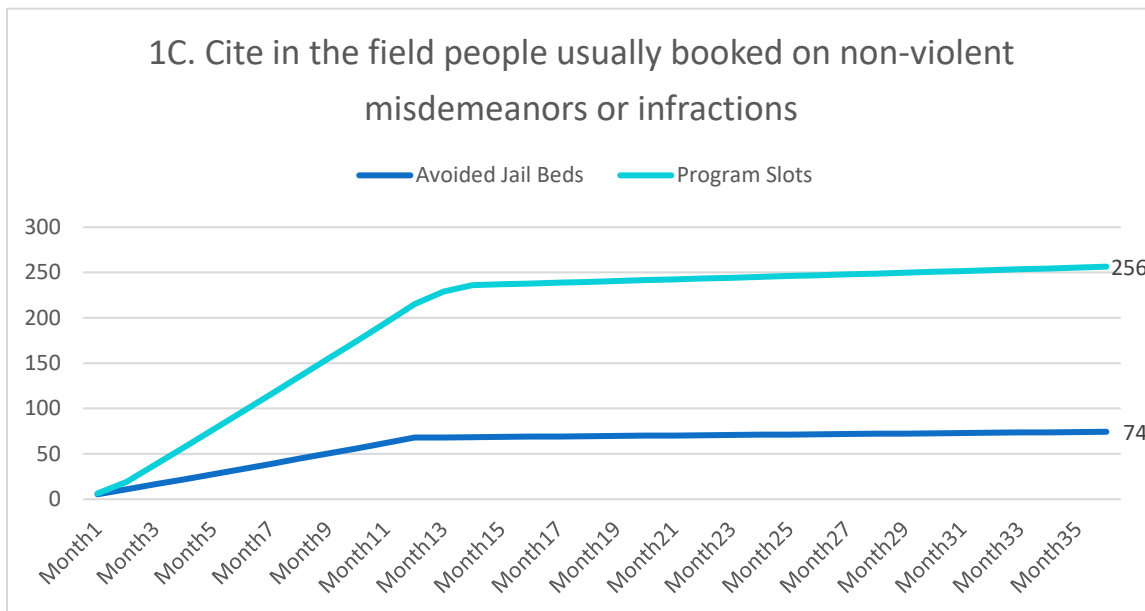
Complexity And Funding:

This is high complexity due to maintaining staffing of positions, as well as coordination with numerous local teams, cities, and agencies.

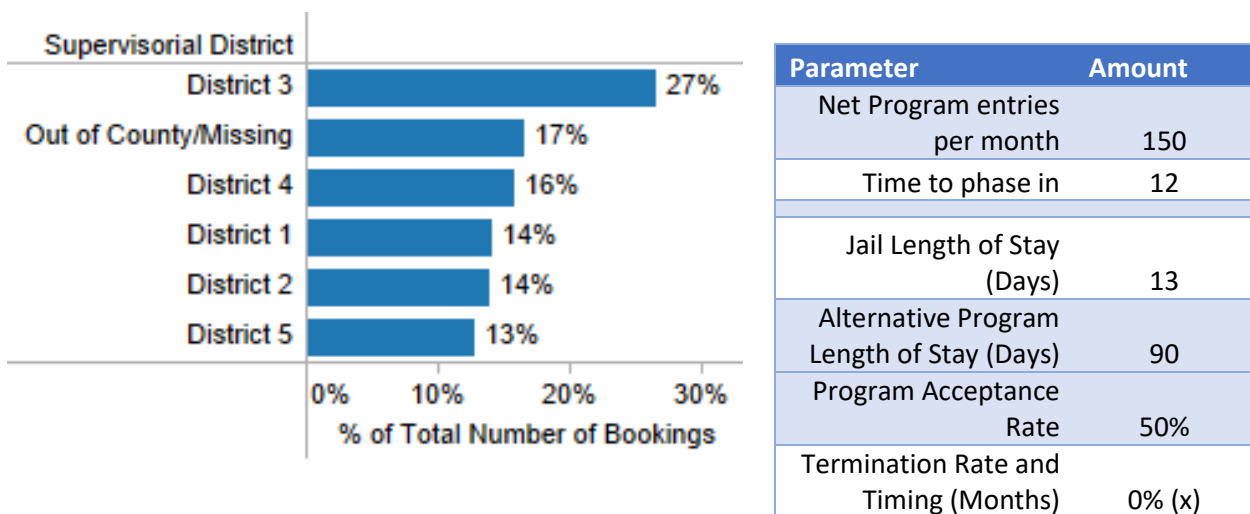
1C. CITE IN THE FIELD PEOPLE USUALLY BOOKED ON NON-VIOLENT MISDEMEANORS OR INFRACTIONS



PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS



GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS



1C. Current State:

1800 people are booked into jail for non-violent misdemeanors, but appear to have no SMI. This includes people booked on misdemeanor warrants and supervision violations not related to crime of violence. This is the 1st jail booking for the majority of the people booked in. This group also excludes people booked in for misdemeanors related to domestic violence, even if the crime is non-violent in its interpretation (e.g. stalking or harassment).

Impact Of The Policy Change On The Daily Population

By reducing admissions for those with non-violent misdemeanors it would reduce the jail population by 75 beds on a daily basis, but create a need for a more robust support system for people pending trial. Since this group also includes DUIs, the alternative would need some kind of voluntary sobering location where a person is unable to access their vehicle. This assumes 50% of the people identified would take part in the alternative support program, depending on the needs.

Impact Of The Policy Change On Race Equity

39% of stays are white, 28% black, and 23% Hispanic. This policy will slightly increase disparity since black and Hispanic people enter the jail less often under these circumstances.

Impact Of The Policy On Behavioral Health

- This program would reduce clients entering the jail who are new to the system, and appear to lack identified SMI (as different from crisis response). Many in this group are DUIs, as well as drug possession, so this would have larger influence on substance use than mental health.

Implementation:

Work with local law enforcement on the protocols for the cite and release policy specifics, as well as instruction on how someone can take advantage of the support program to avoid failures to appear, or deeper system involvement.

Partnerships:

Local Enforcement, health and human service agencies, and possibly legal aid or public defender services offered in the field or through referral for those seeking legal advice or pretrial support.

Evidence And Existing Programs:

This approach is largely centered on the risk principle in that lower risk people should avoid as much contact with the justice system as possible. Even short jail stays can be traumatic and risk people losing stability, leading to deeper system involvement. The support program should be focused on human service needs and court reminders. Sacramento county also partnered during certain phases of COVID to enact field citations, so looking at ways to create policy agreement would lead to clearer implementation.

Complexity And Funding:

This is low complexity in creating policies around the kind of misdemeanors eligible to be cited in the field, based on COVID response. DUI's represent some complexity due to impaired drivers, but this would also need to fund a support network to avoid people missing court dates, etc.

REDUCE LENGTH OF STAY

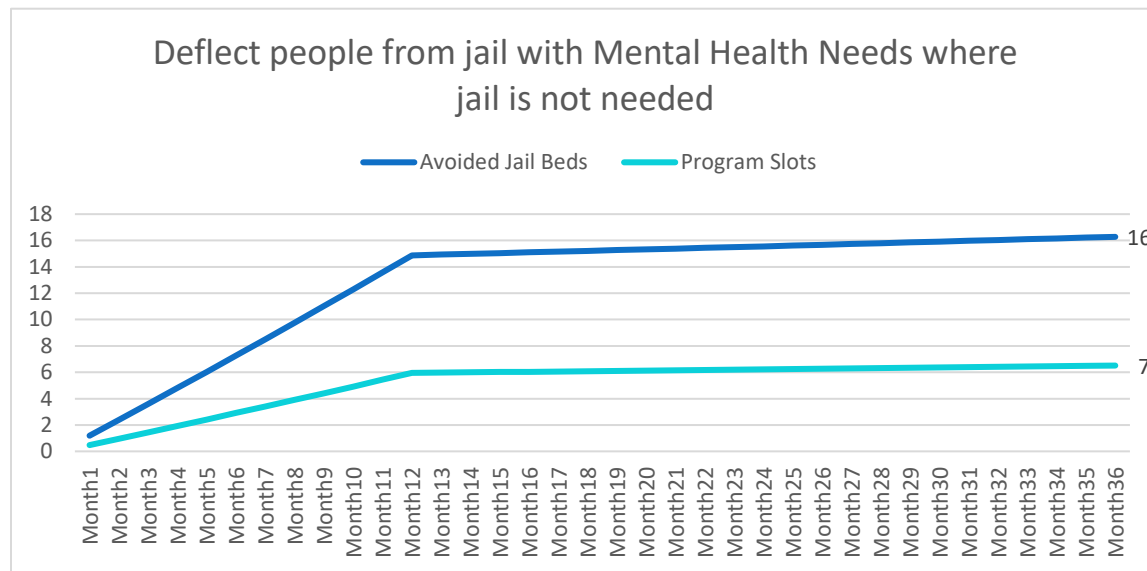
Reductions in length of stay specifically address people that would enter the jail, and there is unlikely to be a way to “deflect” their entry given the seriousness of the arrest. This set of recommendations focuses on programs or system changes that would reduce the time spent in custody once they have entered through various release and monitoring options, as well as expedited court and diversion processing. Please see section 1.5 for a discussion about risk to re-offend. For the purposes of this discussion, “Low Risk” is considered someone with less than 30% change of returning. Increasing the risk tolerance to closer to 50% would have a far larger impact on reducing the jail population but would also mean more people would return to custody.

<u>Recommendation</u>	ADP Impact	Partnership Needed	Target population
2A) Expand release of “Low-Risk” detainees staying up to arraignment	16	Sherriff’s Jail Staff, and Court	Using a Proxy risk assessment, identify people that are low risk for follow-up as to pretrial release
2B) Expand use of custody alternatives for low-risk sentenced inmates	101	Sherriff’s office Jail Staff and Probation	Sentenced people risk assessed as ‘Low,’ which would be appropriate for Electronic Monitoring
2C) Expand use of Pretrial for low-risk inmates staying past arraignment	131	Court, Probation/Pretrial Team, Public Defender	Defendants staying past arraignment who are low risk to recidivate
2D) Reduce Length of stay for people booked on warrants alone	30	Jail, court, attorneys, support program	People booked on open warrants
2E) Reduce Warrants around FTAs for MH Clients	39	Custody Health, Courts Behavioral Health, Community providers, Probation	People with identified Mental Health Needs with open warrants and history of failures to appear
2F) Expand the use of Mental Health Diversion Lower Risk Felonies	81	Jail, court, attorneys, support program, probation	People with identified SMI needs, and Low risk to reoffend with a current non-violent felony offense
2G) Expand the use of Mental Health Treatment Court for Moderate Risk People	77	Custody Health, Courts Behavioral Health, Community providers, Probation	People with identified SMI needs, and moderate Risk to reoffend with a current non-violent felony offense

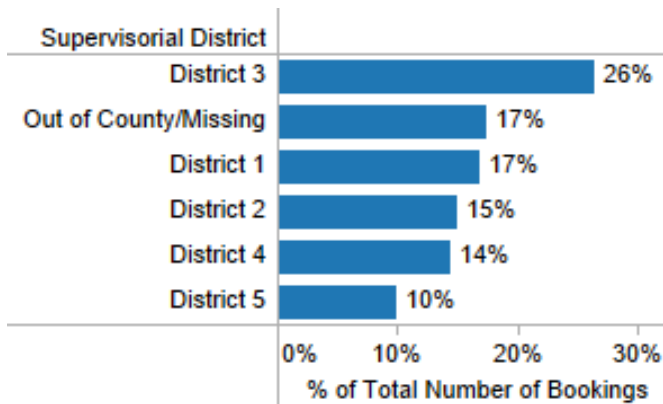
2A. EXPAND RELEASE OF "LOW-RISK" FELONY DETAINEES STAYING UP TO ARRAIGNMENT



PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS



GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS



Parameter	Amount
Net Program entries per month	175
Time to phase in	12
Jail Length of Stay (Days)	3
Alternative Program Length of Stay (Days)	1
Program Acceptance Rate	100%
Termination Rate and Timing (Months)	0% (x)

2A. Current State:

Currently, 2000 people are released at arraignment for felony level charges after spending 3 days in jail and are a "Low risk to recidivate" based on a proxy risk tool. This group excludes people booked for felony level crimes of violence.

Impact Of The Policy Change On The Daily Population

Reducing length of stay for those with non-violent felonies who are already likely to be released at arraignment would reduce the jail population by 15 beds on a daily basis. There would also be the need for a support program, but this is likely to only be at the point of release.

Impact Of The Policy Change On Race Equity

40% of stays are white, 31% black, and 18% Hispanic.

Impact Of The Policy On Behavioral Health

- This program would not intentionally address behavioral health, but screening and assessment could help to proactively address needs at discharge.

Implementation:

Develop risk screening protocols that identify people for possible release. Tools like this are not intended to be used to make detention decisions, only broaden release options. For example, the risk score calculated using a proxy tool is available at booking so it could be automated to aid in the speedy identification of possible release candidates. This is different than a full risk /needs assessment, as well as the pretrial screening tool used by probation.

Partnerships:

Partnerships include jail staff with safe release and re-entry options for these short stays.

Evidence And Existing Programs:

Validated risk tools can be used to systematically, based on an algorithm, look for additional detainees that can be released. Risk assessment only looks at factors associated with recidivism, so it won't give enough information about individual needs, but since it can be automated, will reach people who otherwise will have to wait until arraignment. Since evidence has shown that every day and every hour in custody is criminogenic, especially for low risk people, this change would be another front-end option to link people to services as quickly as possible.

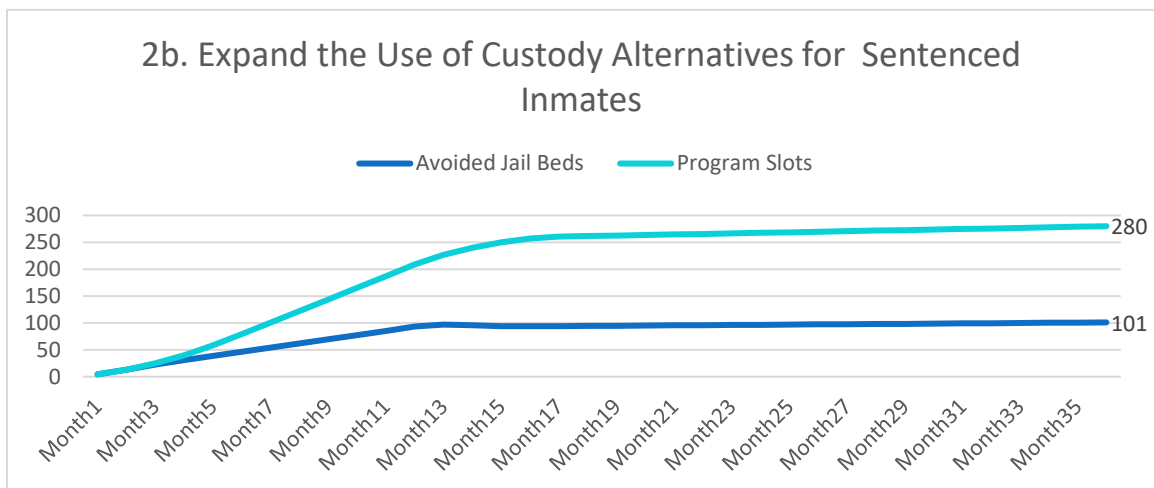
Complexity And Funding:

This is low complexity in creating policies regarding the way risk assessment could be included in jail release protocols, both technically and policywise. This would take process redesign since this is attempting to reduce a few days for many people in a short time frame.

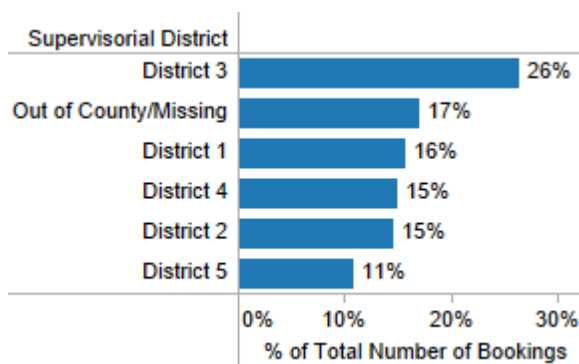
2B. EXPAND USE OF CUSTODY ALTERNATIVES FOR LOW-RISK SENTENCED INMATES



PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS



GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS



Parameter	Amount
Net Program entries per month	105
Time to phase in	12
Jail Length of Stay (Days)	74
Alternative Program Length of Stay (Days)	180
Program Acceptance Rate	50%
Early Termination Rate and Timing (Days)	31% (60)

2b. Current State:

With nearly 25% of the jail population in a sentenced status, there are nearly 1000 releases of people after sentencing who are at low risk to reoffend. These people stay 75 days in a sentenced status on average, of a total of 211 days total when combining pretrial and sentenced time.

Impact Of The Policy Change On The Daily Population

By reducing the sentenced length of stay for 50% of the people in a sentenced status (assumes some people won't want to participate), the jail would avoid 83 people in custody on a daily basis. This would create the need for a robust community option requiring 453 people to be on some kind of electronic monitoring program, probation supervision, or work release depending on the circumstances, assuming people had on average 180 days remaining on their sentence.

Impact Of The Policy Change On Race Equity

43% of stays are white, 33% black, and 17% Hispanic.

Impact Of The Policy On Behavioral Health

- This program would not intentionally address behavioral health, but screening and assessment could help to proactively address needs at discharge or during re-entry planning since these people stay 211 days, on average.

Implementation:

Develop risk screening protocols that identify people for possible release after sentencing, then develop resources in the community either overseen by the sheriff, probation, or community based organizations. If the jail performs a full risk/needs assessment, this can be used to guide re-entry planning and partnerships. The use of electronic monitoring could be used for people where there is some elevated concern about public safety, despite the low risk level, as well as work release for people with a limited amount of time remaining on their sentence.

Partnerships:

Partnerships include jail staff community release options, with possibilities including probation as well as community based organizations

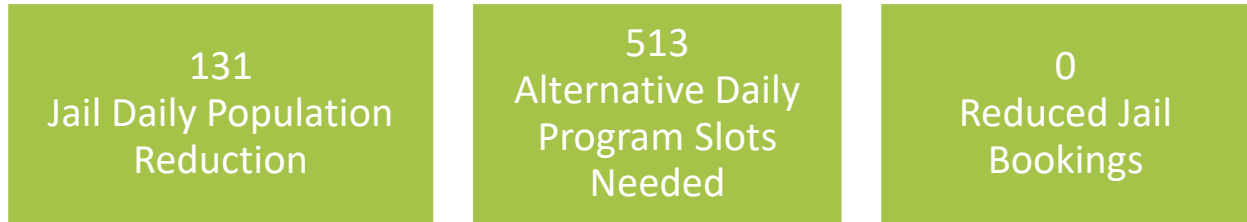
Evidence And Existing Programs:

Validated risk tools can be used to systematically, based on an algorithm, look for additional detainees that can be released. Electronic monitoring and work release have been found to be highly effective in the near term of limited returns to custody, but their impact ends with the program. This means that re-entry services and connections are important elements in addressing the factors that influence recidivism.

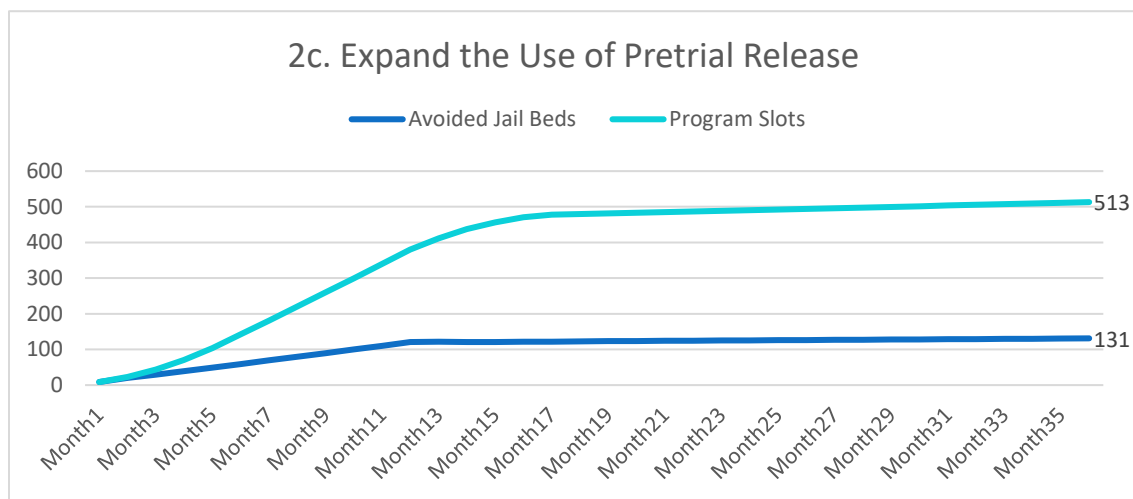
Complexity And Funding:

This is low complexity in creating policies affecting the way risk assessment could be included in jail release protocols as well as procuring electronic monitoring bracelets and training staff.

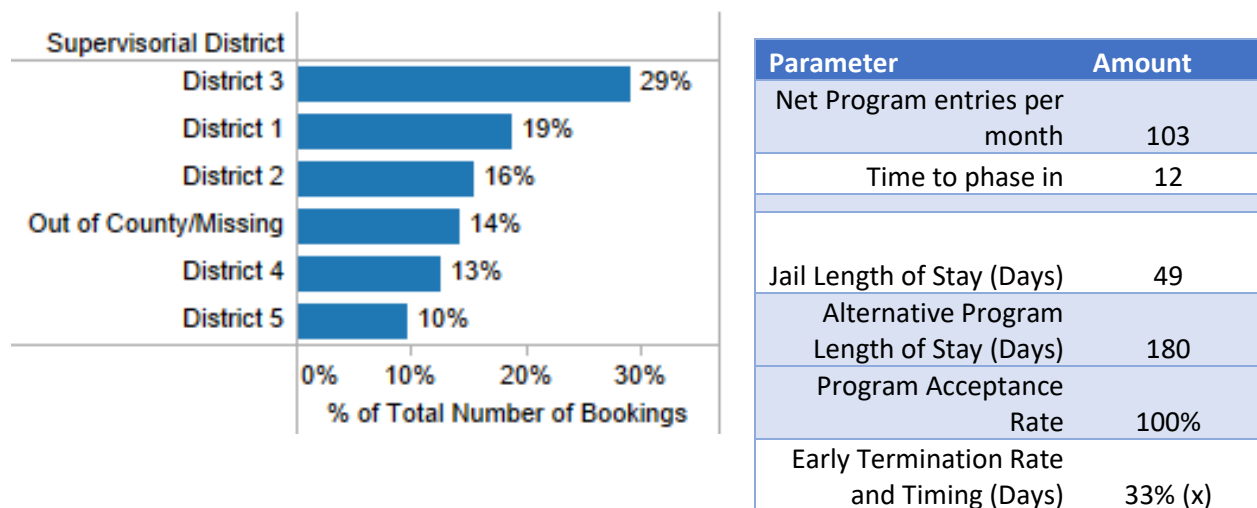
2C. EXPAND USE OF PRETRIAL RELEASE, THROUGH PROBATION MONITORING, THE PUBLIC DEFENDERS PRETRIAL SUPPORT PROGRAM (PTSP), OR OTHER APPROPRIATE RELEASE PROGRAMS.



PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS



GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS



2C. Current State:

With nearly 75% of the jail population awaiting trial, there are around 2600 people pending court. During COVID, the average stay increased by 10 days for people staying in custody after arraignment to 47 days on average before they are sentenced. The group staying past arraignment for new crimes numbers nearly 4,000 releases, or 515 people on a given day.

Impact Of The Policy Change On The Daily Population

By identifying people at lower risk of pretrial release using a proxy tool and not in custody for crimes of violence, warrants, or violations, it would reduce the jail population by 127 beds on a daily basis if these people were released pending their case. There would also be the need for ongoing monitoring, as well as possible support in the community. Using a proxy risk tool would allow for additional screening, especially for those staying past arraignment, and the creation of a release plan.

Impact Of The Policy Change On Race Equity

40% of stays are white, 33% black, and 17% Hispanic. Since relatively more white people are "low risk" using actuarial tools, this would not result in dramatic improvements in race equity. However, adding more levels of pretrial risk would have more of an impact.

Impact Of The Policy On Behavioral Health

- This population is 47% SMI, which means implementing it with this population would have significant impact on people who are SMI in the jail.

Implementation:

Develop risk screening protocols that identify people for possible release. Tools like this are not intended to be used to make detention decisions, only broaden release options. There would need to be way to connect people to either the PTSP or pretrial monitoring depending on the circumstances.

Partnerships:

Partnerships include jail staff in developing and implementing a proxy risk tool that could be offered for anyone staying past arraignment, as well as ways to refer people for further pretrial release suitability to the public defender's Pretrial program or probation monitoring.

Evidence And Existing Programs:

Validated risk tools can be used to systematically, based on an algorithm, to look for additional detainees that can be released. Risk assessment only looks at factors associated with recidivism so they won't give enough information about individual needs, but since it can be automated, it can identify lower risk people for follow up or else they would remain in custody.

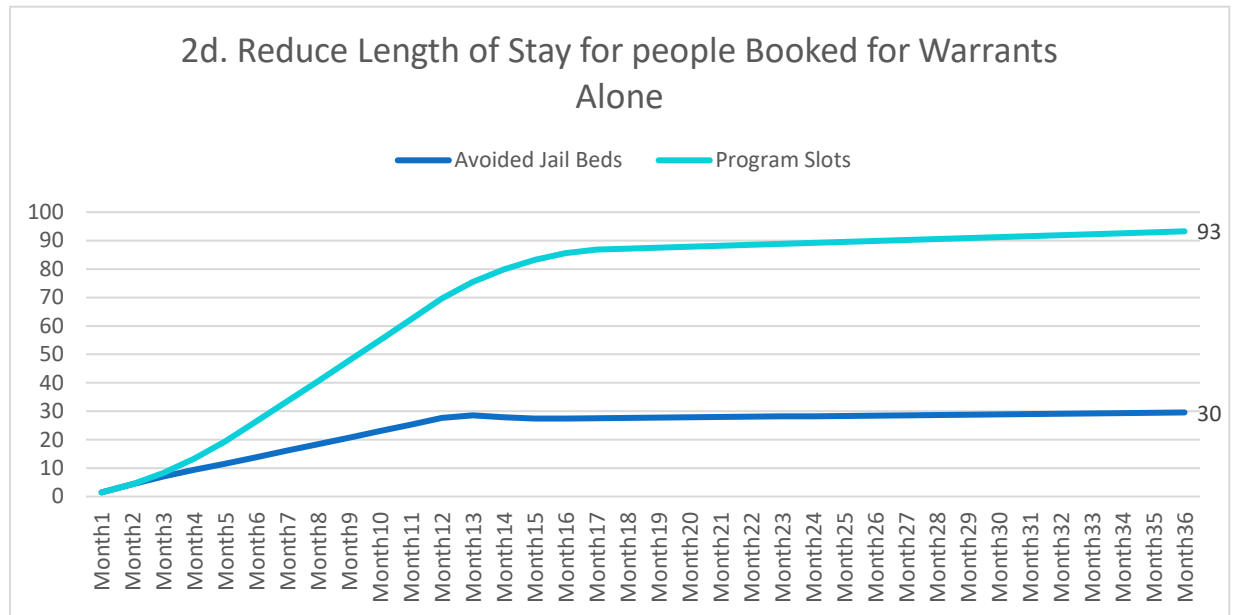
Complexity And Funding:

This is low complexity in creating a policies around the way risk assessment could be included in jail release protocols, both technically and policywise. This would require process redesign to ensure the reassessment for release, as well as coordination with pretrial release support.

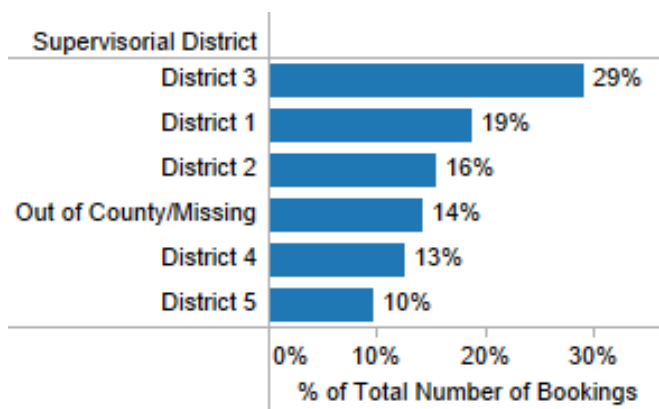
2D. REDUCE LENGTH OF STAY FOR WARRANT BOOKINGS ALONE



PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS



GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS



Parameter	Amount
Net Program entries per month	40
Time to phase in	12
Jail Length of Stay (Days)	65
Alternative Program Length of Stay (Days)	180
Program Acceptance Rate	70%
Early Termination Rate and Timing (Days)	31% (60)

2D. Current State:

There are currently 4500 releases per year for people entering on warrants alone. When eliminating warrants related to underlying crimes of violence, the total number is 1223. These people stay in custody, on average, for 65 days.

Impact Of The Policy Change On The Daily Population

By reducing length of stay for those with non-violent warrants, especially those are "low risk" for recidivism, the policy could release 306 people sooner to some kind of support program to better assure they appear for future court dates. Focusing on low risk people who don't have serious mental illness, this would save 30 beds on the average day.

Impact Of The Policy Change On Race Equity

35% of stays are white, 38% black, and 18% Hispanic. This policy would have improve race equity since relatively more black people enter the jail for warrants alone.

Impact Of The Policy On Behavioral Health

- This program would be set up mainly for people without serious mental illness, but may have other behavioral health needs. Although a large number of people with SMI enter the jail for warrants, program 2e is targeted at those programs.

Implementation:

Develop risk-screening protocols that identify people for possible release. Tools like this are not intended to be used to make detention decisions, only broaden release options. For example, the risk score available using a proxy tool is available at booking so it could be automated to aid in the speedy identification of possible release candidates. This is different than a full risk /needs assessment, as well as the pretrial screening tool used by probation. This program could be augmented through active warrant recall programs.

Partnerships:

Partnerships include jail staff, court, district attorney, and probation staff to identify people for release and continued support

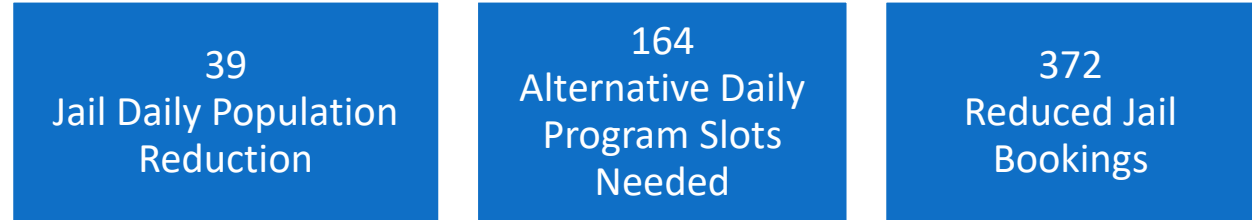
Evidence And Existing Programs:

Validated risk tools can be used to systematically, based on an algorithm, look for additional detainees that can be released. Risk assessment only looks at factors associated with recidivism, so it so won't give enough information about individual needs, but since it can be automated, will reach people who otherwise will have to wait until arraignment. Since evidence has shown that every day and every hour in custody is criminogenic, especially for low risk people, this change would be another front end option to link people to services as quickly as possible.

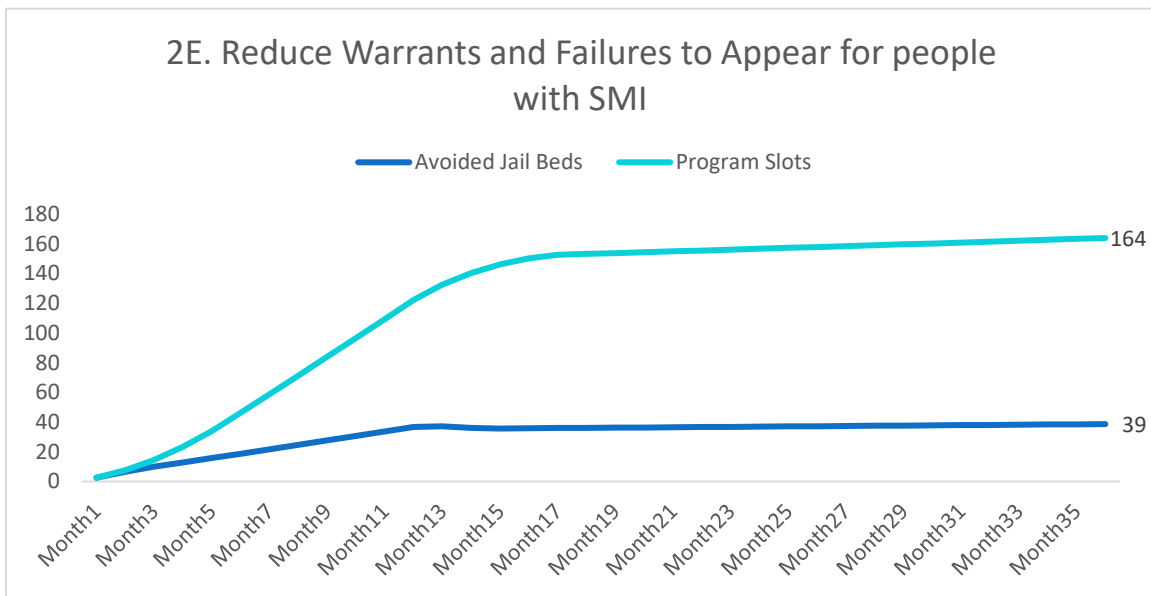
Complexity And Funding:

This is low complexity in creating a policies around the way risk assessment could be included in jail release protocols, both technically and policy wise. This would take process redesign since this is attempting to reduce a few days for many people in a short time frame.

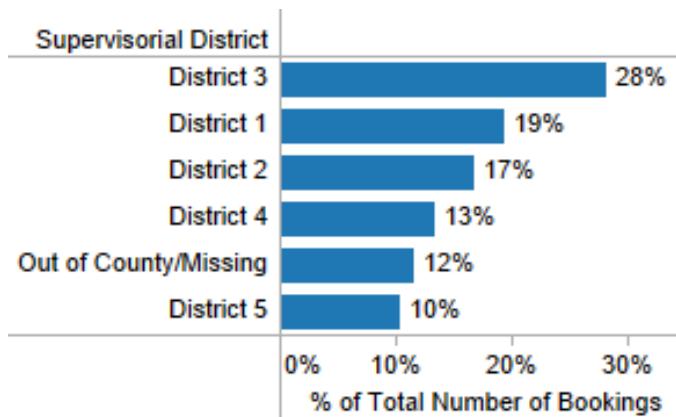
2E. REDUCE WARRANTS AROUND FAILURE TO APPEAR FOR SMI CLIENTS



PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS



GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS



Parameter	Amount
Net Program referrals per month	61
Time to phase in	12
Jail Length of Stay (Days)	48
Alternative Program Length of Stay (Days)	180
Program Acceptance Rate	50%
Early Termination Rate and Timing (Days)	30% (60)

2E . Current State:

People with SMI are booked into the jail for warrants 732 times per year, staying on average 48 days. They re-enter the jail at a high rate, often through warrants again. Looking at people with only 2-4 bookings, these people have not developed a history of non-compliance with court orders.

Impact Of The Policy Change On The Daily Population

By supporting people in the community with Serious Mental Illness through case management and monitoring or support, there is a better chance they will avoid warrants in the future and avoid 39 bed days on average for subsequent bookings. Since this recommendation seeks to avoid the next booking for a warrant, it assumes that offering services and connections will have a positive impact on the person's ability to comply with court orders. This could be done in concert with reduced length of stay for warrants where possible.

Impact Of The Policy Change On Race Equity

45% of stays are white, 31% black, and 18% Hispanic. Since relatively more people with an SMI are white, this policy wouldn't have an impact on race equity

Impact Of The Policy On Behavioral Health

- This program would not intentionally address behavioral health, but screening and assessment could help to proactively address needs at discharge.

Implementation:

Develop risk screening protocols that identify people for possible release. Tools like this are not intended to be used to make a detention decision, only broaden release options. For example, the risk score available using a proxy tool is available at booking so could be automated to aid in the speedy identification of possible release candidates. This is different than a full risk /needs assessment, as well as the pretrial screening tool used by probation.

Partnerships:

Partnerships include community behavioral health, correctional health in making warm handoffs, and possibly pretrial monitoring or pretrial support depending on the client's needs and risk.

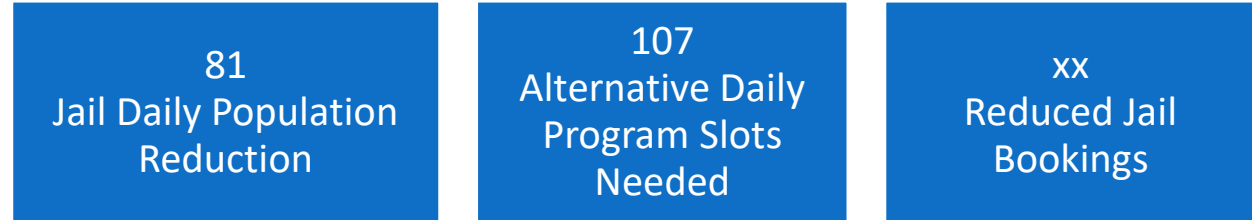
Evidence And Existing Programs:

There are currently efforts to link people to behavioral health at discharge, as well as pretrial monitoring by probation and pretrial support from the public defender's office. Some combination of supportive services could help bridge the gaps and assist people in reducing future warrants.

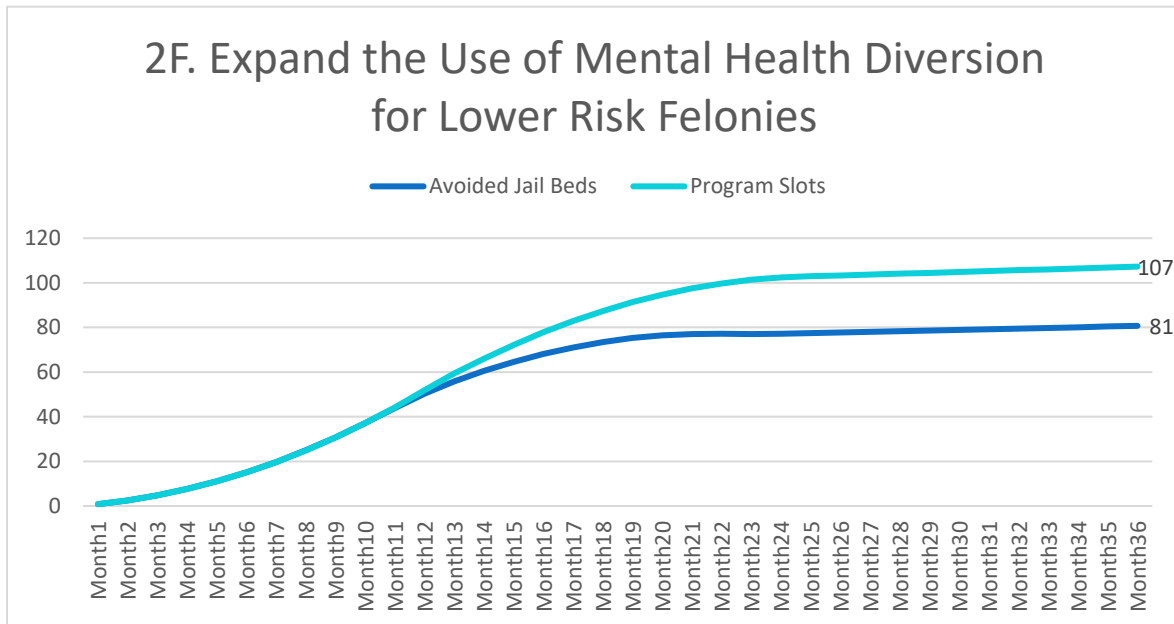
Complexity And Funding:

This is low complexity in creating a policy around how people with SMI's would be supported in the community, and the protocols for who is assisting and in what way, as well as community partners than can advise or assist people in avoiding future warrants.

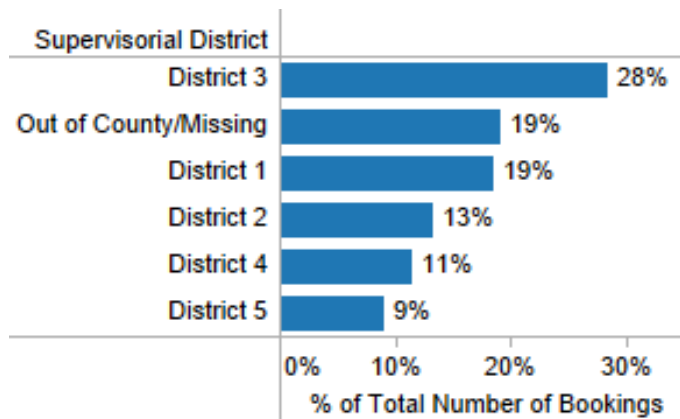
2F. EXPAND THE USE OF MENTAL HEALTH DIVERSION FOR FELONIES



PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS



GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS



Parameter	Amount
Net Program referrals per month	20
Time to phase in	12
Jail Length of Stay (Days)	320
Alternative Program Length of Stay (Days)	400
Program Acceptance Rate	50%
Early Termination Rate and Timing (Days)	32% (60)

2F . Current State:

People with SMI at a low risk of recidivism and in jail for non-violent new crimes total 250 releases per year. Mental Health Diversion is a program designed to move more people from the traditional court process to a diversion program that requires their completion of a treatment plan. If completed successfully, the person has their case dismissed. This court has been in operation since 2018, with annual referrals of nearly 300 motions, the majority of which are misdemeanors.

Impact Of The Policy Change On The Daily Population

By supporting people in the community with SMI through Mental Health Diversion, the program would reduce the number of people in the justice system by 82 on a daily basis and keep people connected and accountable to completing their treatment plan. Currently, felonies are often contested, so with a focus on people that are lower risk of recidivism, there could be more of a chance that if the person met criteria, the person would be accepted into the diversion program. Further, using risk assessment may help in deciding who is appropriate for diversion versus other court settings.

Impact Of The Policy Change On Race Equity

51% of people are white, 26% black, and 14% Hispanic. Since relatively more people are white, this policy wouldn't have an impact on race equity.

Impact Of The Policy On Behavioral Health

- This program will target people with SMI and possible Co-Occurring disorders, so there would be a sizable impact.

Implementation:

Court partners should convene to better define the role of diversion in the context of other court options. Diversion, since it dismisses the court record, and has lower levels of monitoring, needs to be in congruence with the levels of risk partners are willing to take. Further, MH diversion is more dependent on client motivation and engagement, meaning adding a monitoring or support function may increase trust among partners about compliance.

Partnerships:

Partnerships include the Court, District Attorney, defense attorney, and treatment provider. Adding probation, where resources are available, could assist in monitoring and providing assessment on the front end.

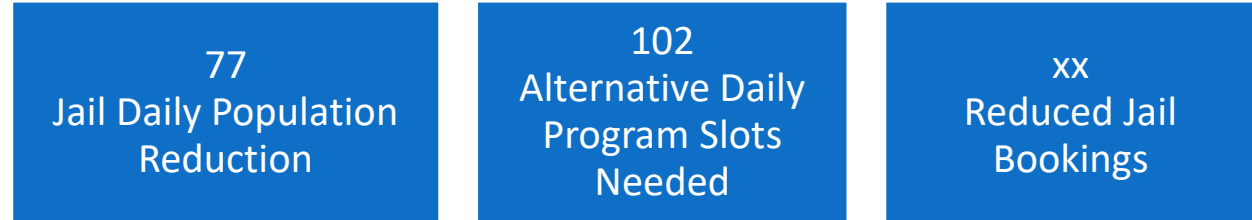
Evidence And Existing Programs:

Mental Health Diversion is relatively new to California, but Sacramento has operated a program since 2018, about when AB1810 was passed. The county also runs a diversion effort for people at risk or found IST, thereby diverting them from a lengthy restoration process.

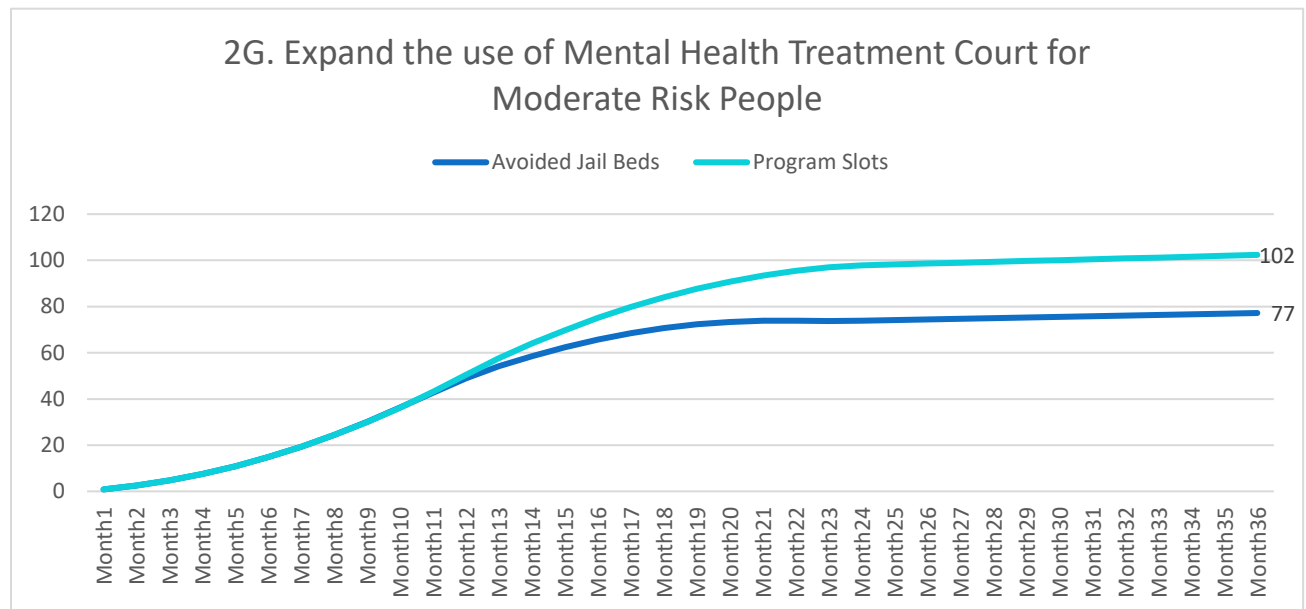
Complexity And Funding:

Since this is an existing program, the main challenge will be norming expanding comfort with people with felony levels of crime, as well as creating more funded treatment positions. A growing caseload would need to support attorneys as well as possibly more support in the community for monitoring compliance in certain cases.

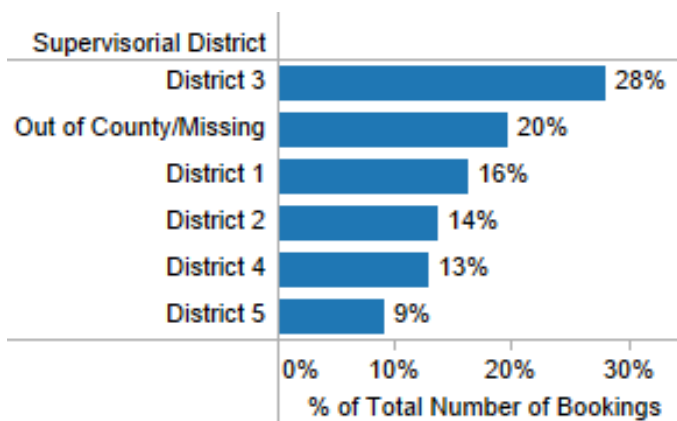
2G. EXPAND THE USE OF MENTAL HEALTH TREATMENT COURTS



PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS



GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS



Parameter	Amount
Net Program referrals per month	20
Time to phase in	12
Jail Length of Stay (Days)	320
Alternative Program Length of Stay (Days)	400
Program Acceptance Rate	50%
Early Termination Rate and Timing (Days)	35% (60)

2G . Current State:

People with SMI at a moderate risk of recidivism and in jail for non-violent new felonies total 773 releases per year. The Mental Health Treatment Court (MHTC) is a collaboration to provide treatment and accountability to those with a documented mental health diagnosis voluntarily and post-adjudication. Upon completion of the program, suspended jail time is lifted, probation may be terminated, and the case may be dismissed. There are currently 175 people in the court and 240 referrals per year.

Impact Of The Policy Change On The Daily Population

By expanding the treatment support for people with SMI through the MHTC's 3 levels of Care, the program would reduce an additional 124 people in the jail system on a daily basis but keep people connected and accountable to completing their treatment plan with dedicated treatment resources. This would increase the size of the court as well as the team to support it, bringing the total caseload to 275 people.

Impact Of The Policy Change On Race Equity

37% of people are white, 38% black, and 16% Hispanic. This would have a reduce race disparity due to a higher number of people that are black relative to the general jail population.

Impact Of The Policy On Behavioral Health

- This program will target people with SMI and possible Co-occurring disorders, so there would be a sizable impact.

Implementation:

Court partners should convene to better define the role of diversion in the context of the Mental Health treatment Court. Since MHTC is post-adjudication, it serves a different but related role to Mental Health diversion. Since the program is existing, the main implementation areas would alignment with other court programs

Partnerships:

Partnerships include the Court, District Attorney, defense attorney, probation and treatment provider.

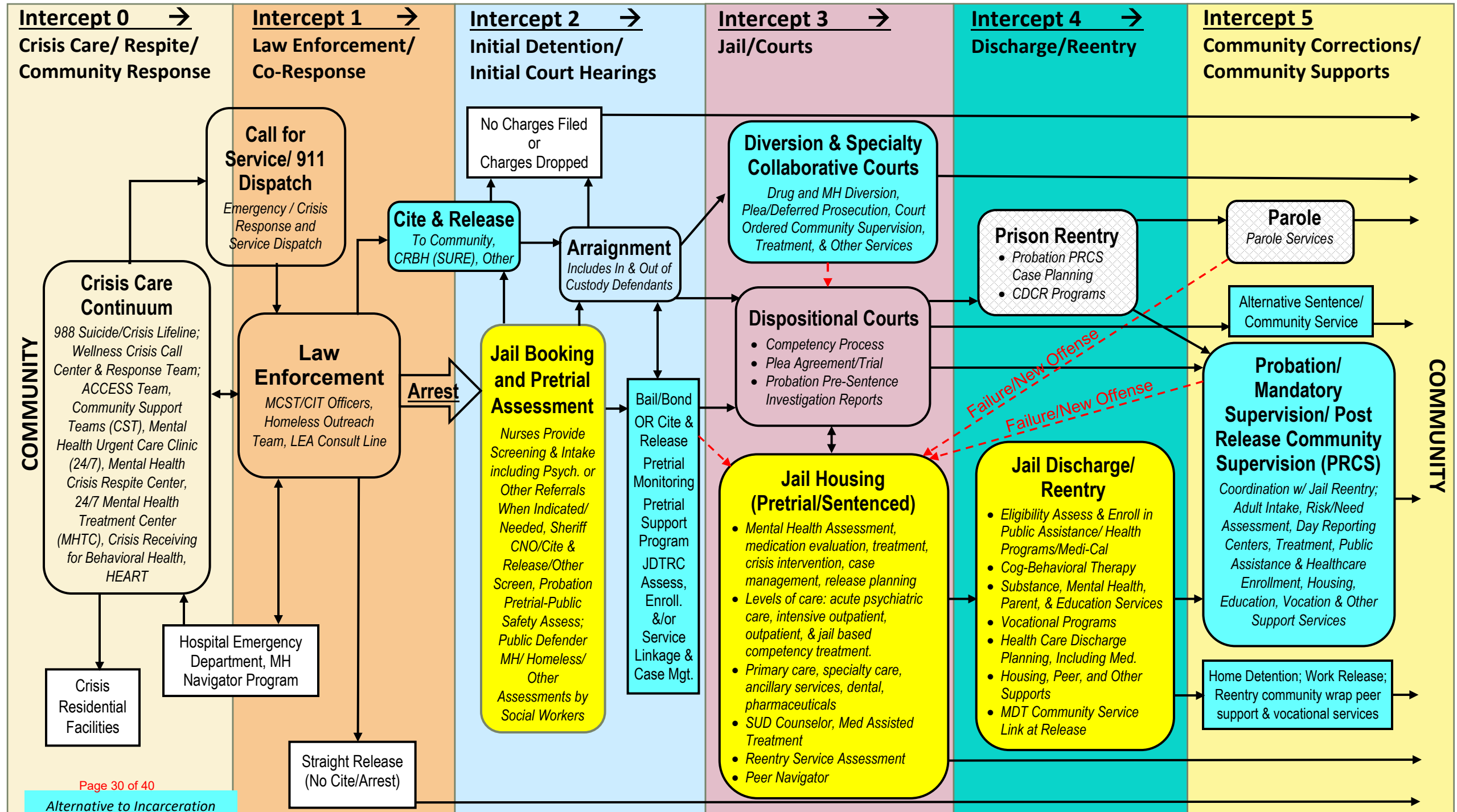
Evidence And Existing Programs:

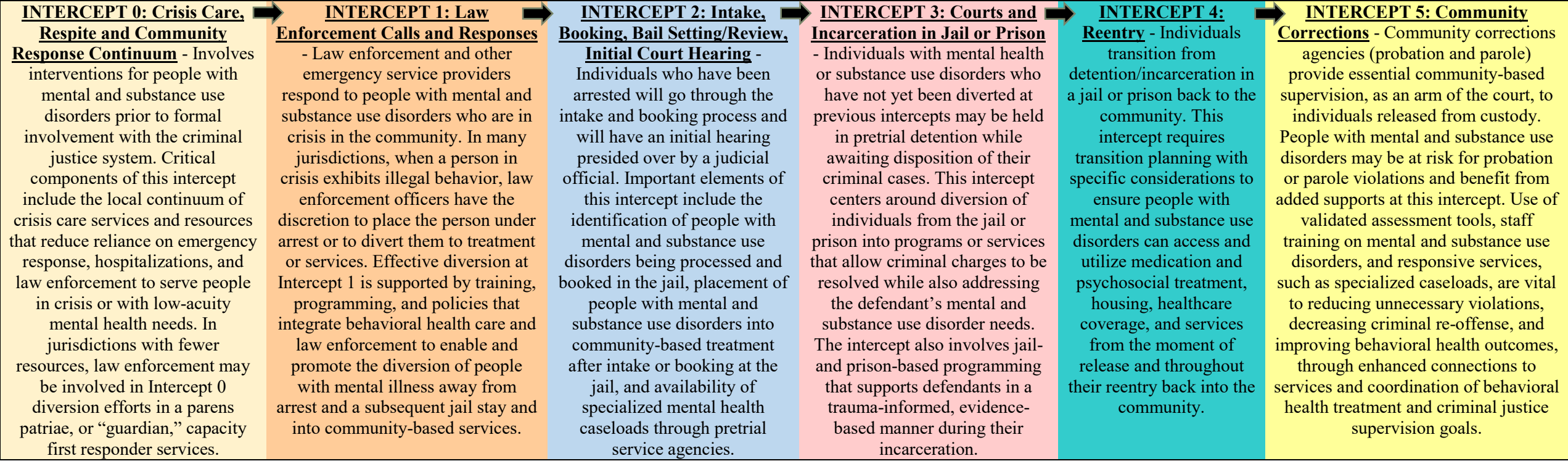
The MHTC has existing for 15 years and has a caseload of approximately 175 people. Using a comparison group of people that met criteria but declined to enter the program showed a 20% reduction in jail recurrence over 3 year period. This is similar to other rigorous studies showing a long term positive impact of the program, not just during participation.

Complexity And Funding:

Since this is an existing program, the main challenge will be norming comfort levels with taking on more people with felony levels of crime, as well as creating more funded treatment positions. A growing caseload would need to support attorneys as well as probation.

Sacramento County Adult Sequential Intercept: Criminal Justice-Behavioral Health Partnerships





INVENTORY OF SERVICES

988 Suicide & Crisis Lifeline - Operated by [WellSpace Health Crisis Center](#) 24 hours a day, 7 days a week, with support from County Behavioral Health, receives calls from people of all ages who are feeling depressed, hopeless, alone, desperate, and sometimes considering suicide as a way to end their pain. We also respond to calls that involve emergency rescue, such as a suicide in progress, someone on the Foresthill Bridge, or calls patched in from the California Highway Patrol or other law enforcement.

Wellness Crisis Call Center and Response Team (WCCCRT), go-live estimate is late 2022, receives calls from community members requesting behavioral health services or when they are experiencing a mental health crisis. Staff provide immediate, 24/7 crisis intervention and de-escalation services, assess needs and risks, and create safety plans. Clinicians and staff with lived experience can be dispatched to respond immediately to locations throughout the County. WCCCRT will identify and leverage individual strengths and natural supports; coordinate with existing Mental Health Plan (MHP) and Substance Use Prevention and Treatment (SUPT) providers as appropriate; link to services; provide voluntary transport to urgent/emergency resources and access to alternate response teams or emergency responders when necessary. Goals: • Safely de-escalate crises • Provide linkages to accessible culturally responsive behavioral health resources to decrease repeat crises and emergency department visits • Offer a response team that meets the cultural, ethnic and language needs and does not include law enforcement staffing • Ensure model is community-based • Decrease criminalization of mental health and homelessness.

Homeless Encampment and Response Team (HEART) Staffed with Counselors and Peers, HEART uses a phased approach to help encampment and shelter residents link to needed behavioral health services and support. Through the initial phase where we develop rapport and trust over time. The timeline for these phases can be weeks or years. The team's ultimate goal is to reach linkage phase so that encampment and shelter residents will consent to and can obtain the behavioral services they need.

Mental Health Access Team – The entry point for County mental health services, a Behavioral Health Services (BHS) team of licensed mental health professionals provide Sacramento County residents referrals and/or linkage to authorized specialty mental health services. They determine eligibility for services based on referral information and by conducting a brief phone screening in the individual’s primary language. Individuals, caregivers, schools, medical providers, and other concerned adults can refer to the Access Team via phone, fax or US mail.

- The Mental Health Access Team determines level of service needed and links the individual with a culturally and linguistically appropriate provider. In accordance with confidentiality regulations, the Mental Health Access Team will inform the referring party that the individual has been linked with a provider agency. The Sacramento County contracted provider will contact the individual and/or caregiver to set up an appointment after the Access Team has authorized services.
- Available Services: • Crisis intervention • Mental health assessments • Therapy and/or rehabilitation services • Intensive Home Based Services • Skills building and support groups • Case management • Intensive Care coordination • Linkage to housing services • Linkage to community resources • Medication support • Early Childhood Mental Health • Services for Youth with coexisting Mental Health and Alcohol/Substance Abuse Disorders

Substance Use Prevention & Treatment (SUPT) Services treatment services to youth and adults who are struggling with a substance use disorder. A preliminary assessment is conducted by clinical staff to determine treatment needs and level of care to support recovery. Over-the-phone assessment and referral to an appropriate treatment provider is available M-F, 8:00 am – 5:00 pm at (916) 874-9754 or (888) 881-4881, and after hours at (888) 881-4881.

Laura’s Law/Assisted Outpatient Treatment (AOT) is a court ordered outpatient service for adults, ages 18 years and older, who have a serious mental illness and a history of (a) psychiatric hospitalizations, (b) jailings, or (c) acts, threats or attempts of serious violent behavior towards themselves or others. Consumers must first be offered voluntary treatment within the past 10 days. It is estimated to begin taking referrals in January 2023 to go live in February 2023, where a Full Service Partnership (FSP) model will be applied.

Forensic Full Service Partnership (FSP) – El Hogar’s [Community Justice Support Program](#) FSP will apply a Multi System Team (MST) model for interagency and community collaboration in mental health service to justice involved individuals experiencing Serious Mental Illness (SMI). Currently a Multi-disciplinary Team (MDT) model is used. Services include peer support, medication support, intensive case coordination, support with benefits acquisitions, housing support, therapy, skill building sessions and groups.

The **Community Support Team (CST)** operated by Behavioral Health Services, Monday through Friday, 8:00 am – 5:00 pm. The collaborative team includes, licensed mental health counselors, peer and family support specialists, and other professional staff providing community-based flexible services to serve all age groups experiencing mental health distress, including those at risk for suicide, and the individual’s family members and/or caregivers. Services can include assessment, crisis intervention, safety planning, and linkage to ongoing services and supports. The goal of CST is to provide services in a culturally and linguistically competent manner while promoting recovery, resiliency and wellbeing resulting in decreased use of crisis services and/or acute care hospitalization services; decreased risk for suicide; increased knowledge of available resources and supports; and increased personal connection and active involvement within the community.

Mental Health Urgent Care Clinic (MHUCC) beginning in late 2022, will operate 24 hours a day, 7 days a week. It’s a walk-in clinic for individuals experiencing a mental health and /or co-occurring substance abuse crisis. The MHUCC is a client-centered program that focuses on providing immediate relief to individuals and families in distress. The program intends to avert psychiatric emergency room visits and involuntary hospitalizations. The goal of MHUCC is to foster recovery for individuals and families through the promotion of hope and wellness. As a walk-in clinic, the MHUCC welcomes anyone experiencing mental health-distress regardless of age and ability to pay. *This program is funded by the Sacramento County Division of Behavioral Health Services through the voter-approved Proposition 63, Mental Health Services Act (MHSA)* • A safe space for individuals and families, peer support and on the- spot counseling • Crisis interventions, psychiatric evaluations and clinical assessments • Referrals and linkages to community resources • Brief medication management services (excluding controlled substances)

Mental Health Crisis Respite Center – Operated by Hope Cooperative/TLCS, provides twenty-four (24)-hour/seven (7) days a week mental health crisis respite care in a warm and supportive community based setting to eligible TAY (18+), adults, and older adults who are experiencing overwhelming stress due to life circumstance resulting in a mental health crisis. Services include screening, resource linkage, crisis response and care management up to twenty-three (23)-hours. The program has the capacity to serve up to ten (10) individuals at any given time. ([Abiding Hope](#) and *MH Respite Program also available*)

Crisis Residential Facilities – Short-term residential treatment programs that operate in a structured home-like setting twenty-four hours a day, seven days a week. Eligible consumers may be served through the CRP for up to 30 days. These programs embrace peer facilitated activities that are culturally responsive. CRPs are designed for individuals, age 18 and up, who meet psychiatric inpatient admission criteria or are at risk of admission due to an acute psychiatric crisis, but can instead be served appropriately and voluntarily in a community setting. Beginning with an in-depth clinical assessment and development of an individual service plan, crisis residential program staff will work with consumers to identify achievable goals including a crisis plan and a Wellness Recovery Action Plan (WRAP).

Crisis Receiving for Behavioral Health (CRBH), formerly Substance Use Respite & Engagement (SURE) Program – Operated by WellSpace Health 24 hours a day 7 days a week at 631 H St., behind the Main Jail. CRBH provides short-term (4-12 hour) recovery, detox, and recuperation from effect of acute alcohol/drug intoxication or behavioral health crisis. Staffed by healthcare professionals to provide medical monitoring, SUD counseling, and connections to supportive services and transportation to service partner or home after completion of short-term recovery. Clients are referred by partner agencies, no walk-ins. Capacity currently 20, planned expansion to 40.

Sacramento County Mental Health Treatment Center (MHTC) – Provides short term comprehensive acute inpatient mental health services, 24/7, for adults 18 and older experiencing a mental health crisis and/or condition. The County’s Intake Stabilization Unit (ISU), adjacent to the MHTC campus’ 50 inpatient psychiatric beds, provides up to 23-hour crisis stabilization and intensive services in a safe

environment. The ISU responds to hospital ED staff and law enforcement calls 24/7, provides direct access from the mobile crisis support teams and SB82 triage navigator program, and receives adults and minors that have been medically cleared for 24/7 crisis stabilization services.

911 Dispatch – Different 911 call centers serve different jurisdictions within the county. They include one operated by the California Highway Patrol and 6 by local LEA's, with the Sheriff's Office and Sacramento Police Department operating the two largest. Computer aided dispatch is utilized for deployment of appropriate responders, including dispatch of Mobile Crisis Support Teams/Co-Responders, where available.

Law Enforcement Consult Line (LECL) – Is available for officers responding to 911 calls in the community on clients who are experiencing a mental health crisis. They are encouraged to call the Mental Health Treatment Center's Intake Stabilization Unit (ISU) to consult on these clients for resource assistance they might need to work with the client. Officers may bring clients directly from the community for mental health services and crisis stabilization to the ISU if the client meets Welfare & Institutions Code 5150 criteria of Danger to Self (DTS), Danger to Others (DTO) or Gravely Disabled (GD). A designated LEA telephone line (875-1170) has been established on the ISU for these purposes.

Mobile Crisis Support Teams (MCSTs) – licensed clinicians embedded with law enforcement to respond to mental health crisis related calls for service (in the process of expanding from 9 to 11 teams for Behavioral Health Service (BHS) partnership with the Sacramento Sheriff Department-North Division, Sacramento Sheriff Department-Central Division, Citrus Heights Police Department, Folsom Police Department, Elk Grove Police Department, and the Rancho Cordova Police Department currently and adding Galt Police Department and the Los Rios Police Department, where Officers/Deputies are trained in Crisis Intervention Training (CIT) to respond to persons experiencing mental health crisis. Teams responding to mental health crisis aim to reduce risks and threats to self or others. They build upon individual, family, community, and self-identified strengths and skills to divert individuals from unnecessary incarceration or hospitalization. They assist with making connections to and navigating service systems for access to ongoing mental health support. Authorized mental health providers support de-escalation, safety planning and ongoing care. MCSTs also educate key individuals, family members or natural supports on how to improve health and wellness.

Homeless Outreach Team (HOT) – The mission of the Sacramento County Sheriff's Homeless Outreach Team (HOT) is to engage homeless individuals with services, along with enforcement when necessary, in order to make a positive impact in the community. The men and women of the Homeless Outreach Team utilize unique and innovative "outside the box" approaches to connect homeless individuals and families with critical services. HOT has formed and fostered partnerships with State and County agencies, as well as faith-based and private organizations, to provide service to homeless people in need.

Jail Diversion Treatment and Resource Center (JDTRC) – Opened December 2021, this comprehensive resource center is for Misdemeanor Mental Health Diversion Court participants 18 years and older who are living with mental illness and/or co-occurring substance use disorder, and/or suffering from trauma. Located in close proximity to the Main Jail and Sacramento Superior Court, services include mental health evaluations and linkage to services, onsite therapeutic classes, referrals to community-based service providers, contact with a probation office, and onsite meetings with legal representation.

Sheriff's Jail Intake – Staff provide additional screening during booking to identify detainees who qualify for and can be safely released on their "own recognizance" (OR) without being placed in housing units, typically within 24 hours of booking. This type of pretrial release is known as a "Quick" release. Sheriff's intake staff also identify defendants eligible for the Chronic Nuisance Offender (CNO) Program. Booking officers refer eligible defendant to the District Attorney's Office for participation in this specialty court program provides housing, treatment and other services as an alternative to jail.

Adult Correctional Health (ACH) – Provides physical health and mental health services for incarcerated adults in the jail system. This is a county operated service working in partnership with Sacramento Sheriff's Office (SSO). ACH has several contracted providers including UC Davis for onsite mental health services. Other healthcare contracts include specialty and ancillary care services. Registered nurses (RNs) complete a receiving screening/intake on arrestees who are booked and housed. Dependent on patient needs, there is a range of medical services (primary care, specialty care, dental, pharmacy, & ancillary services) provided to patients (onsite/offsite). RNs refer individuals to onsite mental health staff and can request urgent assessments when needed. Psychiatric consultation is available 24/7 at both jail facilities. Psychiatric services include evaluations, medication management, crisis intervention, treatment, case management and limited discharge planning. Services include acute psychiatric care, intensive outpatient, outpatient, and jail based competency. ACH also has a contract with WellSpace Health for on-site Substance Use Disorder (SUD) Counselors to provide assessment, education, counseling, and community linkage at the Main Jail. ACH collaborates with system partners such as Behavioral Health, Collaborative Courts, etc. Medication Assisted Treatment (MAT) services are also provided when clinically indicated. There is a discharge planning team that provides health care linkage for patients post-release. This includes discharge planning services for patients with chronic health conditions, SMI, and SUD. Discharge planning is a phase in process. Medications are currently provided to the sentenced population post-release. Staff have not yet begun the medication pilot for the presentence population.

Probation Pretrial Program - Assessment, Recommendations to Court, and Monitoring – Focused on identifying detainees who can be safely released to the community pending trial, without regard to ability to post bail. Under this program, Probation Officers apply the Public Safety Assessment, a validated risk assessment tool, and provide pretrial reports to Superior Court that include risk scores and detention or release recommendations, including recommended monitoring levels and conditions. Those released for pretrial monitoring may be provided further assessment and linkage to health and support services, court reminder telephone calls, office visits, community visits and GPS monitoring.

Public Defender Pretrial Support Program - Social workers embedded in the Public Defender's Office conduct clinical forensic, housing and other need assessments for pretrial defendants booked into jail, develop coordinated safety jail discharge plans, link individuals to mental health, housing and other support services, and provide ongoing case management support after release.

Public Defender, Conflict Criminal Defender and the District Attorney Review – Working together along with the Court and Behavioral Health experts, they identify defendants who are eligible and appropriate for diversion or collaborative court programs that provide community-based treatment and other services. Additionally, specialized attorneys work to ensure appropriate actions and services for LPS and Murphy’s Conservatorship (defendant subject to a pending indictment or information for a serious and violent felony and found to present a substantial danger of physical harm to others), mentally disordered offenders, sexually violent predators, and for mental incompetence/insanity extensions.

Drug Diversion (PC 1000) – Under Penal Code Section 1000, defendants who meet criteria: (1) Within five years prior, defendant has not been convicted for any offense involving controlled substances other than offenses listed under PC 1000. (2) The offense charged did not involve a crime of violence or threatened violence. (3) There is no evidence of a contemporaneous violation relating to narcotics or restricted dangerous drugs other than a violation of the offenses listed under PC 1000. (4) Defendant has no prior felony conviction within five years prior. Drug diversion program clients enter a plea of not guilty and waives the right to a trial by jury and proceedings are suspended during participation in a 12- 18 month drug treatment program. If the individual does not complete the program or is convicted of specified crimes the Court may terminate diversion and reinstate the criminal proceedings. Charges are dismissed if the individual successfully completes diversion.

Mental Health Diversion (Terms differ for [Misdemeanor](#) & [Felony](#) Defendants) – Superior Court may grant Mental Health Diversion to defendants eligible pursuant to Penal Code Section 1001.36, charged with specified crimes, suffering from a qualifying mental health disorder, where a qualified expert determines nexus between mental health symptoms and criminal behavior, and the defendant does not pose an unreasonable risk of danger to public safety. To participate, a qualifying individual enters a plea of not guilty and waives the right to a speedy trial, and proceedings are suspended in order for the individual to complete a mental health treatment program within 12 or 24 months, dependent upon offense. Processes established by Sacramento Superior Court.

Title	Who It's For	What It Includes	Length	Capacity	Agencies Involved
Misdemeanor Mental Health Diversion	Defendants facing misdemeanor charges and suffering from mental illness or co-occurring mental and substance use disorders, approved for participation by the Court under PC 1001.36.	Outpatient and/or residential services including case management, benefits acquisition, crisis response, intervention and stabilization, medication evaluation and support, and ongoing specialized mental health services. Social Worker Services provided through the Public Defender’s Office. Full Service Partnership supports such as housing, employment, education and transportation. Upon completion, case dismissed.	6-12 months	No Cap	Court, Public Defender, District Attorney, Health Services, Human Assistance
Felony Mental Health Diversion Felony	Defendants facing felony charges and suffering from mental illness or co-occurring mental and substance use disorders, approved for participation by the Court under PC 1001.36.	Outpatient and/or residential services including case management, benefits acquisition, crisis response, intervention and stabilization, medication evaluation and support, and ongoing specialized mental health services. Social Worker Services provided through the Public Defender’s Office. Full Service Partnership supports such as housing, employment, education and transportation. Upon completion, case dismissed.	12-24 months	No Cap	Court, Public Defender, District Attorney, Health Services, Human Assistance

[Sheriff’s Alternative Sentencing Program \(ASP\), Work Project, & Home Detention](#) – provides an opportunity for people to work community service hours in lieu of paying fines, allows certain sentenced individuals the ability to work in their community in lieu of serving time in jail, and provides home detention alternative to jail for sentenced individuals to support their family, employment and education goals.

[Sheriff’s Reentry Services](#) – Rehabilitative vocational, educational, and treatment services that aim to reduce recidivism and prepare offenders for successful community reintegration. Evidence based assessment tools are utilized to determine program placement. Upon release from custody, ongoing program services are available in the community for up to a year.

[Medi-Cal Pre-Release](#) (in custody) enrollment through the Department of Human Assistance ([DHA](#)) will be expanded in January 2023.

[Adult Day Reporting Centers \(ADRC’s\)](#) – Probation operates three ADRC locations with intensive on-site and community supervision for individuals 18 and over and who have been assessed as having a high-risk to reoffend. Depending on client needs, the phased program lasts 9 to 12 months. ADRC includes: cognitive-behavioral treatment classes; referrals to community-based organizations; job skill assessments; vocational training; group, individual or family counseling; educational services including assessment, GED preparation and testing; emergency housing; family support services; pro-social activities; and participation in the Community Outreach Program to provide restitution to victims. Adult Correctional Health RNs onsite for screening and referral to health care services.

Additional service options not County operated, but available for justice-involved people: [Turning Point Community Programs- Mental Health Urgent Care Clinic & 3 Crisis Residential Facilities - 2 with 15 beds each and 1 with 12 beds.](#) [Abiding Hope Respite House »](#); [Bender Court Crisis Residential »](#); [Crisis Residential Program \(CRP\) »](#); [Flexible Integrated Treatment \(FIT\) »](#); [Integrated Services Agency \(ISA\) »](#); [Mental Health Urgent Care Clinic \(MHUCC\) »](#); [Pathways to Success After Homelessness »](#); [Regional Support Team \(RST\) »](#); [Therapeutic Behavioral Services \(TBS\) »](#); [Transitional Support Services »](#); [SMART- SACRAMENTO MULTIPLE ADVOCATE RESOURCE TEAM at El Hogar’s Guest House Homeless Clinic- a voluntary outpatient behavioral health clinic to helps adults struggling with mental health and/or substance abuse challenges who are homeless. Guest House provides access to mental health and supportive services. Staff use a strengths-based approach to help consumers regain control of their lives with:](#)
• [Medication Support](#) • [Entitlement Support \(GA, SSI, SSDI, etc.\)](#) • [Linkage to Primary Health Care](#) • [Individual Therapy](#) • [Support Groups](#) • [Case Management](#) • [Advocacy](#) • [Connections Lounge](#)

NEW SERVICES 2023: Enhanced Care Management (ECM) and Community Supports (CS) are foundational components under the State's new California Advancing and Innovating Medi-Cal (CalAIM) initiative. ECM is a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and non-clinical needs of high-cost, high-need managed care members across multiple delivery systems. CS are non-traditional support services that are provided “in-lieu” of more costly services, including hospitalizations and nursing facility stays that are covered by Medi-Cal. Sacramento County is working to implement ECM and CS expansion for justice involved individuals, upon release from jail, in July 2023. Additional health service resource information is available [here](#).

NOTE: Ongoing staffing crisis for health professional positions has impacted go-live/start-up, current and expansion plans and operations for many of the [behavioral health services available](#).

Sacramento County Collaborative and Specialized Courts					
Title	Who It's For	What It Includes	Length	Capacity	Agencies Involved
Recovery Treatment Court (formerly Drug Court)	Defendants charged with non-violent drug possession, violations of probation, and certain drug-related and property crimes.	Residential and outpatient services including detoxification, substance misuse, mental health treatment, relapse prevention, and reentry services; drug testing, case management, housing, and therapeutic (yoga, nutrition, mind-body) services; and probation supervision. Upon completion, suspended jail time is lifted and probation may be terminated or the case may be dismissed.	10 - 18 months	80 - 125	Court, Probation, Attorneys, Dept. of Health Services, Dept. of Human Assistance, and Service Providers
Drug Diversion – PC 1000	Defendants charged with simple possession and first time drug offenses.	Individual assessments to determine level of treatment needs and linkage to appropriate treatment services. Self-help support groups and random drug testing for 6 months. Upon completion, charges may be dismissed.	18 months - 2 years	800 plus	Court, Substance Use Prevention and Treatment, Attorneys, and Service Providers
Mental Health Treatment Court (MHTC)	Non-violent defendants diagnosed with specified mental health disorders or co-occurring mental and substance use disorders, approved for participation by the DA's Office.	Residential and outpatient services including case management, benefits acquisition, crisis response, intervention and stabilization, medication evaluation and support, and ongoing specialized mental health services. Full Service Partnership supports such as housing, employment, education and transportation. Random drug/alcohol testing. Upon completion, suspended jail time is lifted, probation may be terminated, and the case may be dismissed.	12 - 18 months	150 - 200	Court, Attorneys, Dept. of Health Services, Probation, and Mental Health and Substance Use Treatment Service Providers
Prop 36 Court	Defendants charged with non-violent drug possession and transportation for personal use.	Report to Probation for drug/alcohol/mental health screening and treatment referral. Four "fee for service" multi-disciplinary sites are available for detoxification, residential, outpatient, methadone, sober living, vocation, family counseling, literacy, and communication skills services. 12 weeks intensive outpatient services, 12 weeks aftercare, and proof of completion required. Upon completion, plea is withdrawn and case dismissed, terminating probation.	6 months	100	Court, Attorneys, Substance Use Prevention and Treatment, and Service Providers
DUI Treatment Court (DUITC)	Individuals charged with a VC 23152 (DUI), who have three prior DUI misdemeanor convictions within a 10 year period.	Residential and outpatient services including detoxification, substance misuse, relapse prevention, drug testing, and case management services; and probation supervision. Upon completion, suspended jail time is lifted and probation may be terminated early.	12 - 18 months	50	Court, Attorneys, Dept. of Health Services, Probation, and Service Providers
Veterans Treatment Court (VTC)	Veterans charged with offenses related to issues from US Military service. No sex, arson or gang offenses.	Any combination of residential and/or outpatient treatment including case management, Veteran mentoring, substance abuse and mental health services, and random drug/alcohol testing by VA and Probation. Upon completion, case is dismissed and sealed, unless other agreement specified.	12 - 18 months	30	Court, Probation. Attorneys, and Veterans Affairs
Reentry Court	Defendants charged with non-violent drug and property offenses eligible for County Jail Prison (CJP) or State Prison.	Program services may begin in custody and upon release include participation in Probation’s Adult Day Reporting Center (ADRC), housing, education, vocation/employment, individual and group counseling, and connection to county medical, general and CalFresh services. Upon completion, term of probation is reduced and CJP time is vacated or permanently suspended.	12 - 18 months	50	Court, Probation, Sheriff's Office, Attorneys, and Substance Use Prevention and Treatment
ReSET Court (Reducing Sexual Exploitation & Trafficking)	Defendants charged with prostitution or prostitution related offenses; may have other misdemeanor charges.	Prostitution diversion program services include health and wellness education, HIV testing, group and individual counseling, trauma based therapy, wraparound, life skills and peer mentoring services. Upon completion, the initial plea is withdrawn and the case is dismissed.	3 - 6 months	100 - 120	Court, Attorneys, Community Against Sexual Harm (CASH), and Substance Use Prevention and Treatment

Chronic Offender Rehabilitation Effort (CORE, previously CNO) Program	Misdemeanor offenders within District Attorney Community Prosecution areas with at least 10 arrests, citations, and/or bench warrants within 12 months.	Residential placement is offered in lieu of jail time, which is stayed pending successful completion of program services. Substance abuse and mental health assessment and treatment services provided by County and community-based providers. Homeless and related social, health and fiscal services also available. Upon completion, sentence is modified per terms of an original plea agreement.	90 days	20 - 40	Court, Attorneys, County Substance Use Prevention and Treatment, Sac Steps Forward, and Service Providers
City Alcohol Related Treatment (CART)	Individuals with 5 alcohol-related City Code citations and/or arrests in the past 18 months, need housing, and are in-custody for a violation of probation.	As a term of probation, 30 days of residential alcohol treatment services at Volunteers of America (VOA) in lieu of a 30 day jail sentence. Upon completion, the 30 day jail sentence is permanently stayed.	30 days	80	Sac City Attorney, Sacramento Police Dept., VOA, Sac Housing and Redevelopment Agency
Serial Inebriate Program (SIP)	Individuals found to be publicly intoxicated-PC 647(f) and have 15 or more alcohol related county, city or service contacts (arrest/citation/detox/fire/hospital) within the prior 12 months.	Placement in Volunteers of America (VOA) comprehensive alcohol treatment program with transport from jail to VOA. Services available include Narcotics Anonymous, Alcoholics Anonymous, life skills, post-placement housing, employment training, and other services. Upon completion of treatment, outstanding warrants are cleared and offenses are dismissed in the interests of justice, except if victim restitution is owed or DMV issues cannot be waived.	90 days	10	Sutter Health, Court, Sacramento Police Dept., Sheriff's Office, Attorneys, Sac Downtown Partnership, and VOA
Loaves and Fishes Court (for Homeless)	Homeless low level traffic and misdemeanor offenders (trespassing, drinking in public, etc.) who cannot afford to pay court fines and fees.	On-site consultation at Loaves and Fishes Legal Clinic, with the Public Defender's Office. Legal remedies through the Court include resolving infraction cases through participation in community-based services, such as clean and sober living facilities and/or mental health treatment. In addition it allows individuals to work off debt from tickets and fines by doing community service hours. Completion of community services hours may result in the case being dismissed.	3 - 6 months	<i>800 cases processed annually</i>	Court, District Attorney, Public Defender, Loaves and Fishes

Limited Term Grant Programs

Title	Who It's For	What It Includes	Length	Capacity	Agencies Involved
Expungement/Record Modification (HHAP Grant funds end June 2023)	Individuals experiencing homelessness with a criminal record.	Assessment of criminal records and filing petitions to clear and modify records to remove barriers criminal records create with housing, employment, education, and professional licenses.	90 days	No capacity Limit	Public Defender, District Attorney, Probation, Court, HEAP partners, Loaves and Fishes
Public Defender Pretrial Support Program *Launched 4/2020 (Partially funded by Fed & State Grants)	Adults in custody and/or released pretrial pending criminal charges and suffering from mental illness. Support services also available to assist Probation's Pretrial Monitoring Clients, as needed.	Social workers embedded in the Public Defender's Office conduct clinical forensic, housing and other need assessments for pretrial defendants booked into jail, develop coordinated safety jail discharge plans, link individuals to mental health, housing and other support services, and provide ongoing case management support after release. Discharge support from the Exodus Project for individuals released from jail and linked to a Public Defender Social Worker includes transportation, cell phones, access to charging stations, food, clothing, and peer mentorship.	0-6 months	No Cap	Courts, District Attorney, Public Defender, Health Services, Probation, Exodus Project (Contracted CBO)
DSH Felony Mental Health Diversion *Launched March 2021 (Grant funds end June 2023)	Defendants facing felony charges and diagnosed with schizophrenia, schizoaffective, or bipolar disorder; likely to become Incompetent to Stand Trial (IST) or found IST; and approved for participation by the Court under PC 1001.36.	Telecare's EMPOWER program includes clinical forensic and housing assessments, outpatient and/or residential services with case management, benefits acquisition, crisis response, intervention and stabilization, medication evaluation and support, ongoing specialized mental health services, transportation, employment and education support. Housing provided to 50% of the clients. Social Worker Services provided through the Public Defender's Office. Each participant will have psychiatrist, MD, nurse practitioner, case manager, peer recovery coach, attorney, and social worker. Upon completion, case dismissed.	12-24 months	100	Court, Public Defender, District Attorney, Health Services, Human Assistance, Telecare (Contracted Treatment Provider)

Community Corrections Partnership Advisory Board

DATE: October 3, 2022

TO: CCP Advisory Board

FROM: Laura Foster, Management Analyst II, Public Safety and Justice Agency

RE: **STAFF REPORT ON AGENDA ITEM #5**

5 – AB 109 Plan and County Budget Timelines

Background:

Prior to the FY 2021-22 county budget process, the CCP was not required to annually update its AB 109 Plan. As a result, there existed no direct nexus between findings and recommendations in the AB 109 Plan as a basis for the funding distribution budgeted in June and finalized in September each year. Instead, AB 109 funding has historically been distributed in relatively consistent percentages between its primary recipient agencies (Sheriff's Office, Probation Department, Department of Health Services - Correctional Health Division, and District Attorney), with small changes from year to year based on agency growth requests. Over the next year, the CCPAB aims to develop a strategy for the CCP to consider including in the AB 109 Plan 2023 Update surrounding AB 109 funding budget recommendations that reflect both community and agency input, particularly for growth and innovation funding that agencies are not already relying upon to support existing programs and services.

CCPAB members previously expressed a desire to learn more about the County's budget and to understand how it intersects with the State's budget process and the annual submission requirements for updates to the County's AB 109 Plan. A high level overview is attached.

In addition to the attached document describing County and State timelines related to AB 109 funding, the County's Office of Budget and Debt Management (OBDM) recommended the CCPAB consider the following resources to learn more about the County's budget process:

- OBDM Website: <https://bdm.saccounty.gov/Pages/AnnualBudgets.aspx>
- PowerPoint/Budget Overview:
https://bdm.saccounty.gov/Documents/Public_Budget_Workshop_10_27_21_FINAL.pdf
- Video: <https://youtu.be/1Gg4irNOr-8>

Recommendation:

N/A – This item is informational only.

Attachment:

AB 109 Plan and Budget Timeline

Sacramento County AB 109 Timelines

July – September

State and County:

- July 1: Fiscal Year Begins

County:

- Sept: Board of Supervisors (BOS) adopts budget, incorporating state impacts
- Sept: CCPAB recommends AB 109 Plan Update for following year

1

October – December

State:

- Governor evaluates funding requests for next fiscal year (NFY)

County:

- Oct: CCP approves AB 109 Plan Update
- Oct/Nov: BOS accepts Plan Update
- Dec 15: Deadline to submit Plan Update and Survey to BSCC

2

January – March

State:

- Jan 10: Governor presents NFY budget
- Dept. of Finance completes AB 109 revenue estimates

County:

- Receives revenue estimates from CSAC
- Departments develop NFY spending plans/ growth requests

3

April – June

State:

- May: Governor announces updated revenue forecast
- June 15: Deadline for NFY budget adoption

County:

- CEO and OBDM team reviews NFY requests; recommends budget
- June: Public hearings / BOS approves NFY recommended budget

4

Community Corrections Partnership Advisory Board

DATE: October 3, 2022

TO: CCP Advisory Board

FROM: Laura Foster, Management Analyst II, Public Safety and Justice Agency

RE: **STAFF REPORT ON AGENDA ITEM #6**

6 – AB 109 Plan 2023 Update Kickoff

Background:

Each year, the CCPAB is tasked with recommending an AB 109 Plan update to the Community Corrections Partnership (CCP) for consideration and approval. Each plan update is required to be submitted to the Board of State and Community Corrections (BSCC) by December 15th of each year. Prior to submission, the annual plan update must be approved by the CCP's Executive Committee and accepted by the Board of Supervisors. In support of this timeline, the CCPAB strives to develop and approve its recommended plan update by September of each year.

In addition to developing the annual plan update, the CCPAB provides updates on its activities and seeks feedback from the CCP at its bimonthly meetings.

Staff seeks input from the CCPAB on:

- Improving the structure and format of the AB 109 Plan
- Maximizing engagement with the CCP
- Members' top priorities/areas of interest to consider including in the 2023 Update

Based on feedback received, staff intends to bring back a proposal at the November CCPAB meeting with a recommended approach and pathway for developing the 2023 Update.

Recommendation:

N/A – This item is for discussion only.

Community Corrections Partnership Advisory Board

DATE: October 3, 2022
TO: CCP Advisory Board
FROM: Laura Foster, Management Analyst II, Public Safety and Justice Agency
RE: **STAFF REPORT ON AGENDA ITEM #7**

7 – Vote To Select A Chair And Vice Chair For 2023

Background:

Pursuant to its bylaws, the CCPAB elects its officers during each October meeting of the calendar year. Any officers elected during the meeting will begin their term of service on January 1st of the following year.

The following nominations have been received:

Chair

- Melinda Avey
- Tiffanie Synnott

Vice Chair

- Nina Acosta

Additional nominations for officers may also be made by CCPAB members during today's meeting.

Recommendation:

Staff recommends the CCPAB vote to elect its officers (Chair and Vice Chair) for 2023.