

# Jail Population Reduction Plans Status Report (Jan – June 2024)

## Contents

- Report Summary .....3
- Jail Population Overview .....5
  - Bookings, Lengths of Stay, and Returns to Custody .....5
  - Jail System Changes in Composition.....7
- Strategy Updates..... 10
  - 1. Offer behavioral health interventions before and during a crisis to prevent jail admissions and further justice-involvement..... 11
  - 2. Maximize initial deflection and pre-arraignment release opportunities for eligible individuals..... 14
  - 3. Minimize use of county jail for federal and out-of-county inmates .. 18
  - 4. Reduce time in jail for individuals who can be safely released into the community or placed in alternative care facilities ..... 20
  - 5. Reduce jail admissions and returns to custody from warrants and violations ..... 23
  - 6. Improve service linkages and reduce barriers to treatment, employment, and housing leading up to and following release ..... 25
- Next Steps..... 29
- Exhibit A – Mental Health Diversion Deep Dive ..... 30
  - Resource Investments ..... 32
  - Working Groups for Increased Collaboration ..... 33
  - Phases of the MHD Process ..... 34
    - Candidate Identification ..... 34
    - Clinician Evaluation ..... 35
    - Court Preparation..... 37
    - Court Decision ..... 37
    - Release Preparation..... 40

Progress and Monitoring .....	40
Next Steps.....	40
Exhibit B – Incompetent to Stand Trial (IST) Impacts Deep Dive .....	42
Exhibit C – Risk Assessment and Screening Tools Team Report.....	50
Executive Summary .....	51
Background.....	54
Findings.....	60
Recommendations .....	62
Appendices .....	64
Tools Inventory .....	64
Map of Tools Across the Sequential Intercept Model (SIM).....	68
Assessment and Screening Tools Glossary .....	69
Risk Assessment and Screening Tools Team Member Acknowledgement..	72

# Report Summary

For the period of January through June 2024, Sacramento County continued to work to monitor the population of the jail system and support efforts to reduce bookings, lengths of stay, and returns to custody. Highlights of the reporting period include:

- Continuing to keep the Average Daily Population (ADP) of the jail system below the level indicated in the 2021 Sacramento County Jail Study and far below the jail's rated bed capacity as determined by the Board of State and Community Corrections (BSCC). While ADP and bookings increased since the prior report, there have been reductions in average length of stay for all inmates (pretrial and sentenced). Increases in ADP may be partially attributed to an increase in court commitments, while increases in bookings are attributed to individuals charged with misdemeanors who booked and released within 24 hours.
- Coordination with justice and health system stakeholders to develop performance measurement goals for each of the six strategies in the Revised Jail Population Reduction Plans published in April 2024. Each of the six strategies includes information about the County's level of ownership and responsibility, with all strategies requiring cross-system partnerships for full implementation and effectiveness.
- Discussion with community groups, including the Public Safety and Justice Agency Advisory Committee, to provide input into the creation of draft Dashboards to document progress toward achieving jail population reduction. Staff have also reviewed public-facing dashboards, such as the [Salt Lake County's Jail Dashboard](#), and initiated discussions about the feasibility of developing similar tools.
- Expansions in crisis response and forensic division efforts by the County's Behavioral Health Services, including increases in availability and requests for the Community Wellness Response Team, coordinative efforts to develop a bilateral referral process for crisis response calls, staffing changes to decrease wait times for clients needing assessment for a mental health diversion application, and investments in the number of full-service partnerships available for justice-involved clients.
- Efforts to secure additional funding to increase post-release service connections to behavioral health treatment, housing, and other resources, including submission of a grant application seeking \$8,000,000 in Proposition 47 funds. Once awarded in October 2024, these funds will

facilitate the development of a Reentry Opportunities and Access to Resources (ROAR) program, expanding supportive resources to individuals exiting Sacramento County jail facilities.

- Steady increases in the number of clients released on pretrial monitoring, while retaining low rates of pretrial participants with new arrests.
- Ongoing improvements in communication and data sharing efforts, including drafting of a Memorandum of Understanding for the Social Health Information Exchange, and efforts to develop automated reports to better integrate and analyze jail data for ongoing use.
- Coordination with criminal justice and social services partners involved in Mental Health Diversion to create efficiencies and expand capacity. A deep dive of concerns and efforts involving Mental Health Diversion are attached as Exhibit A.
- Analysis of the impacts of the Incompetent to Stand Trial (IST) process, based on changes in legislation instituting a growth cap for the number of persons declared IST requiring treatment in a state hospital setting. This analysis is attached as Exhibit B.
- Completion of a Risk Assessment and Screening Tools Team Report, concluding a year-long working group to identify what information is captured when screening and assessments are conducted; determine if and how that information is shared to support criminal case process and/or healthcare, custody status, and service decisions; discuss operational use and validity; identify improvements that could be made to better align partners; and develop opportunities to apply technology and process changes to better inform decisions and streamline workflows. The complete report, attached as Exhibit C, includes recommendations to:
  - Set guidelines for alignment across partners and decision points and with CalAIM requirements.
  - Standardize training and education for use of tools across the criminal justice continuum.
  - Identify agency contact persons responsible for linking collaborating agencies through information exchange and communication.
  - Develop a focus on process improvement by looking for streamlining opportunities, which could include increasing use of technology to improve accuracy, reducing duplication of work, increasing efficiency and timeliness, and increasing information sharing across systems and agencies working with the same individuals as they encounter and proceed through the jail/criminal justice system.

## Jail Population Overview

Based on data provided by the Sacramento County Sheriff's Office Jail Profile Survey reports, the average daily population (ADP) and number of persons booked each month have both declined since 2019 (pre-pandemic levels). The average daily population (ADP) remains far below the jail system's BSCC rated capacity of 4,005. The ADP identified in O'Connell Research Inc.'s Sacramento County Jail Study was 3,219, which relied upon data from 2021. The overall goal of the Jail Population Reduction Plans is to reduce the ADP of the jail system by at least 600. The 2024 Q2 ADP was 3,180, indicating an overall reduction of 39.

The 2021 Jail Study relied on data from a period when the jail system was experiencing significant impacts from the COVID-19 pandemic and it was unclear to what extent the ADP would increase once the state of emergency resolved. Due to these challenges, the Revised Jail Population Reduction Plans published in April 2024 determined that 2023 data provides a better comparative baseline to assess the progress toward achieving the performance measurement goals that have been developed for each of the six strategies to reduce bookings, lengths of stay, and returns to custody. Changes in the composition of the jail system are further documented through charts provided on the felony and misdemeanor ADP, sentenced and unsentenced ADP, and felony ADP by risk and entry type. Additional data trend information may be found throughout the report in updates on individual strategies.

Beyond the information provided, additional information regarding justice system trends is available on the [Public Safety and Justice Agency Reports and Resources website](#). The County continues to work with O'Connell Research to further explore the composition of Sacramento County's jail population to develop greater comprehension of program and policy impacts to identify and implement improvements.

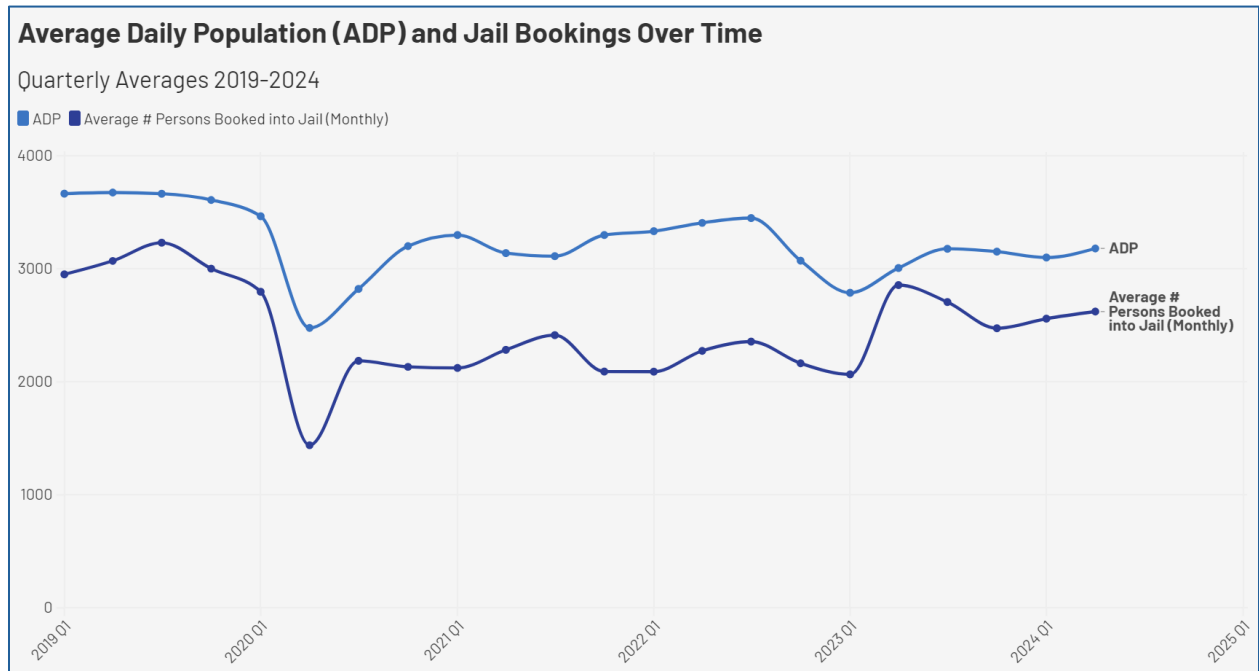
## Bookings, Lengths of Stay, and Returns to Custody

Since COVID-19 restrictions have lifted, there has been an increase in the ADP and bookings for Sacramento County's jail system, reflected in Figure 1. Preliminary research suggests this may be due to several factors, including court commitments that were delayed during the COVID-19 pandemic and changes in booking practices for out-of-County warrants, among others.

While bookings and ADP are slightly elevated from the prior reporting period, average length of stay has decreased, shown in Figure 2.

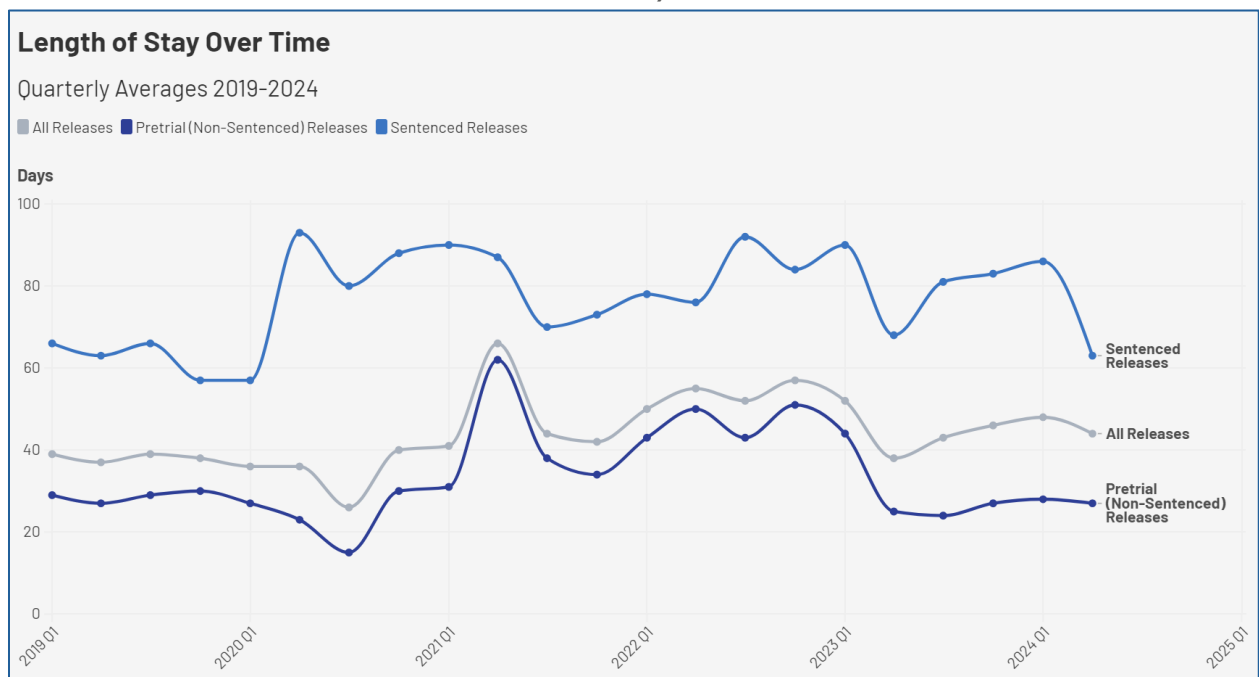
### Figure 1: ADP and Jail Bookings Over Time

Source: Sheriff's Office Jail Profile Survey



### Figure 2: Average Length of Stay Over Time

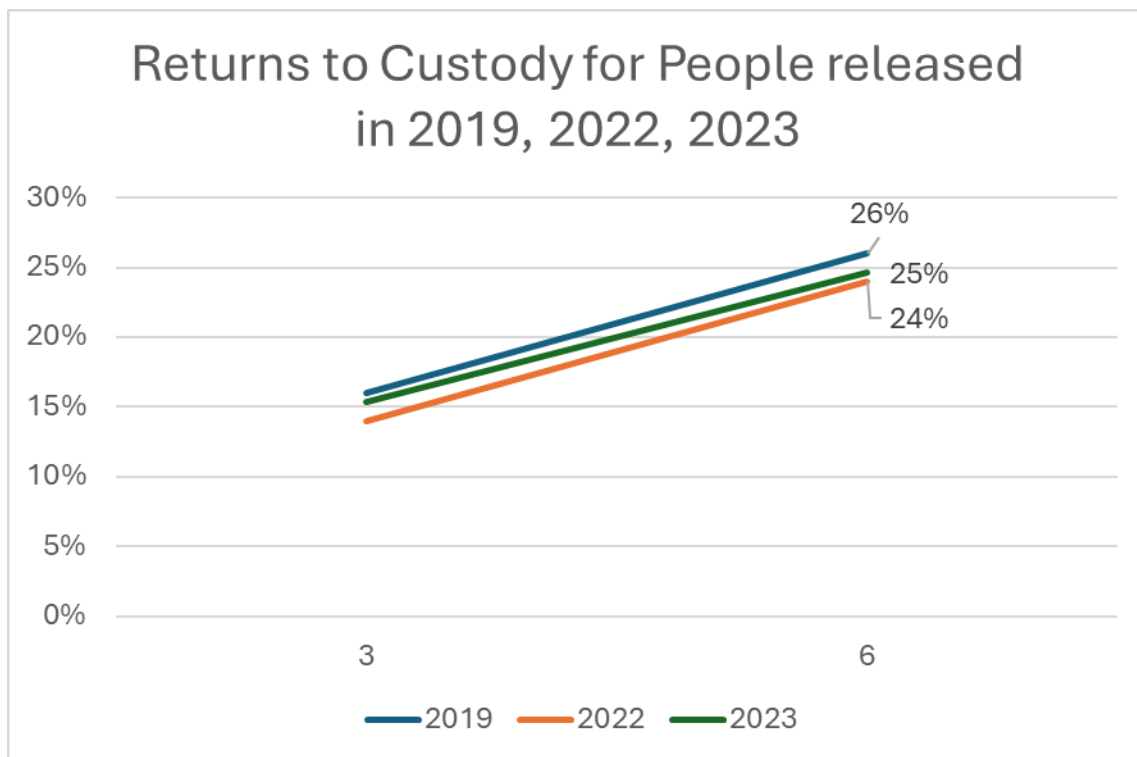
Source: Sheriff's Office Jail Profile Survey



Returns to custody rates remain consistent. Figure 3 shows there has been little change in the short-term rate of returns to custody, staying at around 25% of all individuals released being booked into jail one or more times in the six (6) month period following release.

**Figure 3: Returns to Custody for People Released in 2019, 2022, and 2023 after 6 Months**

Source: O’Connell Research

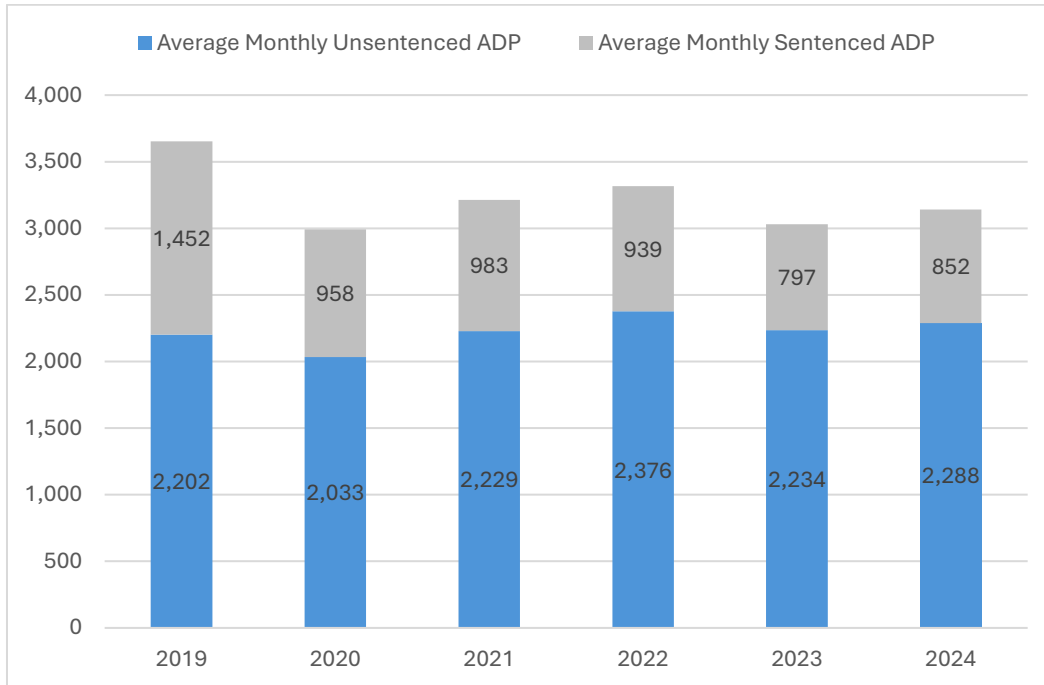


**Jail System Changes in Composition**

In comparison to 2023, the proportion of the jail system’s ADP comprised of sentenced and unsentenced individuals remains consistent with data from the period of January – June 2024. Figure 4 shows the ADP by Sentence Status from 2019-2024. Similarly, there is consistency in the proportion of the ADP for felonies and misdemeanors, with approximately 95% of the ADP comprised of individuals with felony charges. Figure 5 shows the ADP by underlying charge type from 2019-2024.

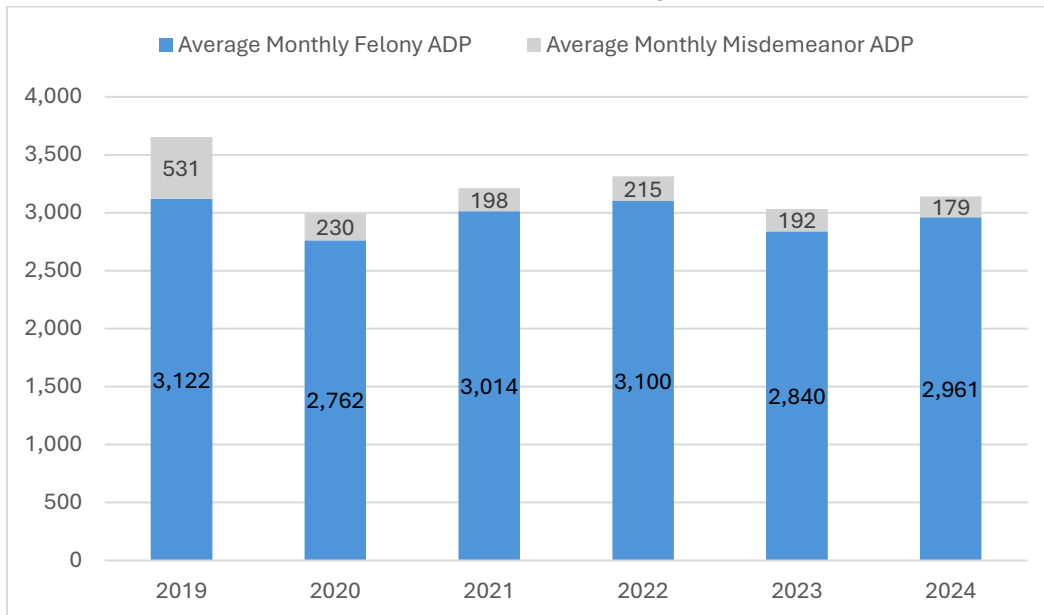
### Figure 4: ADP by Sentence Status Over Time

Source: Sheriff's Office Jail Profile Survey



### Figure 5: ADP by Charge Type Over Time

Source: Sheriff's Office Jail Profile Survey



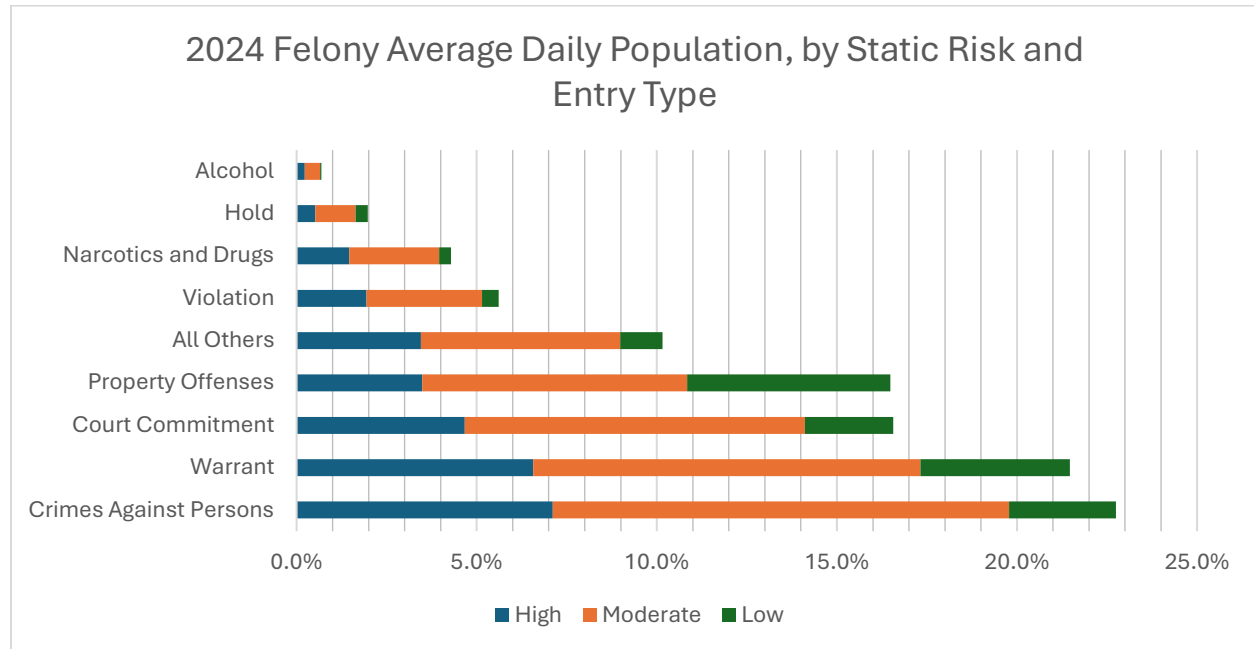
For the 95% of the population facing felony charges, there have some shifts since 2023 in their reasons for entering the jail. The proportion of individuals held for Violations, Property Offenses (particularly those with low static risk scores), Court Commitments, and Warrants increased in 2024 compared to



2023. The proportions of individuals held for Crimes Against Persons decreased. Figure 6 shows the Felony ADP by Static Risk and Entry Type.

**Figure 6: Felony ADP by Risk and Entry Type**

Source: O’Connell Research



Due to delays in receiving the necessary data sets, future reports will need to be used to for greater in-depth analysis. Future reports could be used to address the extent to which there have been any changes in booking, length of stay, and returns to custody for different demographics (grouped by race, gender, age, housing status, static risk level, etc.). They could further address trends in individuals booked for new crimes compared to non-new crimes, among others.

# Strategy Updates

The following pages will detail progress made in each of the six strategies aimed at reducing the jail population. In this report, each strategy includes the following:

- Target/Objective
  - A brief description of the intention behind each strategy. A more extensive description, including a complete Problem Statement, identification of Goals Served, overall Alignment and Relevance, Focus Areas, and associated Elements from the original 2022 Jail Population Reduction Plans may be found in the [Revised Jail Population Reduction Plans from April 2024](#), available on the [Public Safety and Justice Agency's Reports and Resources website](#).
- Measurement Goal(s)
  - As noted in the Revised Jail Population Reduction Plans published in April 2024, the Public Safety and Justice Agency worked with County partners to develop one or more measurement goal for each strategy. In future reports, each status report will track the progress made toward achieving each identified measurement goal. Additional goals may be added as new investments occur or new programs become available.
- Required Partnerships for Success
  - While the County was required to develop a jail population reduction plan as part of its obligations under the Mays Consent Decree, the County has very little independent control over the flow into and out of the County jail system. Each strategy includes a brief description of the critical partnerships involved in making demonstrable progress that can result in a lower average daily population through reduced bookings, lengths of stay, and returns to custody.
- Notable Updates
  - Each strategy includes a brief description of the substantial programmatic or systemic changes occurring within the January – June 2024 time frame that may positively or negatively affect the strategy's overall impact on reducing the jail population.

# 1. Offer behavioral health interventions before and during a crisis to prevent jail admissions and further justice-involvement

## *Target/Objective*

Reduce the number of individuals with behavioral health needs entering the criminal justice system by creating resources and improving linkage to timely intervention strategies and services, thereby minimizing crisis escalation, unnecessary arrests, and jail admissions.

## *Measurement Goal*

Increase use of Community Wellness Response Team by 50% in three years (from 2023 baseline) by providing timely behavioral health support to individuals in crises, preventing unnecessary jail admissions when a more appropriate intervention is available.

## *Required Partnerships for Success*

The County cannot reduce the jail population under this strategy without the assistance and shared support of crucial partners. Success in improving crisis care offerings and decisions to choose paths beyond those that result in jail bookings and continued justice-involvement requires collaboration and shared vision among many government and community-based entities. Furthermore, this strategy is supported when community members' knowledge about resources and how to best access them is increased. An asterisk is used to identify the partners whose direct operational authority is not determined by the Board of Supervisors.

- Sacramento County
  - Health Services Department (Behavioral Health Services)
  - Probation Department
  - Sheriff's Office\*
- Community-based Behavioral Health Providers\*
- Community-based Medical Care Providers\*
- Community Members\*
- City, State, and Federal Law Enforcement Agencies\*

## *Notable Updates*

### **Community Wellness Response Team**

Community Wellness Response Teams (CWRT) include mental health counselor and a peer with lived experience, who receive requests from 988 or the County's HOPE line, to provide a mobile response to individuals that may benefit from in-person de-escalation services, assess needs and risks, and create safety plans. Between January and June 2024, staffing and availability of CWRT increased.

- Allocated County staffing expanded from 33 to 36.
- County staffing vacancy rate reduced from 42% to 28%.
- Bay Area Community Services (BACS) allocated staffing remained at 22.
- BACS vacancy rate reduced from 84% to 22.7%.
- Available hours for CWRT, through BACS, increased to 24/7.

Reviewing available data on 988 calls and CWRT responses between February and June 2024 (January not available; for more information – view Program Implementation Updates on the [Community Wellness Response Team website](#))

- 7,125 calls received by 988 with a 96% resolution rate (not requiring a CWRT referral)
- 337 CWRT calls, including 988 referrals and direct calls to the County Hope Line (916-999-HOPE)
- 220 (65%) of CWRT calls resulted in a Mobile Response
- 60% of individuals reached during a Mobile Response were stabilized in the community
- 7% of individuals reached during a Mobile Response were given referrals and warm handoffs to Behavioral Health Services

### **Bilateral Referral Process**

A workgroup continued to meet monthly to develop a bilateral referral process to assist with coordination between Behavioral Health Services and law enforcement partners. The goal is to assist in successful transfers for calls that can be downgraded from 911 to the County's HOPE line, which can dispatch the CWRT and provide additional resources for officers in the field. The workgroup has been drafting a Memorandum of Understanding to document Behavioral Health Services' responsibilities as well as those of the

partnering law enforcement agency. There is also ongoing work to develop a 30-day pilot program with Folsom Police Department in early 2025. BHS also developed a [resource guide for law enforcement partners](#); a presentation on these, and other services, will be shared with the Criminal Justice Cabinet in Fall 2024.

### **Mobile Crisis Support Teams (MCSTs)**

The Mobile Crisis Support Team (MCST) is a collaboration that brings county behavioral health and law enforcement into one team to mitigate mental health crisis in the community via central dispatch.

For January – June 2024, teams were assigned to the following partnerships and areas: SSO North Division, SSO Central Division, Citrus Heights Police Department, Folsom Police Department, SSO East Division/Rancho Cordova Police Department, and Galt Police Department. During this time frame:

- There were 402 MCST encounters across the six partnership areas for 400 unduplicated clients.
- 99 MCST encounters (25%) involved initiating applications for 5150 holds.
- 16 MCST encounters (4%) resulted in hospitalization.
- MCST encounters included individuals ranging from 8-87 years old. The most prevalent demographics were White/Caucasian, non-Hispanic, English-speaking, housed, heterosexual women.
- 27% of MCST encounters involved individuals linked to outpatient programs in Sacramento County's Mental Health Plan.

Initial data from MCSTs working with the Sheriff's Office indicate a 96% arrest diversion rate, with only 6 of 156 encounters ending in arrest for the period of January – March 2024.

## 2. Maximize initial deflection and pre-arraignment release opportunities for eligible individuals

### *Target/Objective*

By reducing bookings at Sacramento County Jail facilities for individuals who can be cited and released in alternate locations, average daily population can be reduced. By promptly releasing low-risk individuals, their length of stay can be minimized.

### *Measurement Goal*

Reduce proportion of bookings released within 24 hours by 10% (from 2023 baseline)

### *Required Partnerships for Success*

The County cannot reduce jail bookings or reduce length of stay under this strategy without the assistance and shared support of crucial partners. Decisions in the field by law enforcement partners, as well as decisions made in review pre-arraignment release requests, will determine the success of this strategy. An asterisk is used to identify the partners whose direct operational authority is not determined by the Board of Supervisors.

- Sacramento County
  - Sheriff's Office\*
- Sacramento Superior Court\*
- City, State, and Federal Law Enforcement Agencies\*

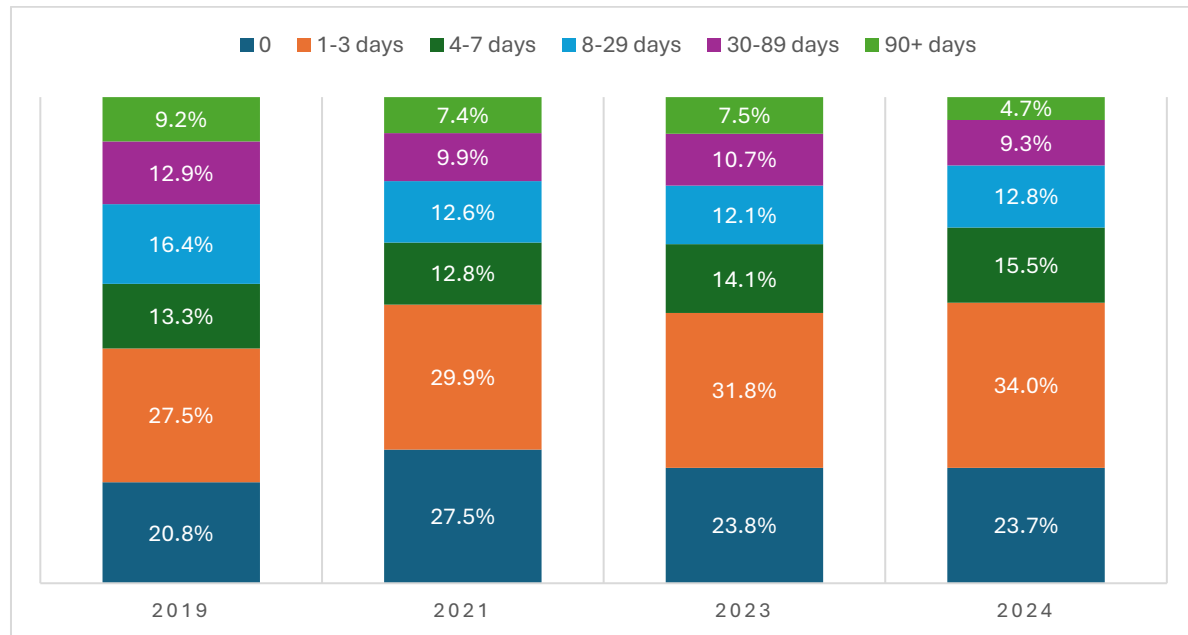
### *Notable Updates*

Since December 2023, the Superior Court and its partners implemented a new pre-arraignment review process. At this time, data is not available regarding the number of reviews completed, nor the number of releases granted pursuant to a pre-arraignment review that considers an individual's public safety risk as well as their ability to pay bail. The Public Safety and Justice Agency will work with the Superior Court to determine the feasibility of tracking these statistics moving forward.

Overall, in comparison to 2023 data, the distribution of lengths of stay remains relatively consistent, with greatest reduction seen for those staying over 30 days (Figure 7). In comparison to 2023, there has been an increase in the number of people released between 1 and 3 days.

**Figure 7: Length of Stay Distribution (2019, 2021, 2023, 2024)**

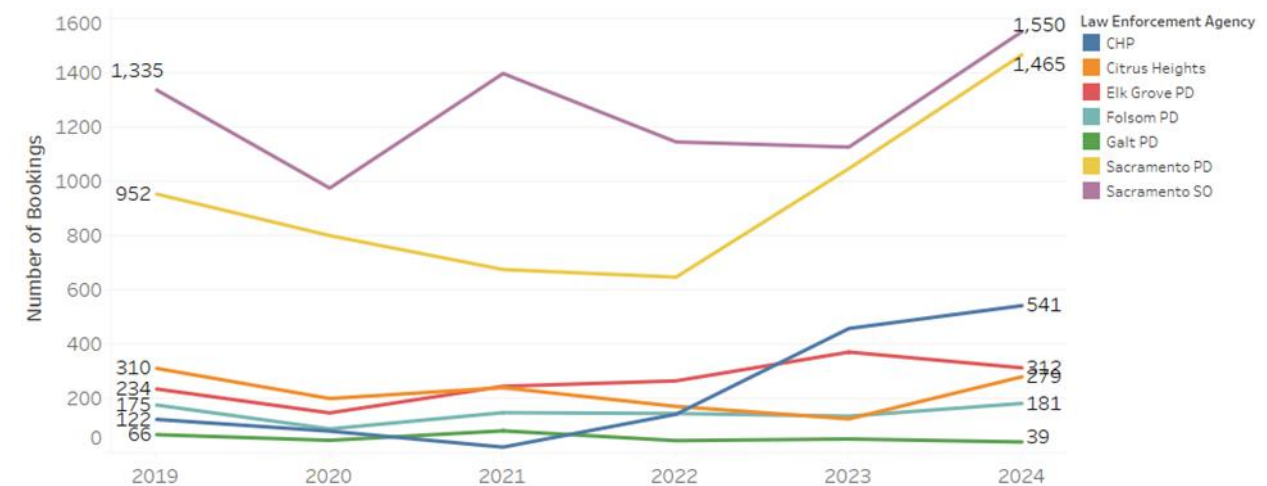
Source: O’Connell Research



The proportion of persons entering and leaving jail within 24 hours continues to account for nearly a quarter of individuals booked. While this population does not contribute significantly to the jail’s ADP, it uses jail resources to process these individuals. Figure 8 shows individuals booked for new crimes and released within 24 hours by arresting agency (January – June of each year). The Sheriff’s Office (including Rancho Cordova PD) and Sacramento Police Department are the largest agencies and contributors.

**Figure 8: Individuals Released within 24 hours by Arresting Agency for a New Crime Related Booking (Jan- June Time Period)**

Source: O’Connell Research



Of particular interest are individuals booked under California Penal Code Section 853.6, which grants law enforcement officers the discretion to book an individual facing a misdemeanor charge into jail for processing under any of the following circumstances:

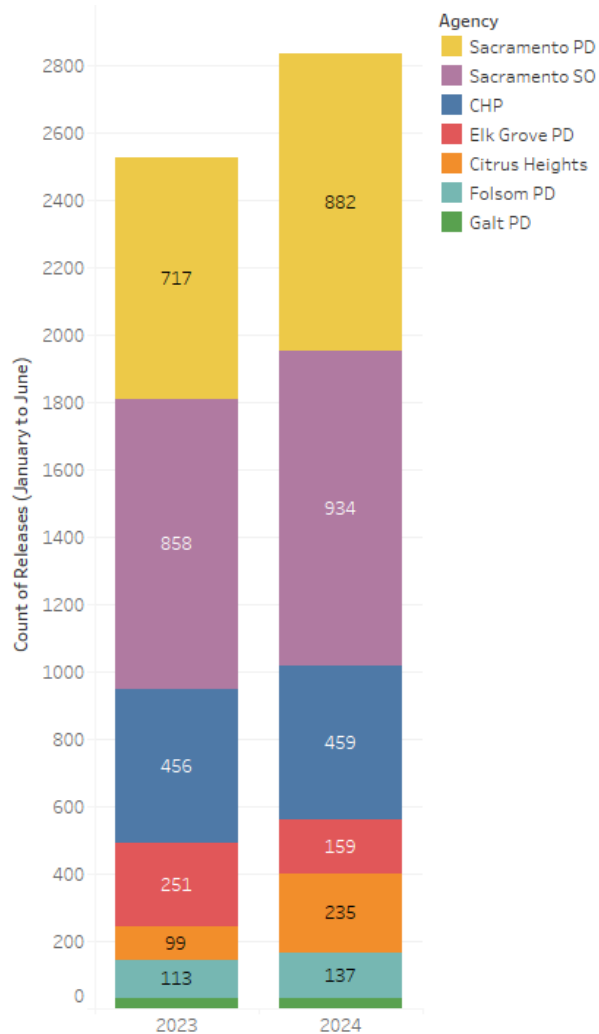
1. The person arrested was so intoxicated that he or she could have been a danger to himself or herself or to others.
2. The person arrested required medical examination or medical care or was otherwise unable to care for his or her own safety.
3. The person was arrested under one or more of the circumstances listed in Sections 40302 and 40303 of the Vehicle Code.
4. There were one or more outstanding arrest warrants for the person.
5. The person could not provide satisfactory evidence of personal identification.
6. The prosecution of the offense or offenses for which the person was arrested, or the prosecution of any other offense or offenses, would be jeopardized by immediate release of the person arrested.
7. There was a reasonable likelihood that the offense or offenses would continue or resume, or that the safety of persons or property would be imminently endangered by release of the person arrested.
8. The person arrested demanded to be taken before a magistrate or refused to sign the notice to appear.
9. There is reason to believe that the person would not appear at the time and place specified in the notice. The basis for this determination shall be specifically stated.
10. The person was subject to Section 1270.1.

Figure 9 shows the 853.6 releases by arresting agency in 2023 and 2024 from January to June in each year. Many agencies had significant increases in the use of this release code in 2024. Citrus Heights Police Department use increased 137%, Sacramento Police Department use increased 23%, Sacramento Sheriff's Office (including Rancho Cordova Police Department) use increased 9%, and Folsom Police Department use increased 21%. Elk Grove Police Department was the main exception, having reduced its use by 37%. The frequent use of this release code for individuals with short stays warrants further analysis to determine the extent to which community-based resources could be better utilized to prevent bookings in certain circumstances, particularly for intoxicated individuals and those requiring additional medical care.



## Figure 9: 853.6 Releases by Arresting Agency (Jan – June 2023 and 2024)

Source: O’Connell Research



The Law Enforcement Coordination for Booking Alternatives working group will reconvene in 2024 to focus on protocol development for law enforcement access and use of existing social service or behavioral health and housing resources to support efforts to reduce bookings for individuals who can be deflected, diverted, and linked to services.

### 3. Minimize use of county jail for federal and out-of-county inmates

#### *Target/Objective*

Implement strategies to reduce the number of federal, state, and out-of-county inmates housed in local jails, optimizing local resources and enhancing operational efficiency.

#### *Measurement Goals*

- Reduce length of stay for detainees with out of county warrants by 10% (from 2023 baseline).
- Sustain reduced contract with the U.S. Marshal Service at 100 jail beds (ADP) for detainees facing federal charges.

#### *Required Partnerships for Success*

The County cannot reduce jail bookings or reduce length of stay under this strategy without the assistance and shared support of crucial partners. Decisions by law enforcement partners in the field and in custody when addressing individuals with out-of-county warrants determine the success of this strategy. An asterisk is used to identify the partners whose direct operational authority is not determined by the Board of Supervisors.

- Sacramento County
  - Sheriff's Office\*
- City, State, and Federal Law Enforcement Agencies\*

#### *Notable Updates*

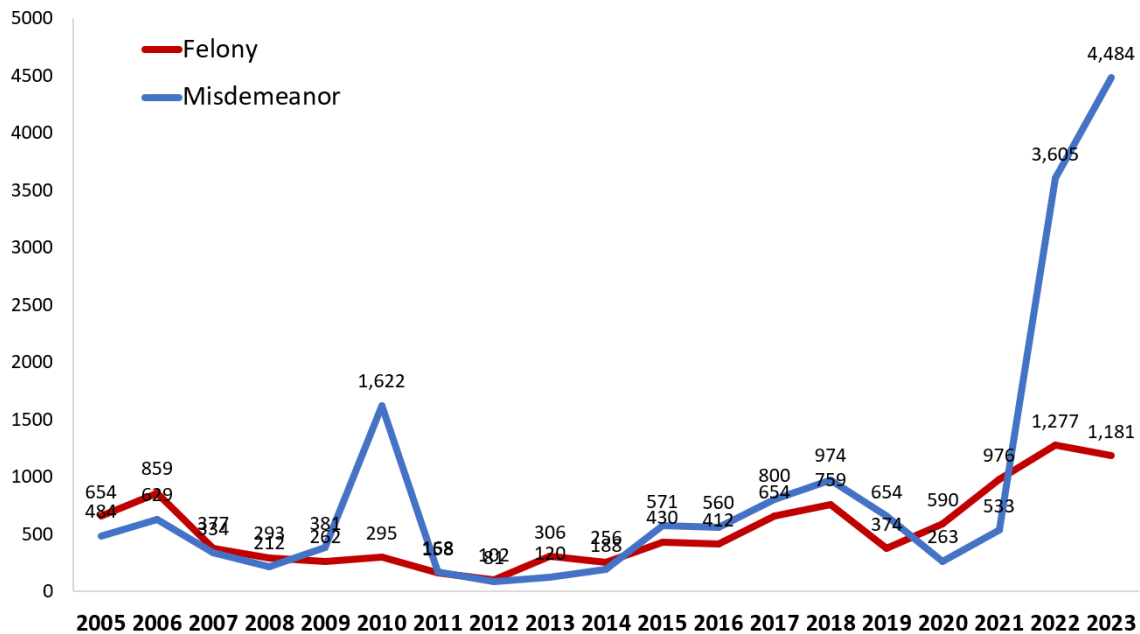
Use of County beds for federal inmates continues to hover slightly above the 100-bed contract target. In Q2 2024, the federal inmate count averaged 118.

An area with significant increases is the number of arrests for warrants from other counties for individuals with no local charges. In 2023, after the restrictions of COVID-19 were released, the Sheriff's Office and other local law enforcement partners resumed bookings for out-of-county warrants for misdemeanors, generating a significant spike. This increase is documented in Figure 10. This chart was provided by the Criminal Justice Cabinet through their annual [Justice Systems Trends](#) presentation.

### Figure 10: Out-of-County Warrants Over Time

Source: California Department of Justice – Open Justice Data via Sacramento County Criminal Justice Cabinet Justice System Trends

## Adult Arrests for Other Jurisdiction Warrant with No Local Charges 2005 to 2023



Individuals booked on out-of-county warrants may be held in local county jail facilities for up to five (5) days following arraignment. It would be beneficial for the Sheriff’s Office and law enforcement partners to evaluate which counties are generating the greatest number of out-of-county warrants, and to see to what extent these warrants can be resolved quickly to reduce length of stay.

## 4. Reduce time in jail for individuals who can be safely released into the community or placed in alternative care facilities

### *Target/Objective*

Focusing on safe and timely release directly addresses this goal. Low-risk individuals can be safely released into the community or alternative care facilities.

### *Measurement Goals*

- Reduce average length of stay by 10% (from 2023 baseline) for Pretrial Detainees with lower public safety risk, as indicated by the Hawaii proxy.
- Decrease average length of stay by 20% (from 2023 baseline) for individuals granted mental health diversion.
- Reduce average length of stay by 10% (from 2023 baseline) for sentenced offenders who represent a lower public safety risk.
- Increase use of sentencing alternatives (home detention/electronic monitoring, Sheriff's Work Project, Alternative Sentencing Program) by 15% (from 2023 baseline).

### *Required Partnerships for Success*

The County cannot reduce length of stay under this strategy without the assistance and shared support of crucial partners. This strategy primarily depends on decisions by the Superior Court, with support provided by County and community partners, for success. An asterisk is used to identify the partners whose direct operational authority is not determined by the Board of Supervisors.

- Sacramento County
  - Health Services Department
  - Public Defender's Office
  - Conflict Criminal Defenders
  - Probation Department
  - District Attorney's Office\*
  - Sheriff's Office\*
- Sacramento Superior Court\*
- Community-based Behavioral Health Providers\*

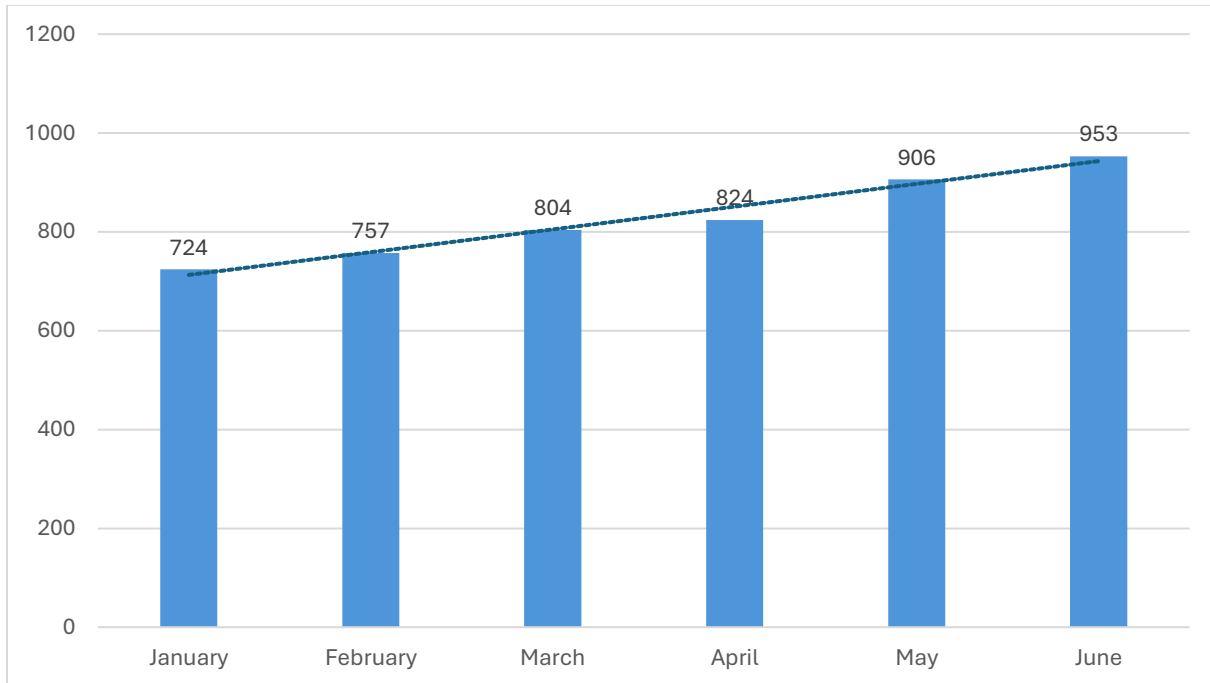
*Notable Updates*

**Pretrial Release**

The population receiving pretrial monitoring services through the Sacramento County Probation Department rose from 724 active participants in January to 953 active participants in June (Figure 11). In Q3 2024, it is expected that the caseload will exceed 1,000 active participants for the first time.

**Figure 11: Active Pretrial Monitoring Clients in 2024**

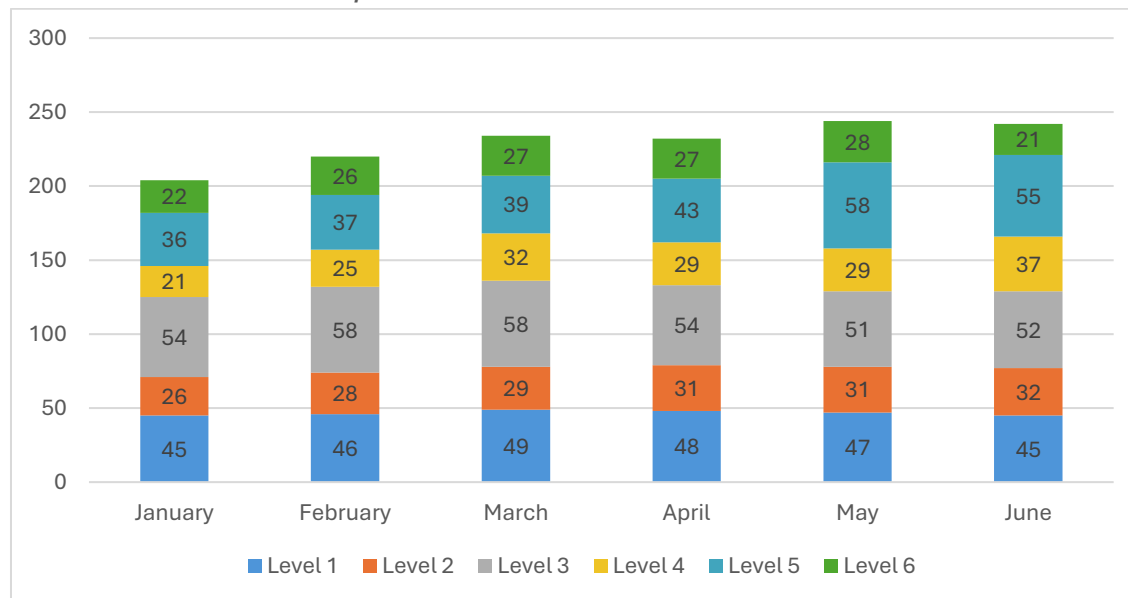
*Source: Probation Department*



Among those with pretrial cases exceeding six months, Figure 12 shows the largest increases are primarily seen in the populations who scored as a Level 4 or 5 following completion of a Public Safety Assessment (PSA). As of August 2024, 85% of pretrial participants did not incur a new arrest.

## Figure 12: Pretrial Cases Over 6 Months

Source: Probation Department



Data on those who are released on their own recognizance is currently unavailable. To facilitate the “deep dive” into pretrial releases that is planned for the next Jail Population Reduction Plans Status Report update, the Public Safety and Justice Agency will engage with justice system partners to identify whether and how this information can be extracted and analyzed.

### **Mental Health Diversion**

Information on Mental Health Diversion can be found in the Deep Dive in Exhibit A.

### **Incompetent to Stand Trial (IST) Impacts**

Information on IST impacts can be found in the Deep Dive in Exhibit B.

### **Sentencing Alternatives**

Presently, the population for sentencing alternatives (home detention/electronic monitoring, Sheriff’s Work Project, and Alternative Sentencing Program) averages 914 participants. The Sheriff’s Office continues to coordinate with the Superior Court to reduce the number of “weekenders” sentenced to time in custody. It remains to be seen the extent to which this will impact the jail ADP as well as the number of participants in sentencing alternatives.

## 5. Reduce jail admissions and returns to custody from warrants and violations

### *Target/Objective*

This addresses the reduction in bookings and in returns to jail by emphasizing preventive measures and improving reentry services, so individuals are more likely to appear in court and less likely to violate terms and return to custody.

### *Measurement Goals*

- Reduce bookings for failure to appear warrants by 10% (from 2023 baseline).
- Decrease number of technical violations of probation by 5% (from 2023 baseline).

### *Required Partnerships for Success*

The County cannot reduce bookings and returns to custody under this strategy without the assistance and shared support of crucial partners. This strategy primarily depends on decisions by law enforcement and court partners to take proactive efforts to prevent and resolve warrants and address technical violations of probation. An asterisk is used to identify the partners whose direct operational authority is not determined by the Board of Supervisors.

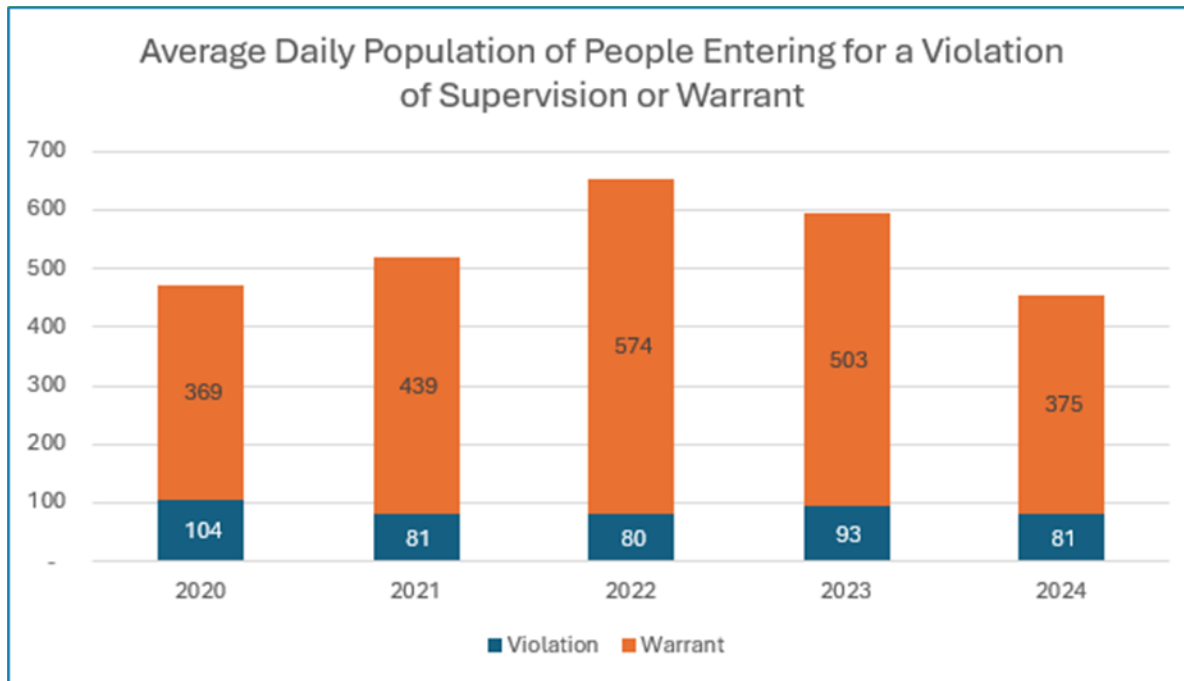
- Sacramento County
  - Public Defender's Office
  - Conflict Criminal Defenders
  - Probation Department
  - District Attorney's Office\*
  - Sheriff's Office\*
- Sacramento Superior Court\*
- City, State, and Federal Law Enforcement Agencies\*

### *Notable Updates*

There has been some decline in warrants and violations, with warrants down 25% since 2023 as function of the daily jail population. Figure 13 shows the ADP of the individuals entering on warrants and violations from 2020 – 2024.

### Figure 13: ADP Warrants and Supervision Violations

Source: O’Connell Research



The Sacramento Superior Court has been working to reduce failures to appear by improving its mailed court reminders. An evaluation of misdemeanor court reminders showed that mailed reminders reduced missed court dates for all arraignments by 16%. Among those where reminders were delivered (no bounce back/return to sender), nonappearances were reduced by 28%. Under this evaluation, it is estimated that mailed court reminders prevented 1,115 missed court dates which could have resulted in warrants or additional justice system contact. In addition to the mailed court reminders, as the Superior Court continues to implement its new case/records management system (eCourt), the County continues to encourage the court to implement text reminders for court appearances. A report from ideas42 estimates that effective communications that include behaviorally informed text message reminders can reduce missed court dates by 36%<sup>1</sup>.

<sup>1</sup> ideas42 Policy Lab (2022). "Implementing Effective Communications to Improve Court Appearance Rates." [https://www.ideas42.org/wp-content/uploads/2023/05/Effective-Communications-to-Increase-Court-Appearances\\_ideas42.pdf](https://www.ideas42.org/wp-content/uploads/2023/05/Effective-Communications-to-Increase-Court-Appearances_ideas42.pdf)



## 6. Improve service linkages and reduce barriers to treatment, employment, and housing leading up to and following release

### *Target/Objective*

Enhanced connections and support can facilitate successful diversion programs, linking individuals to community-based alternatives rather than incarceration, and reentry services that meet housing, treatment, and employment needs.

### *Measurement Goals*

- Increase the number of individuals released with discharge plans and linkage to behavioral health by 25% (from 2023 baseline).
- Increase pretrial inmate participation in Sheriff Reentry Services Programs by 20% (from 2023 baseline).
- Increase the number of individuals released with housing supports at time of release by 10% (from 2023 baseline).
- Increase Probation population participation in employment services by 10% (from 2023 baseline).

### *Required Partnerships for Success*

The County cannot reduce returns to custody under this strategy without the assistance and shared support of crucial partners. This strategy primarily depends on decisions made in custody and upon release to offer support services that assist with stabilization and successful reentry into the community. An asterisk is used to identify the partners whose direct operational authority is not determined by the Board of Supervisors.

- Sacramento County
  - Public Defender's Office
  - Conflict Criminal Defenders
  - Health Services Department, Behavioral Health Services and Adult Correctional Health Services
  - Probation Department
  - Homeless Services and Housing Department
  - Human Assistance Department
  - Sheriff's Office\*
- Community-based Behavioral Health Providers\*
- Community-based Housing Providers\*

## *Notable Updates*

### **Pre-Release Services**

#### ***Clothing, Medication, and Medical Devices Provided at Jail Discharge***

Following the publication of a report by the Community Review Commission, the Sheriff's Office, in coordination with Adult Correctional Health, implemented a clothing closet to ensure that individuals exiting County jail facilities are provided with weather-appropriate clothing, upon request. In addition to clothing, individuals who have been provided with durable medical equipment (wheelchairs, canes, eyeglasses, etc.) are able to take this equipment with them at time of discharge. The sentenced population on medication while incarcerated receives a 30-day supply upon release for continued medications. Pre-Sentenced populations can receive continued medications post release at the Primary Care Clinic.

#### ***Medi-Cal Eligibility Assessments***

The Department of Human Assistance (DHA) has two Human Services Specialists at the Main Jail, and two Human Services Specialists at RCCC to conduct assessments. DHA receives daily booking, facility location, and release information from the Sheriff's Office. From April – June 2024, 3,221 individuals were assessed for Medi-Cal Eligibility, and 302 individuals were enrolled.

#### ***Health Assessments Generate Linkages for Community-Based Care***

Adult Correctional Health Staff complete an average of 2,300 Intake Health Assessments per month. Automatic orders are sent to Discharge Planning/Reentry based on the intake or evaluation, and an average of 70 referrals per month are sent to Community Health Works for ongoing care in the community. Adult Correctional Health is working closely with Community Health Works to prepare for discharge planning expansion with the rollout of CalAIM and the 90-day prerelease services anticipated to go-live early 2025

Adult Correctional Health Mental Health (ACMH) complete evaluations and administer treatment while in custody. ACMH submits an average of 116 referrals/month to County Behavioral Health Services for ongoing care. ACMH contacts and coordinates care with established community behavioral health providers. Upon release, clients needing high intensity services can benefit from Full-Service Partnerships (FSPs), while clients with moderate-high intensity services may benefit from CORE/Outpatient programs.

## **Prop 47 Grant Application and CalAIM Preparation**

In response to work by Sacramento County's Community Corrections Partnership Advisory Board (CCPAB) and Community Review Commission, as well as service gaps identified by the Department of Health Services, the County applied for an \$8 million grant targeting post-release service linkages through the Proposition 47 Grant Program (Cohort 4) through the Board of State and Community Corrections. Awards are expected to be made in October 2024.

The Sacramento County Community Corrections Partnership (CCP) will serve as the Prop 47 Local Advisory Committee. The CCP includes a representation from justice system, social services system, and community partners. If awarded, grant funds would be used to establish a Reentry Opportunities and Access to Resources (ROAR) program. This program will leverage the new and improved services under Medi-Cal through the California Advancing and Innovating Medi-Cal (CalAIM) and specifically the state's justice-involved initiative. The Justice-Involved (JI) initiative aims to connect eligible members to community-based care, offering them services up to 90 days before their release to stabilize their health conditions and establish a plan for their community-based care (collectively referred to as "pre-release services"). Per Department of Health Care Services requirements, all Counties are required to go live with CalAIM JI initiative by September 30, 2026. Sacramento County is in the process of assessing and implementing CalAIM in correctional facilities in 2025, ahead of the state's deadline.

The target population for the proposed services under ROAR includes individuals exiting jail who have been arrested, charged with, or convicted of a criminal offense. Within the ROAR program, the County will pay special attention to the needs of the most vulnerable participants, including those at-risk of or experiencing homelessness and those with mental health needs and substance use disorders. Services funded by ROAR will provide service linkage services during pre-release planning and re-entry. Community-based pre-release service coordination shows much higher rates of engagement with a 70% show rate for primary care appointments coordinated by community-based providers compared to a 33% show rate for primary care appointments referred by jail health staff. Contact with community health workers with histories of incarceration increases post-release engagement

and helps reduce recidivism. The current community-based organization providing in-reach services for pre-release planning and re-entry services under CalAIM's justice-involved initiative needs support to further expand their capacity and address existing service gaps. It is important for the community-based organization (CBO) to have a location proximate to the jail for ease of access for people being released at all hours. Other existing gaps in the system include limited reimbursement from the managed care plans to the provider for on-demand transportation, such as Lyft or Uber, for transportation outside public transit hours, and reimbursement for staff mileage to transport individuals to necessary appointments. Data from CalAIM, to transform Medi-Cal program referrals, underscores the scale of the need, with 2,462 services provided in 2023 alone. The vast majority of funds allocated will be given to non-governmental/community-based organizations, including:

- \$3,456,000 for Shelter Beds for Immediate Re-entry Population
- \$1,500,000 for Care Management Services for In-Reach Pre-Release and Re-Entry
- \$885,000 for Flexible Client Assistance Funds for Homelessness Prevention, Re-housing, Motel Vouchers, Long-distance Reunification Transportation, and Basic Need Items
- \$287,750 for Legal Services and Client Assistance Funding for Eviction Prevention and Expungement; and
- \$200,000 for Re-housing Stabilization for New Post-incarceration Short-term Housing Program.

## Next Steps

The next report, representing the time frame of July – December 2024, and posted to the Public Safety and Justice Agency website by March 31, 2025, is slated to include:

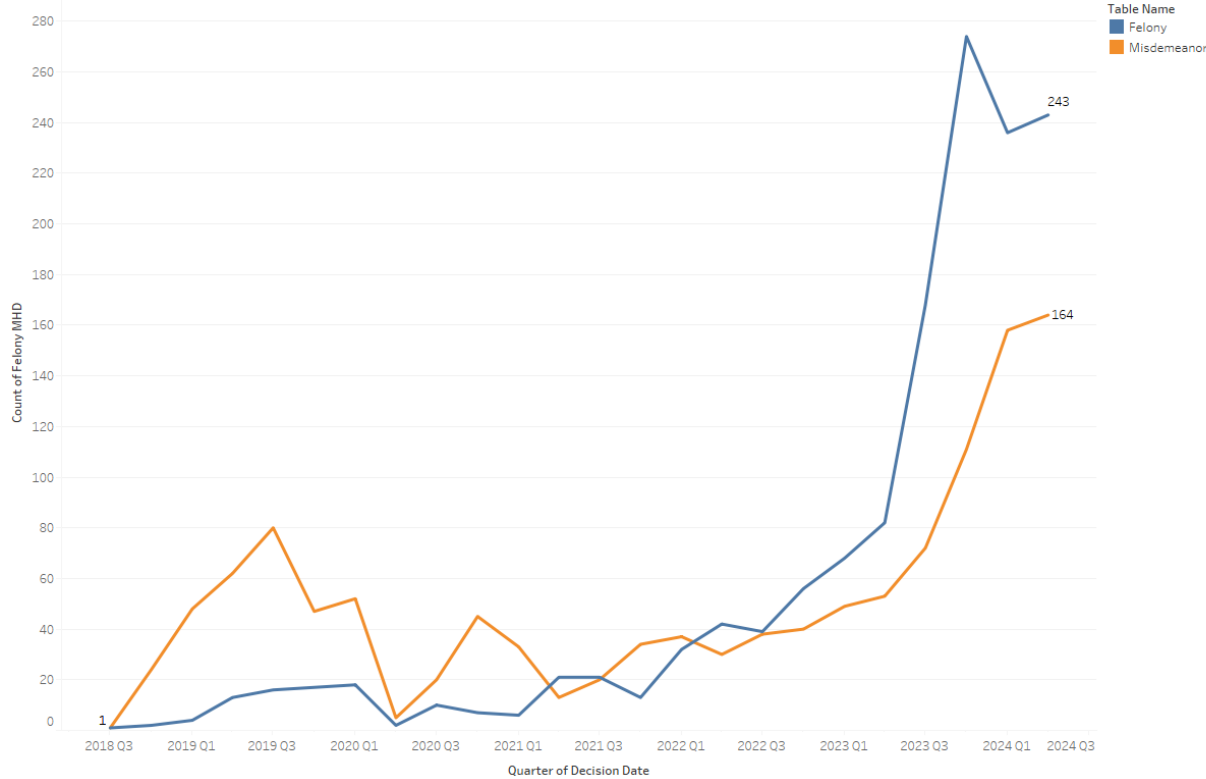
- Updates on progress made toward developing dashboards to monitor changes in the jail population and overall compliance with the Mays Consent Decree;
- Leadership discussions and decisions regarding recommendations in the Risk Assessment and Screening Tools Report;
- Expanded discussion on the composition of the jail for different demographics;
- Updates on improvements to data flows for improved ongoing analysis and interagency coordination; and
- A “deep dive” exploration of pretrial services, including pre-arraignment releases.

# Exhibit A – Mental Health Diversion Deep Dive

In response to changes in law expanding eligibility for Mental Health Diversion (MHD), applications for Felony Mental Health Diversion have increased dramatically. Though not all cases in which MHD is a consideration ultimately ends with a court decision, Figure A-1 shows the exponential growth and interest in this program for both Felonies and Misdemeanors.

**Figure A-1: Felony and Misdemeanor MHD Decisions 2018-2024**

Source: Sacramento Superior Court via O’Connell Research



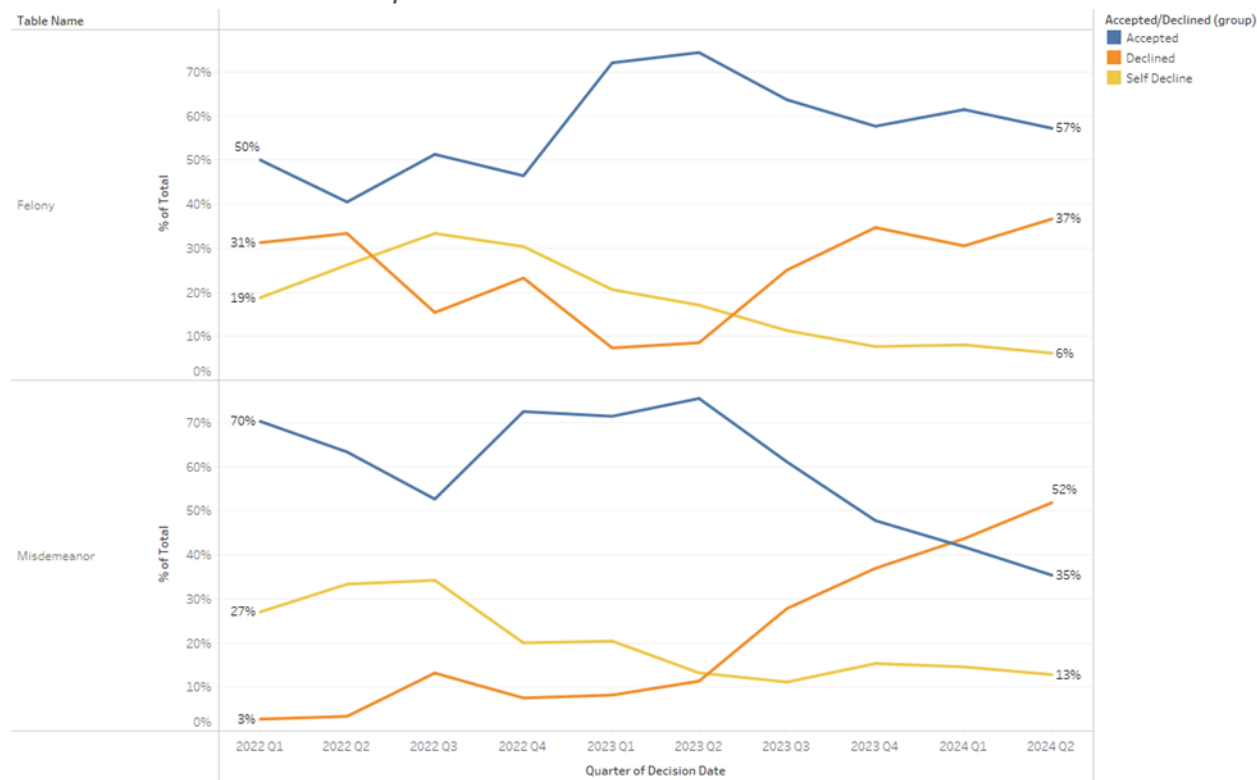
The most significant change in MHD has been the increase in felony petitions, increasing by over 10x from 2019. Applicant demographics between 2019 and 2023 have remained relatively the same, primarily serving men in their 30’s. In 2023, for race and ethnicity, 40% of applicants were Black, 37% were White, 19% were Hispanic, and 4% were Asian. Women accounted for 25% of felony MHD applicants.

As the number of people petitioning for diversion increased, the distribution of outcomes of the petitions shifted. From 2022 to 2024, the felony MHD acceptance rate has averaged around 60%. The percentage of petitions

declined has recently increased, growing from around 10% in early 2023 to 37% in Q2 (April – June) of 2024. For misdemeanors, the percent of people being declined has increased substantially since 2023. Figure A-2 shows the rates of petitions accepted, decline by the Court, and self-declined since 2022.

**Figure A-2: Petition Outcomes for MHD (Felony and Misdemeanor), 2022-2024**

Source: Sacramento Superior Court via O’Connell Research



In the context of someone’s court case, the time between events is an important marker for how and when diversion is put in place. The median number of days from the person’s arraignment to the person’s decision on their diversion has averaged 260 days for felonies and 210 days for misdemeanors. Without adding a system indicator to identify when an individual has been identified by their attorney as an MHD candidate, it is difficult to assess the true length of time for MHD processes. When clients seeking IST diversion are excluded from the felony population, the average is nearly 280 days, with clients who self-decline exiting at 310 days and being declined by the court at 270 days. It should be noted that the average timeframes identified do not distinguish between individuals who are in custody and those who are out of custody. The Public Defender’s Office

estimates that in custody MHD applications are processed in approximately 120 days.

Analysis found there was little difference in the overall length of time to disposition if there was a contested hearing. It is believed this is because there is not a separate or streamlined process for uncontested petitions, so these petitions are part of the same backlog as contested petitions. While there are very few petitions that are not contested or objected to, this still creates delays for the clients on which there is shared agreement between court partners.

The available data on the volume of petitions and the length of case processing times generated resource investments as well as collaborative working relationships to develop improvements to processes and outcomes.

## Resource Investments

While the County made significant budget investments to assist with staffing, it has not been sufficient to fully address growth in MHD and Collaborative Courts. Through a combination of General Fund, Medi-Cal, Mental Health Services Act (MHSA), and AB 109 funds, the County appropriated \$18 million in FY 23-24, including more than \$2 million in net County cost to support expansions in these programs. This included 21 positions, as well as contract services, supplies, and equipment, across several departments (Conflict Criminal Defender, District Attorney, Probation, Health Services, and Public Defender). These investments expanded the number of attorneys and support staff for MHD cases, capacity for clinical assessments and service linkages, and funded additional outpatient and full service partnership treatment programs for the justice-involved population.

With the FY 24-25 budget, the County began addressing a longstanding structural imbalance in its budget, which has relied on one-time resources, including fund balance, to fund ongoing expenditures. While a significant reduction in the estimated General Fund beginning balance has required adjustments, the process of bringing the budget into structural balance will be a multi-year effort to put the County on a path toward fiscal sustainability into the future. Combined with a slowdown of statewide growth and projected reductions with some revenue sources, fewer requests to expand staffing and services were able to be granted in FY 24-25. Recognizing that there will continue to be resource constraints, it is necessary to closely



evaluate the activities and decisions made at each step in the MHD application process to realize efficiencies.

## Working Groups for Increased Collaboration

To address the increase and backlog that quickly formed once MHD eligibility expanded in January 2023, several working groups formed to develop solutions. The County working group includes partners from the Superior Court, District Attorney, Public Defender, Conflict Criminal Defenders, Sheriff's Office, Probation Department, Department of Health Services (Behavioral Health Services and Correctional Health Services), and the Public Safety and Justice Agency. The Court also has a Collaborative Courts Mental Health Work Group that includes some of the same partners. As the Jail Population Reduction Plans identify Mental Health Diversion as a possible mechanism for reducing length of stay and reducing returns to custody for individuals with behavioral health conditions, the County working group's efforts are focused on in custody individuals seeking Felony MHD and accessing treatment through County Behavioral Health Services (BHS).

At the start of the County working group, analysis showed a growing backlog of people awaiting assessment for diversion, partially because of an increased number of people becoming eligible in 2023, but also because of complexity in the MHD workflow. The MHD workflow was causing delays in processing, particularly from mis-aligned diversion referrals, incomplete referrals, delays in assigning a clinician, delays in presenting the petition in court, inefficiencies in sharing information between parties, and challenges in gaining Releases of Information (ROIs), among others. These different challenges contributed to an overall problem where individuals were waiting in jail for long periods to complete their MHD petitions, resulting in increased jail time, and potential decompensation, as well as decisions to later decline services.

Despite differences in perspective among partners, the County MHD working group shares a strong desire to get people treatment when they need it, particularly community-based care when possible, instead of in jail, if doing so would not pose an unreasonable risk to public safety. Initial discussions in the working group revealed a perceived lack of alignment by system partners on eligibility and suitability, communication challenges with different terminology used pertaining to data, resource allocation limitations and differing perceptions, and disappointment in how demands have outpaced resources despite concerns being raised early on. Additionally, concerns have been expressed about case complexities that are difficult to address in a "one

size fits all” process and how new efficiencies in one step of the process can create vulnerabilities in another step.

## Phases of the MHD Process

The County MHD working group has identified six phases, all with areas of opportunity, in the Felony MHD process:

1. Candidate Identification
2. Clinician Evaluation
3. Court Preparation
4. Court Decision
5. Release Preparation; and
6. Progress and Monitoring.

### Candidate Identification

Attorneys have many options for resolving a case. Due to the many community-based behavioral health resources available in Sacramento County as well as the expanded eligibility under the law, criminal defense partners have considered MHD as a potential option for most individuals facing felony charges.

The Public Defender’s Office and Conflict Criminal Defenders use different tools, including the Brief Jail Mental Health Screen, along with a review of the client’s charges, to identify possible candidates for MHD. Depending on the circumstances, including available offers from the prosecution, eligibility for other programs, and client interest, an attorney can choose to initiate the the MHD process by referring a client for evaluation by a clinician.

Defense attorneys are obligated to apply for MHD if that is the client’s wish, but they can also make recommendations to clients based on factors known to be highly correlated with petitions being granted or denied. Additionally, if there is a good offer from the District Attorney’s Office, defense will likely advise clients to take it.

Data analysis from 2023 indicated that there is a wide range of timeframes from client booking into jail to the client’s referral to Behavioral Health Services for assessment. While there is now a presumption of nexus under the law, swift referral enables quicker assessment, which can strengthen the perceived validity of any diagnosis as well as the extent to which that diagnosis may or may not have contributed to the situation that resulted in the client’s charges. Next steps with the working group will discuss possible

recommendations for timeframes for initiating referrals to BHS, as well as further discussion on the tools used to assess a client's eligibility and suitability for MHD.

## Clinician Evaluation

One of the greatest areas of progress is in the Clinician Evaluation phase. Over the past year, Behavioral Health Services' (BHS) Court Assessment Team has increased its staffing, leveraged crucial partnerships, and implemented process improvements to cut down on the average time it takes from when a person is referred by an attorney as a MHD candidate to the time they are assessed and initiated linkages to services. In January 2024, there were over 300 assessments pending for in custody MHD candidates. By July 2024, this declined to less than 100 pending assessments. As of September 2024, the Court Assessment Team can keep pace with referrals as they come in, completing them within 10 days. The Court Assessment Team expanded from 3 to 5 clinicians, with 4 positions still unfilled due to the ongoing challenge in hiring mental health clinicians, and now has the capacity to receive 20-25 referrals each week. When the backlog was at its peak, clinicians from the Substance Use Prevention and Treatment Services team stepped in to assist in completing assessments as the Court Assessment Team was working to onboard its newer staff. The Court Assessment Team has now initiated the process to hire a Peer Support Specialist to provide additional assistance to individuals in custody pending a MHD decision.

Beyond its staffing expansions, the Court Assessment Team developed several efficiencies. By implementing expanded tracking tools and frequency of email exchanges, communication between attorneys representing clients seeking MHD and the BHS clinicians improved, ensuring that all parties remain informed about the status of an assessment request and that any issues (for example, application errors that previously resulted in time losses) can be quickly resolved. The team also worked with Adult Correctional Health Services to be granted access to Electronic Health Records that contain valuable information that assists the Court Assessment Team in completing its evaluations. The team further evaluated the assessment tools it was using, implementing the use of the Brief Questionnaire for Initial Placement (BQuIP) instead of the ASAM to determine initial placement options. The BQuIP tool is not a replacement for a full assessment, and the appropriateness of the provisional placement

decision made as a result of using this tool must be confirmed via a comprehensive American Society of Addiction Medicine (ASAM) assessment. Current contract providers complete an ASAM at the time of intake, so this will still be done for clients granted MHD at a later point in the process. Implementing the BQuIP expedited the processing time for clinicians completing their assessments.

BHS also developed efficiencies for clients requiring reassessment. Even after someone is assessed for MHD, the process to reach a court disposition can take some time. Initial referrals were beginning to exceed their intended relevance time of 90 days, requiring clinicians to complete updated or new assessments for individuals they had already seen. In April 2024, the Court Assessment Team adjusted its processes to reduce any delay in reassessment and linkage for clients who are granted after the 90-day mark. If a referral is still pending disposition from the court after 90 days, clinicians will obtain current collateral information from ACMH and/or conduct a brief visit to assess for changes in presentation or Level of Care (LOC) recommendation. If a change is recommended on LOC, the clinician will send a report out to the respective referring party.

Next steps with the working group will include discussions around the detailed processes used by BHS to assign and link clients, as well as the possible implementation of electronic referral forms that would allow for real-time status tracking, expedited resolution of form errors, and automated data entry. Additionally, the working group will explore whether additional assessment tools should be implemented in the pre-petition process, such as the HCR-20v3, which provides a comprehensive set of professional guidelines for violence risk assessment and management and helps structure decisions about violence risk that can be shared with the court when evaluating a candidate's suitability for MHD. Using this tool would add more time to the evaluation process, but could be implemented selectively, based on the types of charges an individual faces and/or their known criminal history. Efforts are currently ongoing to assess risk of violence through a grant received by the court, as well as those clients granted MHD who are also deemed Incompetent to Stand Trial (IST). For more on IST, see Exhibit B.

## Court Preparation

Preparing for court involves the development of a petition by defense, and a review and possible objection from the prosecution. Once an attorney receives the assessment report from a clinician, they develop a petition supplemented by the diagnosis and treatment placement information recommended in the report, along with other relevant information to encourage the court to grant MHD. The filing of the petition generates a court date, and due to staffing limitations, the District Attorney's Office will typically begin its review of the petition and case approximately 3 weeks before the court date. In that time, the District Attorney will need to review the case to determine whether it is appropriate to object (and on what grounds), file its objection, and notify any victims involved to see if they would like to view the court hearing and/or make a statement. Due to the types of cases seeking MHD, the District Attorney's Office objects to most petitions. Objections typically seek to challenge the nexus of a diagnosis to the alleged criminal actions involved and/or express concerns that the applicant poses an unreasonable risk of violence to the community. The complicated nature of these cases, as well as the limits in staffing to review them, can contribute to continuances and case delays.

Current efforts to improve the Court Preparation phase include the possible implementation of a system requiring the parties to attest their readiness for court (minimizing continuances) and discussions to consider introducing risk of violence assessment into the clinician review. The Superior Court is also working on updating MHD application procedures to provide clarity on the actions and steps needed by different partners in developing and submitting MHD petitions.

## Court Decision

While the improvements to the Clinician Evaluation process have been beneficial in many ways, it shifted much of the backlog onto the Court. Over the past year, the Court added the ability to review additional applications through a calendar in Department 17, but still lacks the capacity to hear all petitions within a reasonable timeframe. As of August 2024, the next available court date for petitions heard in Department 8, where the majority of MHD decisions occur, was 8 weeks away. Staff observing several court calendars to gain insights into these processes noted that continuances are frequent in MHD, with many hearings continued at least once before a decision is made. Some petitions are continued at the request of the

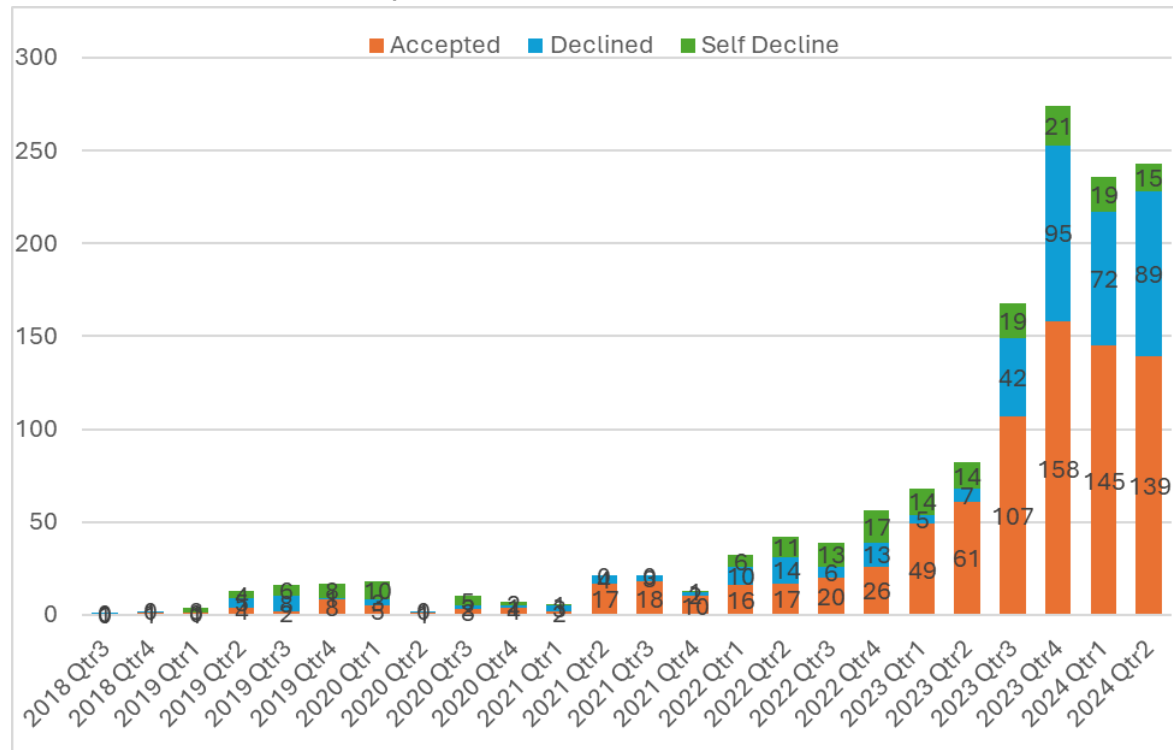
attorneys, while others are forced to be continued as the number of hearings scheduled for a given day exceeded the amount of time available. The Superior Court has recognized that its current calendaring structure is not able to meet the demand to hear MHD petitions and is evaluating ways to increase capacity.

With the complexity of cases, inclusion of victim statements, and arguments from the attorneys involved, making thoughtful and informed decisions takes time. For the felony MHD cases where individuals have been held in custody since their initial jail booking, granting an MHD petition means that the client will be released into the community when they had not previously been eligible to do so. MHD petitions are not taken lightly by the court, who must carefully weigh the circumstances and client involved as well as the risk to public safety in making their decisions. For individuals facing more serious and/or violent charges, as well as those with more concerning criminal histories, judicial officers have begun placing MHD granted clients on Track A, which adds the Probation Department's Mental Health Unit as another layer of support and monitoring for the duration of a client's diversion program.

Data indicates that approximately two-thirds of MHD petitions are granted, with many of these decisions occurring over the strong objection from the District Attorney's Office. Figure A-3 shows the volume of Felony MHD petitions granted, denied, and those where an individual self-declined since 2018. Future work could look closer into those petitions in which a denial or self-decline occurred, as these insights may be helpful in identifying barriers to success. These insights could lead to changes in the phases leading up to a Court Decision to bolster the quality of an MHD application; they can also assist defense counsel in providing recommendations to their clients to pursue other avenues when an MHD grant is unlikely, expediting case resolutions.

### Figure A-3: Felony Mental Health Diversion Court Decisions

Source: Sacramento Superior Court



Additionally, as Sacramento County is one of the leaders in MHD grants statewide (Figure A-4) and since MHD is relatively new and generates a great deal of attention and interest, it would be beneficial to connect with criminal justice partners in other Superior Courts to identify best practices and work together to resolve common concerns and challenges.

### Figure A-4: MHD Petitions by County

Source: Judicial Council of California

Petitions Granted by County: July 2019 through March 2024					
Rank	County	Total Petitions Granted	Felony Petitions Granted	Reporting Quarters	Felony Grants Reported in QTR 1 Jan - Mar 2024
1	San Joaquin	1,219	467	13	117
2	Sacramento	1,153	631	19	143
3	San Bernardino	1,009	755	19	50
4	Santa Clara	922	3	19	0
5	Riverside	882	561	17	48
6	Solano	620	446	17	39
7	Orange	609	279	17	42
8	Fresno	584	419	19	47
9	Tulare	482	224	19	14
10	Santa Barbara	464	211	18	33
11	Ventura	447	239	19	34
12	San Diego	DNR	DNR	DNR	DNR

Comparable Courts		
Rank	County	Felony Grants Reported in QTR 1 Jan - Mar 2024
1	Sacramento	143
2	San Joaquin	117
3	San Bernardino	50
4	Riverside	48
5	Orange	42
6	Ventura	34
7	San Diego	DNR

## Release Preparation

Once an MHD petition is granted, an individual is not immediately released from custody. A series of activities, including confirming linkages outlined in the client's treatment plan, and confirmation of suitable housing (for individuals placed on Track A), must occur before release takes place. Future work should closely examine the opportunity to which some or all these tasks can be completed at the time the MHD petition is heard in court to expedite client release. Behavioral Health Services has worked to expand treatment capacity through new outpatient programs and a full service partnership dedicated to the justice-involved population; these programs will be available in late 2024. By adding capacity to community-based treatment options, this can help reduce waitlists for different services that could contribute to increased time in custody after an MHD petition is granted.

## Progress and Monitoring

Clients granted MHD are placed on progress calendars where the judicial officer receives periodic reports about the client's compliance with the MHD program. The Superior Court is leading efforts to explore what risk assessment tools could be used to reduce the need for appearances on progress calendars for some clients. Additionally, it will be beneficial to closely examine situations where clients are unsuccessful in MHD. As recovery is not always linear, and setbacks are a common part of recovery for people with behavioral health needs, the MHD programs need to include the supportive services necessary to address challenges as they arise before a program discharge is required. Partners from Sacramento County's criminal justice system attended the All Rise / National Association of Drug Court Professionals (NADCP) Equity and Inclusion Conference and are working to develop plans to re-organize the court, enhance family involvement, and promote equity to increase engagement and overall success in MHD and the County's other Collaborative Court programs.

## Next Steps

MHD creates many opportunities for the future. A process map, with standard timeline expectations for each phase, could be greatly beneficial to generating shared understanding and tracking progress improvements. Other opportunities being examined are setting data points to track progress, using automated communication tools, setting criteria and processes for cases less likely to be opposed, developing an application



checklist for courtroom readiness, use of tools to supplement application info and support decisions, potentially discussing MHD applications at preliminary hearings, adjusting court calendaring practices to reduce continuances, evaluating court capacity for applications and monitoring progress, and adjustments to program design.

Discussions between defense counsel and the District Attorney's Office are also crucial to shortening the length of time required to reach a MHD decision. If clients who will ultimately be denied MHD can be provided with other options to resolve their cases quickly, this could lessen the stream of petitions that slows the timeline down for the clients most suitable for MHD and reduce the number of petitions opposed.

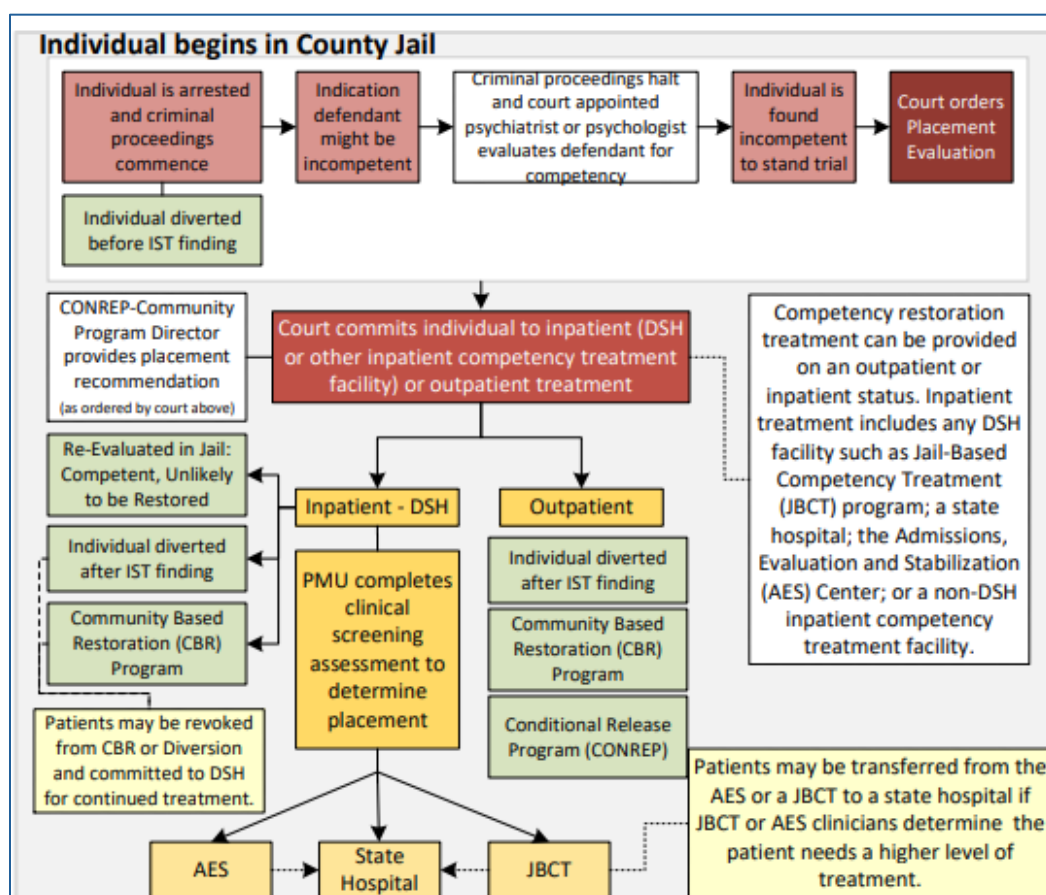
The County Working Group plans to continue its work, primarily focusing on the Client Identification and Clinician Evaluation phases, as the Court's Collaborative Courts Mental Health Work Group is focused on the court calendar reorganization and capacity decisions that will impact other areas of progress. The County Working Group will partner with O'Connell Research on tracking data as well as developing standards and consensus on operational improvement recommendations. The County Working Group will also initiate engagement with other counties to further examine areas of opportunity around suitability, standards, and consensus on what works and doesn't work. The County Working Group will continue to reach out to the Court's Collaborative Courts Mental Health Work Group to ensure that efforts supplement the work being done in other spaces rather than duplicating them or conflicting with them.

# Exhibit B – Incompetent to Stand Trial (IST) Impacts Deep Dive

When a defendant is unable to understand the nature of the criminal proceedings or assist in their defense, based on evaluation findings, if the court finds the defendant incompetent to stand trial (IST), the defendant can be committed to the Department of State Hospitals (DSH) for treatment services to restore their competency and return them to court to resume criminal proceedings. Per Assembly Bill (AB) 133, as of July 27, 2021, only defendants with felony charges may be committed to the DSH for restoration. Figure B-1 provides a flow chart detailing the felony IST process.

**Figure B-1: DSH Felony IST Commitment Process and Pathways**

Source: California Department of State Hospitals<sup>2</sup>

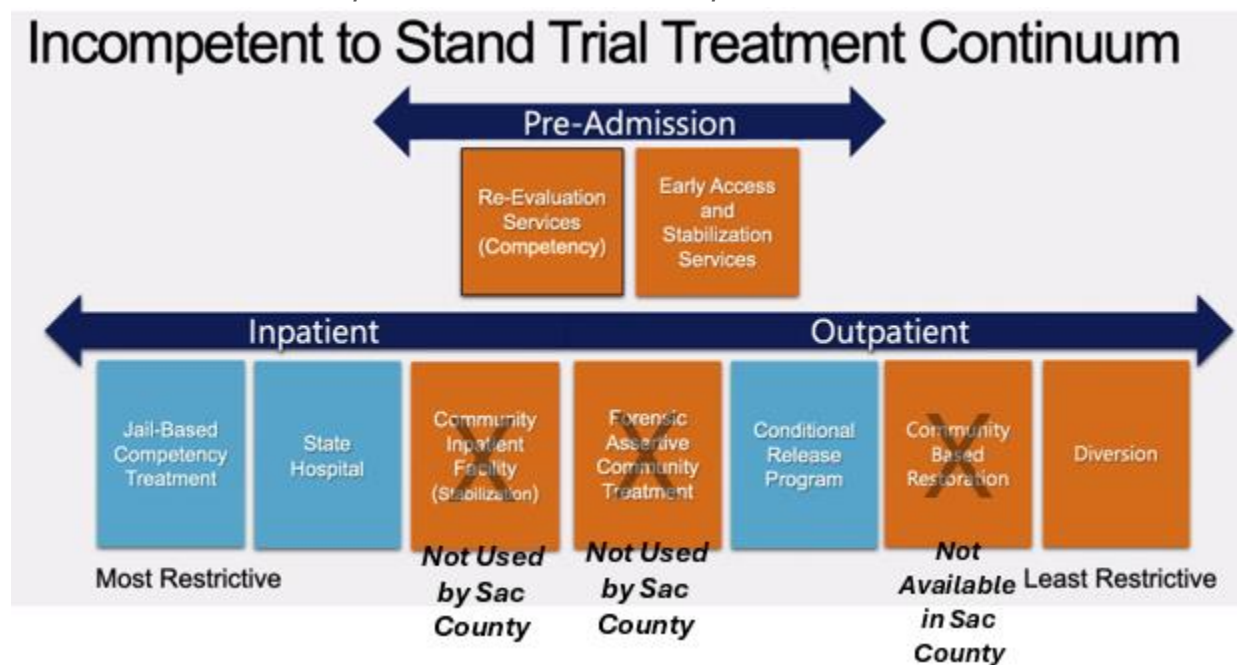


<sup>2</sup> Department of State Hospitals. (n.d.). Felony Incompetent to Stand Trial Commitment Process and Pathways. [https://dsh.ca.gov/Treatment/docs/DSH\\_IST\\_1370\\_Process.pdf](https://dsh.ca.gov/Treatment/docs/DSH_IST_1370_Process.pdf)

There are five state hospitals operated by DSH and contracted Jail-Based Competency Treatment (JBCT) programs providing restoration services for those committed to DSH. Alternatives to a DSH commitment may include Community-Based Restoration (CBR) Programs, Conditional Release Program (CONREP), or Diversion Programs. Additionally, DSH contracts with local Sheriff’s Offices and Jail Mental Health Service providers for competency Re-Evaluation Services and Early Access and Stabilization Services (EASS) that are provided while individuals committed to DSH are awaiting placement in a JBCT or state hospital. Counties are not required to offer all IST-related service options; however, Sacramento County’s service offerings include a range of programs that span from most to least restrictive. A diagram of Sacramento County’s IST offerings may be found in Figure B-2.

**Figure B-2: IST Treatment Continuum**

*Source: California Department of State Hospitals*



Currently, Sacramento County has a JBCT program at the Rio Cosumnes Correctional Center (RCCC) for up to 32 males and 12 females. Restoration of competency at JBCT prevents a transfer to the State Hospital. Those who are unrestored through JBCT services are transferred to the State Hospital for higher level restoration services. Additionally, the Early Access Stabilization Services (EASS) are now provided to all individuals committed to DSH as a precursor to JBCT and DSH Placement. The EASS program has been quite successful. Since it began in November 2023 through June 2024,

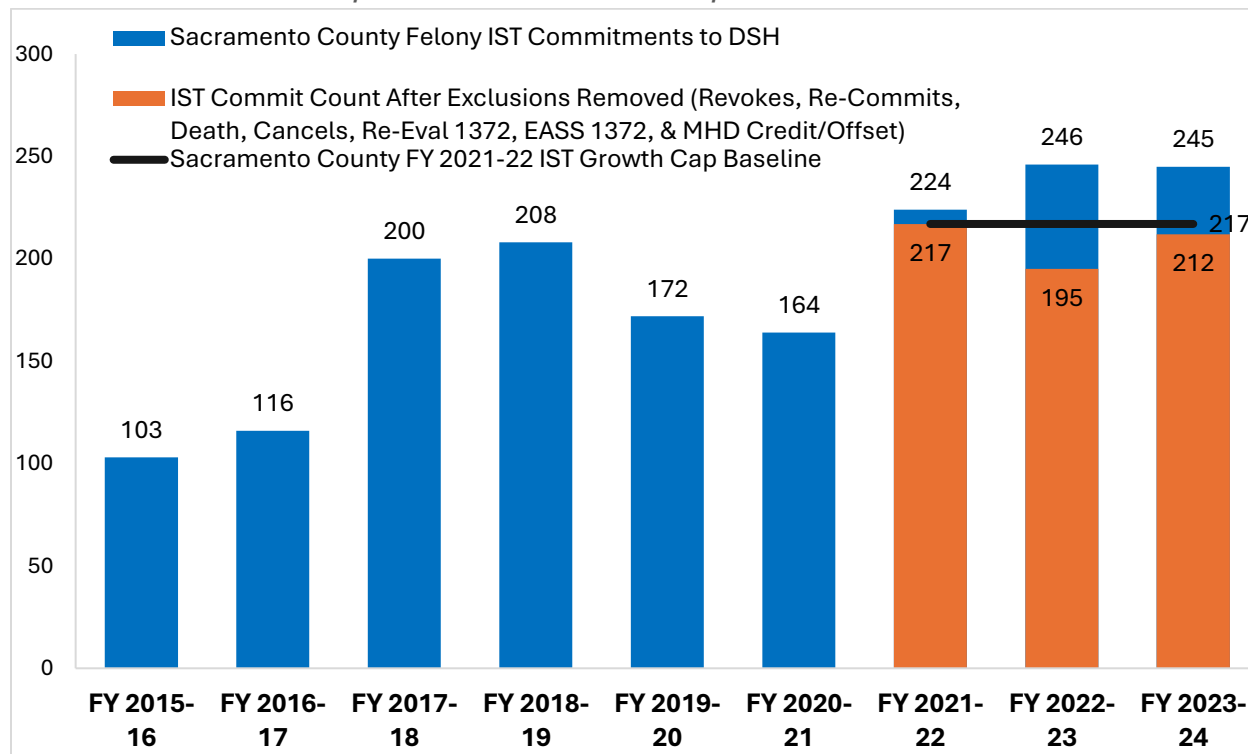
the EASS program successfully restored twenty-two (22) individuals before placement in the JBCT program or State Hospital.

People have been able to move out of the EASS program very quickly. EASS clients are admitted as soon as the commitment order is provided to Adult Correctional Mental Health (ACMH) by DSH. ACMH services are provided in person, not by telemedicine. The average length of stay is currently about 14 days before the client is moved to the JBCT program or the state hospital or being re-evaluated and found competent. Starting early intervention and ensuring people are getting moved along to other levels of care is consistent with Mays Consent Decree care in custody improvements and is having a positive impact on both client outcomes and jail operations. Referrals to the JBCT program at RCCC now come from EASS, creating a nice transition between programs for continuity of care. JBCT is usually able to restore people to competency in about 90 to 120 days. If for some reason, someone cannot be restored in JBCT, they are transferred to DSH for longer-term care.

The Department of State Hospitals (DSH) continues to apply an annual growth cap on felony ISTs, imposing fiscal penalties on counties exceeding a specified number of IST commitments. According to DSH, the growth cap is intended to prevent unintended consequence of sizable investments into community-based restoration and diversion, encourage efforts at the county level to prevent the arrest or re-arrest of individuals with serious mental illness, and encourage counties to participate in DSH-funded programs, with emphasis on diversion and community-based services. To support related efforts in Sacramento County, the Public Safety and Justice Agency (PSJA) has a revenue agreement with DSH for work with O'Connell Research to lead collaborative stakeholder workgroup activities focused on reducing Felony ISTs in Sacramento County. Sacramento County has an IST Growth Cap baseline of 217 DSH commitments per Fiscal Year. Individuals are excluded from counting toward the growth cap for specified reasons such as being re-evaluated as restored (PC 1372). The history of felony IST commitments to DSH with counts after exclusions are shown in Figure B-3.

### Figure B-3: Sac. County Felony IST Commitments Over Time

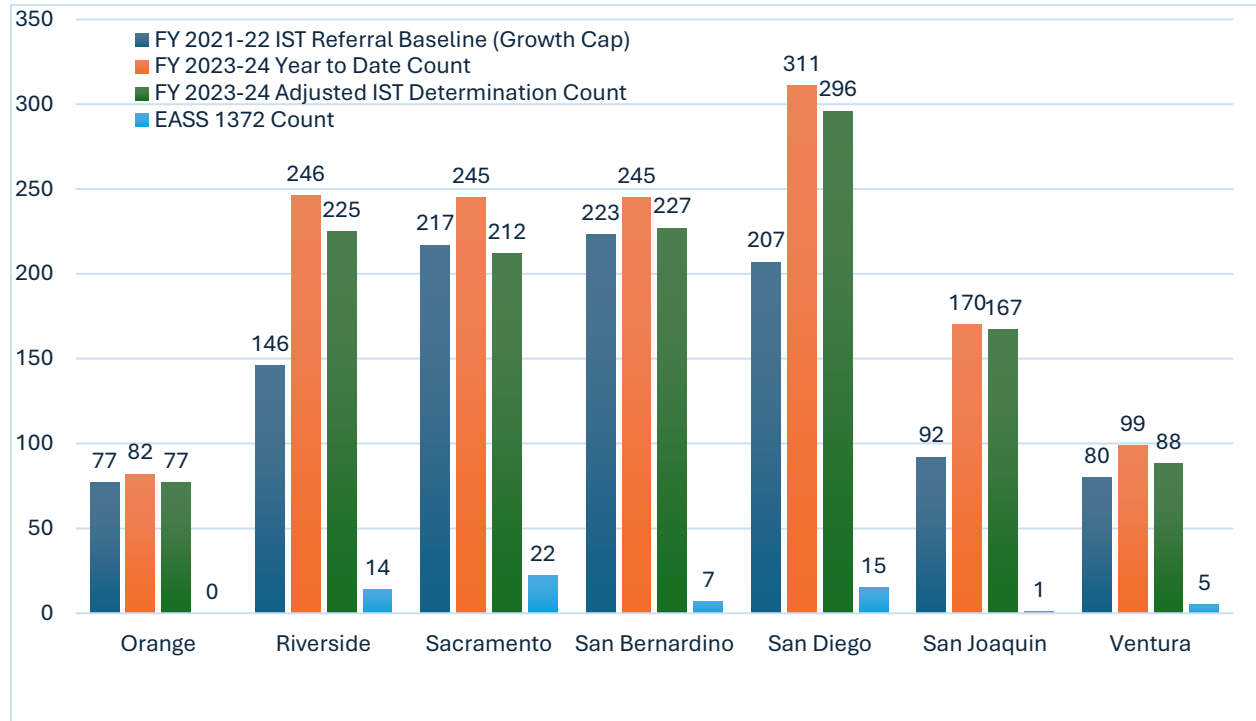
Source: California Department of State Hospitals



The Sacramento County IST Growth Cap baseline is 217. Data from DSH shows Sacramento County will not face a penalty for Fiscal Year (FY) 2023-24 IST commitments. DSH received a total of 245 IST commitments, but excluded thirty-three (33) from the total count against the cap because they were re-commitments (10), revoked from the program (1), or EASS participants issued a certificate of restoration to competency, per Penal Code section 1372 (22). Initial data from DSH indicates approximately 30 counties throughout the state have exceeded their IST Baseline Growth Cap. Figure B-4 shows how Sacramento County compares to other counties with similar Superior Courts (Orange County, Riverside County, San Bernardino County, San Diego County, San Joaquin County, and Ventura County). Figure B-5 indicates that, of this group of comparable counties, Sacramento County is the only one below the IST Baseline Growth Cap.

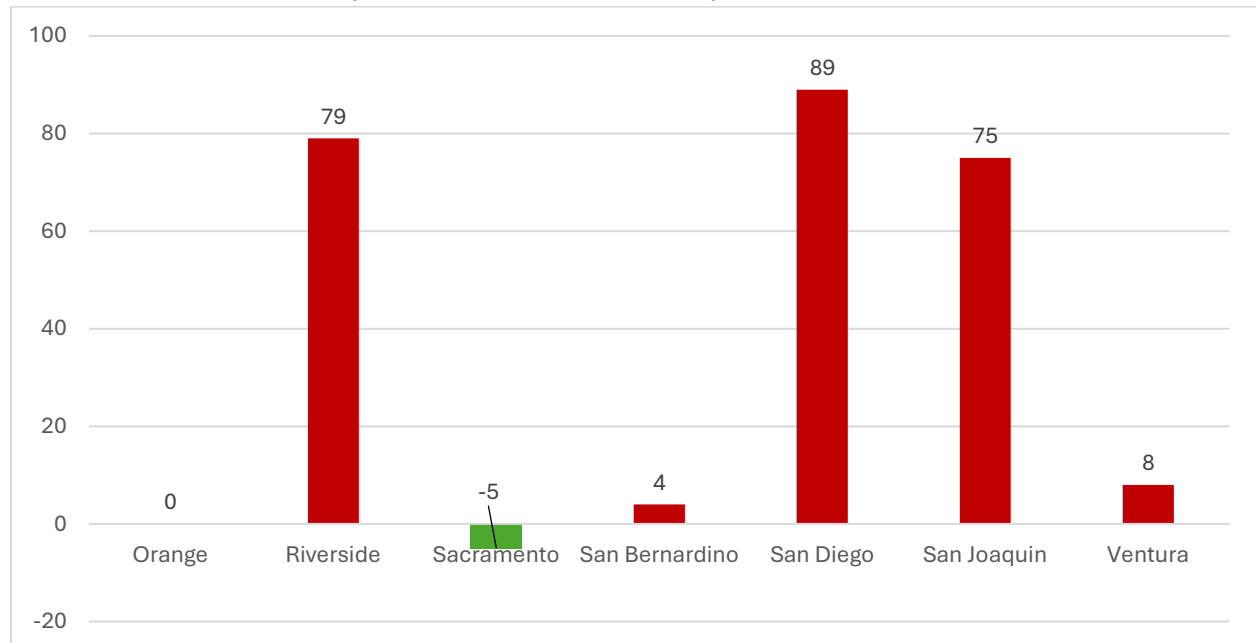
### Figure B-4: IST Baselines and Counts for Comparable Counties

Source: California Department of State Hospitals



### Figure B-5: Comparable Counties IST FY 23-24 Counts Over/Under Baseline

Source: California Department of State Hospitals



Through a DSH Collaborative Stakeholder Workgroup Grant, Sacramento County has ongoing efforts to reduce felony IST commitments to DSH. Work is focused on improvements to upstream services and programs that prevent individuals with serious behavioral health conditions from being arrested and found incompetent to stand trial as well as IST process improvements to improve outcomes for felony defendants who struggle with understanding their court proceedings or assisting in their defense due to mental illness with appropriate treatment and evaluation.

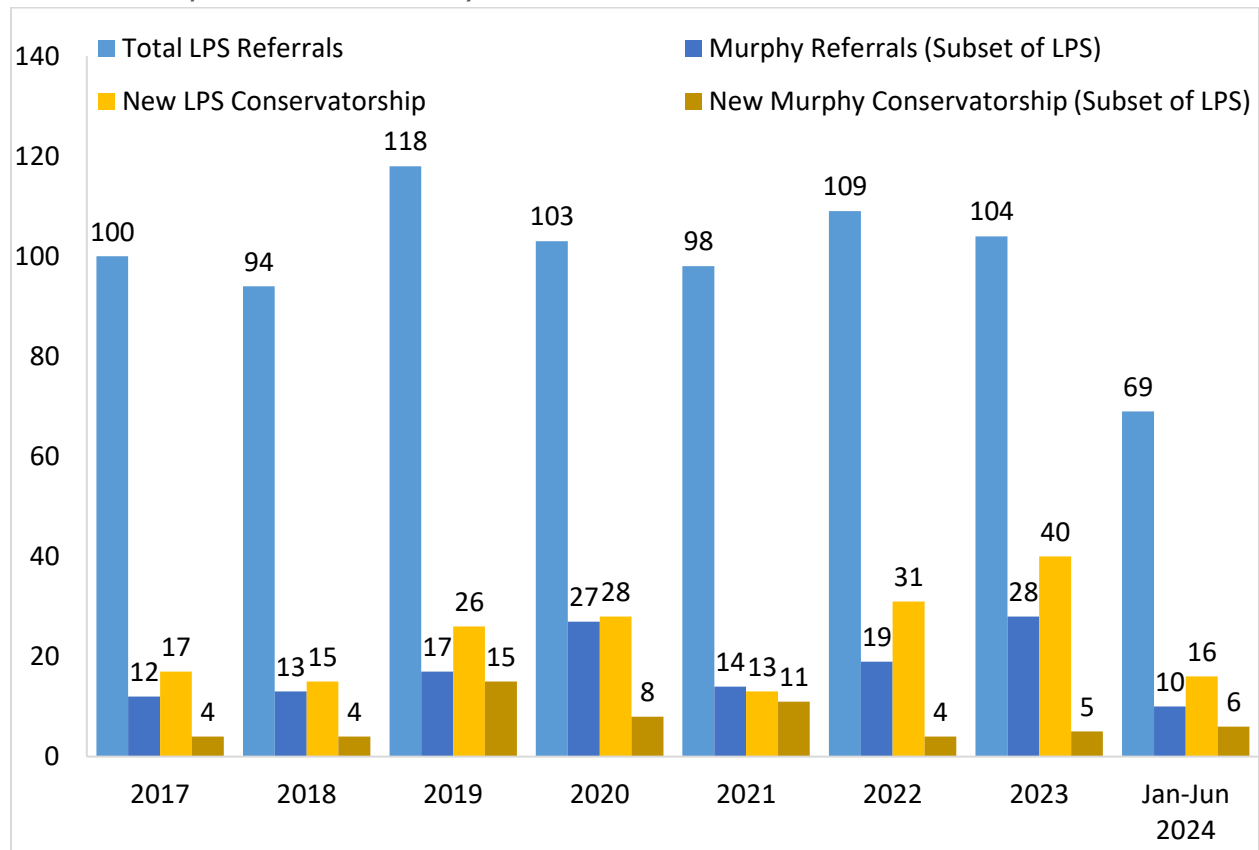
During the first half of 2024, the Collaborative Stakeholder Workgroup began exploratory discussions regarding potential IST process improvements. The goal is to generate early intervention and prevention strategies that more efficiently identify and address mental health issues likely to result in an IST finding if unaddressed as well as other improvements after an evaluation and court finding of IST. Further analysis of those successfully served by the Telecare EMPOWER pilot program who were identified as "at-risk of IST" may uncover opportunities for IST prevention services and upstream interventions. The group discussed potential for developing screening protocols to identify factors indicating someone is struggling to understand court proceedings or participate in their defense and subsequently providing intervention service options that can be applied before the next court date when a doubt of competency will be raised. A mental health team could potentially do the screening and link defendants to an appropriate service option. Discussions also generated ideas around improving release of information (ROI) and information sharing protocols. Many agency-specific observations have been made regarding experiences with felony defendants who have mental health challenges. The observations are being considered as efforts continue. Ongoing efforts may focus on a few different windows of opportunity: prior to a doubt being declared, after a doubt is declared during the time before an expert report is returned (approximately 4-6 weeks), and after the report is returned and there is an IST finding, when it may be possible for the court to pause for a specific timeframe before a DSH commitment is made so there is time for the Early Access and Stabilization (EASS) program to work and avoid a DSH commitment. Future efforts will continue with reexamination of current processes and work on improvement opportunities.

Another area impacted by what is happening with the local felony IST population is the level of need for conservatorship. Individuals referred for

Murphy Conservatorship represent felony IST individuals who could not be restored to competency and are assessed for “grave disability” and if they currently represent a substantial danger to others. Murphy Conservatorship is a special type of LPS Conservatorship for the forensic population of individuals who could not be restored to competency for prosecution on a violent felony criminal case. Because there is a significant level of need and requirements for Murphy Conservatorships, Sacramento County has been monitoring and adjusting services and protocols to best serve these individuals and keep the community safe from identified risks without an over-reliance on the jail. Figure B-6 shows Sacramento County’s conservatorship trends over time. Figure B-7 shows the limited use of the jail for housing individuals with Murphy Conservatorships in comparison to the total population.

**Figure B-6: Sacramento County Conservatorship Trends**

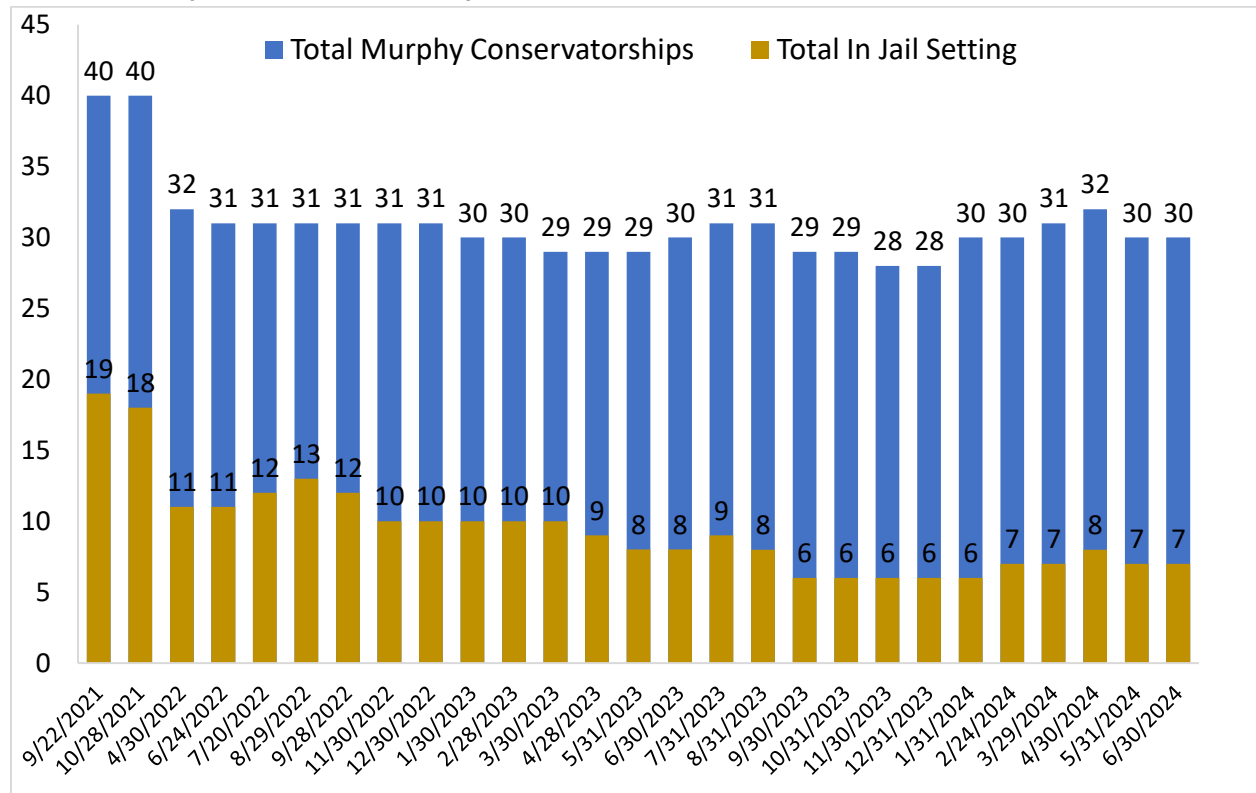
Source: Dept. of Child Family and Adult Services - Public Guardian’s Office





### Figure B-7: Murphy Conservatorships in Jail Setting

Source: Dept. of Child Family and Adult Services - Public Guardian's Office



# Exhibit C – Risk Assessment and Screening Tools Team Report



---

## **Risk Assessment and Screening Tools Team Report**

---

Produced And Edited By

Multi-Disciplinary Collaborative Team Representatives from Sacramento County's Conflict Criminal Defender's Office, Department of Health Services (Behavioral Health and Adult Correctional Health), Department of Homeless Services and Housing, Department of Human Assistance, District Attorney's Office, Probation Department, Public Defender's Office, Public Safety and Justice Agency Advisory Committee, Sheriff's Office, Sacramento Superior Court, and O'Connell Research, Inc.

August 2024

## Executive Summary

As state and county policies have expanded to see the inter-relationship of health and justice involvement, it is more important than ever to have a robust understanding of the range of screening and assessments used across disciplines, and the basis for the decisions. The county is moving to scale up the provision of effective interventions and alternatives to custody, coordinated jail reentry and discharge, and evaluation of risks, particularly likelihood of a new offense. It is essential that the county has a firm operational and policy understanding for informing decisions at different steps in the criminal justice process.

There is a wide range of tools designed for screening and assessment of individuals to support appropriate and efficient decisions that result in desired outcomes within the criminal justice continuum. Sacramento County justice, health and social service partners have implemented many screening and assessment tools within the workflow of their agencies, but further engagement, commitment, training, and coordination in the use of tools is needed to achieve a higher level of successful outcomes. The rigor of these tools, which often come from disparate fields of study, need to be set up for alignment and need to be better understood or else agencies choose tools based on divergent choices or rationales.

The County's Jail Population Reduction Plans (JPRP) includes creating a working group to conduct an initial overview of current processes and tools each agency is using for specified purposes. The group was also to begin to offer approaches the county can take to evaluate how the tools are working and develop potential improvements in coordination or alignment. The group looked specifically at the idea of "risk" mainly due to the widespread use of the term, but a variety of situations and tools it is applied within. The ability of the county to effectively use risk assessment is a major area of focus for ongoing recommendations. The initial focus is screening and assessment processes and criteria applied from the point of jail booking through release that could be augmented to expand opportunities for release at pretrial and post-sentence decision points. The workgroup, composed of operations and policy staff from ten agencies, has addressed the goal of creating an initial overview and recommendations for future work.

In May 2023, the Risk Assessment and Screening Tools Team began monthly meetings to learn about tools being used by each agency to inform decisions from jail booking through jail release. The first step was to establish a baseline understanding of distinctions between screenings, assessments, risks, and needs, to include identifying which tools are used for what purpose, as well as a glossary of key terms and concepts. Throughout the year, the team worked to:

- identify what information is captured when screening and assessments are conducted,
- if and how that information is shared to support criminal case process and/or healthcare, custody status, and service decisions,

- discuss operational use and validity,
- identify improvements that could be made to better align partners, and
- develop opportunities to apply technology and process changes to better inform decisions and streamline workflows.

With a focus on screening and assessments applied from the point of jail booking through release, the team created a version of the Sequential Intercept Map (SIM) that shows tools agencies are using in each intercept. An inventory was also drafted to describe the purpose, focus, and agency administering each tool shown on the map of tools across the SIM. The Appendix includes a Tools Glossary, Tools Sequential Intercept Map (SIM), and Inventory of Tools.

Based on findings and discussion, areas that need to be improved are related to training and education needs, alignment across partners and decision points, technology improvements, and opportunities for streamlining information sharing. Improvements related to the use of screening and assessment tools within the local criminal justice continuum could be achieved through the following recommendations.

- **Set guidelines for alignment across partners and decision points and with CalAIM requirements**
  - Improved clarity in tool, product, and process labels and nomenclature
  - Use of the same terminology across agencies to ensure effective linkage and operational quality
  - Develop a justice involved population coordination manual, aligned with CalAIM guidelines, that documents the process followed by service providers from different systems to coordinate—and potentially integrate—treatment and services for shared populations
  - Target population/program specific quality assurance manuals that document the process each agency involved will define, identify, track, share, and evaluate information on target populations within and across agencies.
- **Standardize training and education for use of tools across the criminal justice continuum.** Inter-organizational training should be designed to improve staff expertise and knowledge of each other’s systems, specifically regarding their respective roles and responsibilities with the shared target population. Cross training should be designed to improve staff competencies in providing services to shared target populations and incorporate a resource list that identifies subject matter experts and/or party responsible for use and products of specified tools.
  - Ensure risk level is clearly defined and applied to prevent potential criminogenic impacts to low-risk individuals placed in services, programs, and housing with higher-risk individuals.

- **Identify agency contact persons responsible for linking collaborating agencies through information exchange and communication.**
  
- **Develop a focus on process improvement by looking for streamlining opportunities, which could include:**
  - increased use of technology to improve accuracy,
  - reduce duplication of work,
  - increase efficiency and timeliness, and
  - increase information sharing across systems and agencies working with the same individuals as they encounter and proceed through the jail/criminal justice system.

## Background

In December 2022, to improve compliance with the Mays Consent Decree, the Board of Supervisors approved plans to reduce the average daily jail population. The Jail Population Reduction Plans (JPRP) included establishment of a team dedicated to risk assessments and screening protocols tasked with recommending assessment processes and release eligibility criteria to guide release decisions at three opportunities: pre-arraignment, post-arraignment pretrial, and post-sentence early release. The Public Safety and Justice Agency (PSJA) indicated it would establish this risk assessment and screening protocols team to include justice system partners as well as a community representative from the PSJA Advisory Committee. The JPRP stated the team would be established within six months with members that include representatives from:

- Conflict Criminal Defender's Office
- Department of Health Services
- Department of Homeless Services and Housing
- Department of Human Assistance
- District Attorney's Office
- Probation Department
- Public Defender's Office
- Sheriff's Office
- Superior Court
- PSJA Advisory Committee

The JPRP also noted that expanded or expedited pretrial release protocols would require partnerships with community behavioral health and correctional health in making warm handoffs, and possibly pretrial monitoring or pretrial support depending on the client's needs and risk level. Additionally, the JPRP acknowledged that expanding post-sentence release would require expansion of resources in the community either overseen by the Sheriff's Office, Probation Department, or community-based organizations and may include the expansion of work release programs and electronic monitoring. Efforts and recommendations summarized in this report incorporate partnership improvements, but do not address the extent of additional resources needed to apply changes to use of risk assessment and screening recommended.

In early 2023, Risk Assessment and Screening Tools Team members were identified. A kick-off meeting was held in May 2023. Based on the December 2022 JPRP, members went through the goal, scope of work, and products they were tasked with completing in about a

year. Members shared information with each other about their level of knowledge regarding assessment and screening tools and the extent their current position includes use of these tools. Activities focused on developing shared knowledge, producing reference materials, and identifying areas for improvement. The work evolved with adjustments to the initial goal below based on changes to pre-arraignment screening, assessment, and release protocols applied in December 2023 through a collaborative working group led by Superior Court.

- **Goal** – Recommending changes to assessment processes and release eligibility criteria to guide release decisions at three opportunities: pre-arraignment, post-arraignment pretrial, and post-sentence early release – to expand potential for release at these decision points
- **Scope of Work** – Learn about current processes and tools each agency is using for what purpose, evaluate how the tools are working, and develop potential improvements
  - Using the Sacramento County Adult Sequential Intercept Model (SIM), identify tools used at each intercept, noting what agency applies the tool and why
  - Consultant assistance provided by Kevin O’Connell
- **Work Products**
  - Tools Dictionary (risk, need, static, dynamic, tool purpose, etc.)
  - SIM Overlay with Tools
  - Inventory of Tools
  - Final Report
- **Meeting Schedule and Timeline** – Monthly meetings for learning and development of recommendations by July 2024

Aligned with the intent of the original goal to develop recommendations for assessment processes and release eligibility criteria to guide release decisions at pre-arraignment, post-arraignment pretrial, and post-sentence early release, in late 2023, due to new pre-arraignment protocols implemented by Superior Court, the assessment and screening team adjusted to focus on developing recommendations for more efficient and effective use of tools to inform decisions for pretrial and post-sentence individuals across sequential intercepts two through four, which cover jail booking through release.

Working with County Consultant, Kevin O’Connell, team members developed a baseline understanding regarding use of screening and assessment results to reliably inform all aspects of system responses in early diversion to treatment, pretrial release decisions, pretrial supervision conditions, jail custody classification, medication, treatment plans, case supervision plans (based on risk-needs-responsivity), eligibility for pre- and post-sentencing treatment and diversion programs, and probation, parole, and reentry conditions. Screening and assessment research, training, and other resource materials

examined highlighted some key areas of understanding that are essential for effective use of tools.

- **Screening tools provide a brief triage process to determine if an individual is at moderate or high risk for a particular behavior.**
- **Assessment tools provide a comprehensive process of defining the nature of an individual's condition and developing specific intervention recommendations, if needed.**
- **Risk means different things in different contexts.**
  - The Criminal Justice System primarily focuses on risk to reoffend and risk to commit a violent offense (pretrial risk includes risk of failure to appear in court)
- Different instruments consider different factors when measuring risk and needs (e.g., results of validation and norming, researcher input, local tolerance for risk), and they weight factors differently and apply different cutoffs for the underlying behavior. **There are no universal definitions of the different risk levels**, so “low risk” might mean something different depending on the instrument/tool used. Even jurisdictions using the same instrument may not define risk levels in the same way. One jurisdiction could place an individual with a particular assessment score in a “low risk to reoffend” category while another jurisdiction using the same instrument could assign an individual with that same assessment score to a moderate, or even high risk category to determine placement.
- **Risk and need assessments** currently provide the most accurate, objective prediction of the risk to recidivate. While risk and need assessments do not predict with perfect accuracy, they **guide practitioners in the field towards the most accurate and equitable decisions available for safely managing justice-involved individuals.**
- Behavioral health service delivery is best when there is access to information that informs decisions for treatment and support services.
- Adjunctive tools (e.g., substance abuse, gender-informed, sex offense-specific, mental health, violence) provide more comprehensive and specialized information.

The team dedicated monthly meetings to examining risk assessment and screening protocols used in Sacramento County's Criminal Justice System. Members shared operational expertise regarding their use of tools so the group could learn and document current processes for tools used by each agency. They also identified the purpose of use for each tool so they could take steps to evaluate how well tools are working for the intended purpose and develop potential improvements to include in this report. Agenda topics below helped guide discussion and generate details regarding information captured and used to inform decisions at different steps for individuals going through the jail.

Agenda Topics Covered:

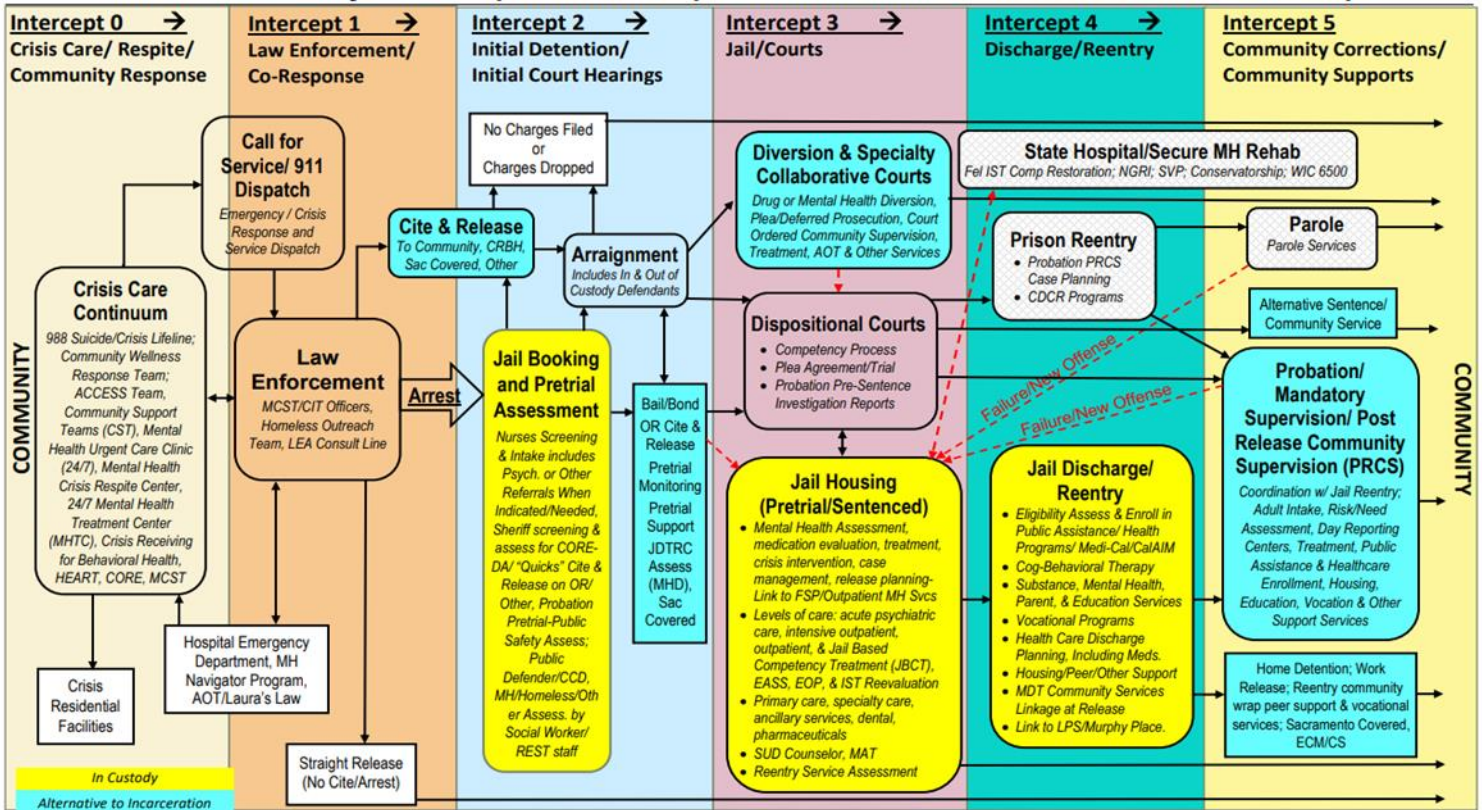


- Tools Workflow for the First 12–24 Hours in Jail: Quick Release or Keep Until Arraignment or Other Release (i.e. Out of County Hold cleared) - Sheriff's Office, Correctional Health, Probation, Court, Prosecution, Defense, Other
- What data was gathered, where it was entered (ATIMS, EHR, PIP, etc.), and what decision(s) it informed
- Walk through Mapping First 24-72 Hours in Jail
- Discuss What's Working/Not Working Relative to Info Gathered and Used to Inform Decisions from Booking to Release (decision/tool goal)
- Plans for Pre-Arraignment Workflow Changes-ongoing work related to pre-arraignment custody decisions
  - ( ) More Info to Magistrate for Decision within 18 Hours of Booking
- ) CalAIM Justice-Involved (JI) Initiative Implementation Start Delayed from April 1 to October 1, 2024 (Medi-Cal Services in Custody)
  - ( ) More time to finalize policy and IT systems modifications required to implement CalAIM, to continue engagement with partners for technical assistance related to policy and operational expectations, and for correctional facilities to use [Providing Access and Transforming Health \(PATH\)](#) JI grant funding to demonstrate readiness for complying with policy and operational requirements.
- Follow-Up Screening and Assessment Post-Arraignment In Custody – Identify Workflow
- Use of LS-CMI (Static and Dynamic Factors) for Case Planning
  - Sheriff's Office
  - Probation
- Role of Discharge Planner in Correctional Health
  - Case plan tools
  - Meeting CalAIM Requirements
- Evaluating how tools are working-measuring validity and reliability
- 2. Tools Helping Guide Decisions for Linkage at and after Release from Jail
  - What tool(s) do you use?
  - Can the tool(s) results be shared?
  - How much time does it take to complete the tool(s)?
  - How much training is required to use the tool(s)?
- CalAIM Requirements connected to Screening and Assessment Tools – Aligning efforts with CalAIM requirements
- Screening and Transition of Care Tools for Medi-Cal Mental Health Services ([link](#))
  - Is this tool useful for determining the most appropriate Medi-Cal mental health delivery system?
  - Would implementation by non-clinical staff save time and result in more efficient connections to providers?
- Tools Info Review
  - <https://public.tableau.com/app/profile/oconnellresearch/viz/RiskandScreeningInventory/SacramentoScreeningandAssessmentTools>

- In-Custody Defendants: Felony Mental Health Diversion Screening and Assessment Tools Used from Arraignment to Court Decision
    - What starts the MH Diversion Process?
    - What tool(s) do you use? Purpose/Why these tools?
    - When is the level of care established ([link](#)) for SMI people vs. Mild-Moderate?
    - Are there cases that could move in a “Rapid Diversion” Process (LA Example)
- As members progressed through monthly agenda topics, they continued to focus on processes within the Adult Sequential Intercept Model ([SIM](#)) intercepts two through four.

September 2023 Update

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



The team continued building documentation of tools agencies are currently using for individuals going through the jail and added what information system is being used to capture data gathered and tool results along with how that information is used to guide decisions. Agency representatives also identified if the tool results or other information captured when the tool is administered is shared with other divisions or agencies to help inform their decisions. The ongoing work of the team generated updates in the tools glossary, workflow diagrams, and inventory of tools with administering agency identified and displayed within the criminal case flow intercepts on the Sequential Intercept Map (SIM). Materials developed are provided in the appendix and intended to support additional efforts such as those to improve service linkage upon release from jail. The Risk

Assessment and Screening Tools Team findings and recommendations are included in subsequent sections of this report.

## Findings

Because Sacramento County's [Adult Sequential Intercept Model \(SIM\)](#) has supported ongoing work to identify and address behavioral health service gaps at different points within the criminal justice system, the Assessment and Screening Team used the SIM framework to help identify and address screening and assessment gaps, particularly within decision opportunities that can occur from jail booking through release, intercepts two through four. As the draft was developed to show where tools are being applied within the criminal case flow, team members discussed how well the tools are working to meet needs and effectively guide decisions. It was not a simple task due to the complexity and distinction of roles and responsibilities, as well as differences in terminology used by agencies. With a primary focus on potential improvements to use of tools for decisions from jail booking to release, the team was able to identify and document assessment and screening tools used by agencies across the intercepts to help guide criminal justice and service decisions, including referral, linkage, access and engagement in services. Through monthly discussions, the team incorporated new developments and information from other groups and initiatives that have or will change existing processes and protocols within the sequential intercept framework, particularly focusing on activities guiding people through jail booking to release. Significant changes discussed include new pre-arraignment protocols that started in December 2023, ongoing adjustments to Mental Health Diversion, and required changes to be implemented under the [CaAIM Justice Involved Initiative](#).

The new pre-arraignment process that began in December 2023 added a new opportunity for jail release before arraignment. The new process supports more efficient, well-informed custody decisions by providing the Court Magistrate the arrest information and probable cause statement, pretrial release Public Safety Assessment (PSA) results, prior record of arrests and prosecutions (RAP: history of charges, convictions, and prosecutions), financial/ability to pay information gathered at booking, and any request submitted by defense counsel for bail reduction (PC 1269) so that a court decision for release of individuals who are found eligible and appropriate can be made within 18 hours of booking. Additionally, prior to submitting pre-arraignment packet information to the Court Magistrate, information regarding an individual's outstanding warrants or holds is identified.

In 2023, changes to law significantly increased the number felony defendants seeking Mental Health Diversion. The number of staff and courtroom calendars have been increasing to address the growth in Mental Health Diversion, but the demands require an

increase of staffing and capacity for all agencies to be compliant with due process under the law. Team members shared efforts from their agencies to ensure those individuals are identified, referred and assessed for treatment, processed through the court, and successfully complete treatment, if granted Mental Health Diversion. New information regarding changes was considered and incorporated in discussion and materials, such as the sequential intercept map of tools.

The CalAIM Justice Involved Initiative will start implementation as early as October 2024, based on readiness of jail facilities and behavioral health providers. The state timeline allows readiness and implementation to start anytime from October 2024 through September 2026. Once both jail facilities and behavioral health providers are ready, Sacramento County will be able to start accessing Medi-Cal funding for services to justice involved individuals not previously eligible, including services provided in custody up to 90 days prior to release. The team learned how tools will play an important role under CalAIM to get Medi-Cal eligible individuals in custody access to services, both in and out of custody, not previously covered by Medi-Cal. They reviewed guidance from the California Department of Health Care Services (DHCS) on [use of tools](#) for CalAIM services and were informed by the County's Department of Health Services (DHS) about changes in tools used for assessing level and type of needs for behavioral health services such as substance use disorder treatment.

Based on a review of what was learned about current use of tools across the intercepts, the team found areas of opportunity for improvement were greatest with policy and protocols that are aligned across partners and decision points, meeting ongoing training and education needs, greater use of technology tools that improve accuracy and efficiency, and more streamlining in processes that are complex and prone to errors and delays.

Recommendations developed are tied to reducing average lengths of stay in custody and reducing returns to custody for those who go through Sacramento County jail facilities with efforts and changes to ensure justice partner and service provision decisions are reliably informed by screening and assessment tools. While the county is already using a number of screening and assessment tools, many decisions are being made without the benefit of knowing the individual's risk to re-offend. This practice can result in an under- or overresponse, both potentially negatively impacting public safety and/or the individual. It can also result in an under- or overuse of correctional resources. Including a comprehensive risk-based system to inform decisions increases the likelihood that justice-involved individuals will receive the level of services and supervision that is most appropriate for them, and when coupled with health and social service tools, a more complete view of risk and needs can be used.

## Recommendations

From an individual's first contact with the justice system and throughout the criminal justice process, screening and assessments must be implemented early on, and then updated periodically to ensure the system's response is tailored to the individual's needs, including criminogenic risks and needs. All individuals should be screened for mental health and substance use disorders, risk of re-offense, and trauma using an evidence-based tool validated for the population that is screened. If indicated, an appropriate assessment should follow for more intricate and detailed information needed to indicate measures of level and type. Collaboration and cooperation between justice and behavioral health providers is necessary to ensure individualized decision making. Criminogenic screening and assessment data informs pretrial release, community supervision, reentry case plans and other decisions, but screening and assessment results need to be shared more widely among justice and treatment partners.

Based on findings and discussion, the Assessment and Screening Team is recommending improvements related to training and education needs, use of technology for increased accuracy and data sharing, and opportunities for streamlining. Improvements in use of screening and assessment tools within the local criminal justice continuum to ensure decisions are informed by reliably predictive information and assessment could be achieved through the following recommendations.

- Set guidelines for alignment across partners and decision points and with CalAIM requirements
  - Improved clarity in tool, product, and process labels and nomenclature
  - Use of the same terminology across agencies to ensure effective linkage and operational quality
  - Develop a justice involved population coordination manual, aligned with CalAIM guidelines, that documents the process followed by service providers from different systems to coordinate—and potentially integrate—treatment and services for shared populations
  - Target population/program specific quality assurance manuals that document the process each agency involved will define, identify, track, share, and evaluate information on target populations within and across agencies.
- Standardize training and education for use of tools across the criminal justice continuum. Inter-organizational training should be designed to improve staff expertise and knowledge of each other's systems, specifically regarding their respective roles and responsibilities with the shared target population. Cross training should be designed to improve staff competencies in providing services to shared target populations and incorporate a resource list that identifies subject matter experts and/or party responsible for use and products of specified tools.

- Ensure risk level is clearly defined and applied to prevent potential criminogenic impacts to low-risk individuals placed in services, programs, and housing with higher-risk individuals.
- Identify agency contact persons responsible for linking collaborating agencies through information exchange and communication
- Develop a focus on process improvement by looking for streamlining opportunities, which could include:
  - increased use of technology to improve accuracy,
  - reduce duplication of work, increase efficiency and timeliness, and
  - increase information sharing across systems and agencies working with the same individuals as they encounter and proceed through the jail/criminal justice system

Understanding how various assessments and screenings are connected to decisions and work together to inform decisions across criminal justice intercept points is instrumental in using the data to understand service delivery and care coordination. The more unified the assessment and screening platform, the better chance useful information can be shared and integrated appropriately. Cross-agency briefings and research-informed training sessions should be established to grow awareness of practices with target populations to generate more understanding of what assessment and screening tools do and don't do. Trainings and briefings should include consensus on the research foundation for policies and programs within the criminal justice case flow.

Implementing recommendations will establish formal expectations and protocols for coordination of assessments and screenings so that as more agencies work to assist people during pretrial, re-entry, and in the community, there is a common knowledge of the approaches and tools used. Developing a standardized way to share and understand each agency's screening and assessment tools generates more opportunities for cross training, sharing of legal information where possible, and avoids situations where assessments or screenings are used for multiple purposes that do not align with what the tool was designed for. Ensuring standardization, quality assurance, and ongoing training and improvement needs are met could be accomplished through a dedicated cross-agency/multi-disciplinary team responsible for implementation of these recommendations. The team could augment what is already being done by jail staff to ensure consistency for clients, expedite release and linkages, and identify people as early as possible for alternative court processing either while in custody, or in the community. The team would also identify and apply rules to properly navigate when and what agency is leading certain parts of a person's care plan as well as review and reduce barriers to information sharing, including protected health information. The team would also integrate assessments where possible into efforts around CalAIM and the county's plans for the Social Health Information Exchange (SHIE).


# Appendices

## Tools Inventory











An interactive tools inventory has been created by Kevin O’Connell (O’Connell Research, Inc.) that documents information on tools used by agencies from jail booking through release, as indicated by the Sacramento County Risk Assessment and Screening Tools Team. The inventory and sequential mapping of tools that accompanies the inventory can be accessed here:

<https://public.tableau.com/app/profile/oconnellresearch/viz/RiskandScreeningInventory/SacramentoScreeningandAssessmentTools>

### Delivering Agency: Arresting Agency






Screen/Assess Tool	Program	Validity/Focus	Intercept	
			2	
Pre-Booking/PreScreen (ATIMS Form)	Pre-Booking/Booking	Arresting Observations: appears suicidal, was first seen in an Emergency Dept. (ED/ER), ingested drugs, was involved in use of force, appears agitated or is showing threatening behaviors, gang, ADA. (Info available to Sheriff and Correctional Health).		

### Delivering Agency: Behavioral Health (Dept. of Health Services)



Screen/Assess Tool	Program	Validity/Focus	Intercept	
			3	5
5150 Hold	Null	A 5150 hold, also known as a 72-hour hold, is a law that allows for the involuntary psychiatric hospitalization of an adult who is a danger to themselves or others, or is gravely disabled		
BQUIP (Brief Questionnaire for Initial Placement)	Collaborative Courts/Diversion	Tool designed to generate recommendations for initial placement for individuals seeking treatment for substance use disorders (SUD)		
LOCUS/LIST	FSP Program (Reentry)	Level of Intensity Screening Tool for level of care/tx		
	Out of Custody Diversion/Collaborative Court FSP Program (Reentry)	Level of Intensity Screening Tool for level of care/tx		
MH Assessment	BH Services - Reentry	Null		
	Collaborative Courts	Info to determine MH diagnosis		
SUD Assessment- CA ASAM	BH Services, SUPT	Potential Substance Use Needs and level of service		
	Collaborative Courts/Diversion	Potential Substance Use Needs and level of service		
	Out of Custody Diversion/Collaborative Cour	Potential Substance Use Needs and level of service		








## Delivering Agency: Correctional Health (Dept. of Health Services)

Screen/Assess Tool	Program	Validity/Focus	Intercept	
			2	3
CIWA (clinical institute withdrawal assessment for alcohol)	Booking	CIWA stands for Clinical Institute Withdrawal Assessment. It is a 10-item scale used to assess and manage alcohol withdrawal. The scale is used by medical professionals to diagnose the severity of alcohol withdrawal symptoms.		
COWS (clinical opiate withdrawal scale)	Booking	The Clinical Opiate Withdrawal Scale (COWS) is an 11-item scale designed to be administered by a clinician. This tool can be used in both inpatient and outpatient settings to reproducibly rate common signs and symptoms of opiate withdrawal and monitor these symptoms over time.		
Detox Follow Up	Booking (special unit)	Within 24 Hours of booking		
Nurse Intake - Medical Screening	Booking	In first 1-2 hours of booking medical (blood pressure, heart, etc.), ADA needs (hearing, mobility, equipment, speech, visual, etc.), dental, MH, suicide risk, previous history of MH services in custody/community, homelessness, health insurance, pharmacy, etc. (flags applied for discharge planner)		
Subsequent Health Assessment	Incarcerated Individuals Healthcare	Null		










## Delivering Agency: Human Assistance

Screen/Assess Tool	Program	Validity/Focus	Intercept
			4
MediCal and CalFresh Eligibility Assessment	Health and Food services	Human Services Specialists in Jail facilities conduct assessments DHA receives daily booking, facility location, and release information from the Sacramento Sheriff's Department to improve coordination across systems and support screenings/assessments	
Program Screening	MediCal/CalAIM, CalFresh, SSI, Veterans, Childcare, CalWorks, General Assistance, Jobs, Etc.	Human Services Specialists in Jail facilities conduct assessments DHA receives daily booking, facility location, and release information from the Sacramento Sheriff's Department to improve coordination across systems and support screenings/assessments	

## Delivering Agency: Probation

Screen/Assess Tool	Program	Validity/Focus	Intercept		
			2	3	5
LS-CMI	Collaborative Courts	Static Risk to Reoffend/Criminogenic Needs (11 Categories)			
	Probation Supervision Services	Static Risk to Reoffend/Criminogenic Needs			
Public Safety Assessment	Pretrial Release (Pre-Arrestment)	Probation reviews all bookings and provides PSA and RAP info for Court within 8 hours. Risk of new crime or FTA while pending charges/court appearance. Pretrial Packet with PSA result, Probable Cause Declaration, and RAP sheet provided to Court, DA and Defense for use at Arraignment			
	Pretrial Release/Monitoring	Probation reviews all bookings and provides PSA and RAP info for Court within 8 hours. Risk of new crime or FTA while pending charges/court appearance. Pretrial Packet with PSA result, Probable Cause Declaration, and RAP sheet provided to Court, DA and Defense for use at Arraignment			
Sex Offender Assessments/Static-99R	Sex Offender Treatment	Risk of future Sex Offense			

Delivering Agency: Public Defender/Conflict Criminal Defender

Screen/Assess Tool	Program	Validity/Focus	Intercept	
			2	3
ACES	Pretrial Services	Trauma related to childhood events		
Brief Jail Mental Health Screen	Pretrial Services Project	Potential Mental Health Needs		
CAGE Drug Screen	Pretrial Services Project	Potential Substance Use Needs		
DAST-10 Drug Abuse Screening Tool	Mental Health Diversion (Fel/Mis)	The Drug Abuse Screen Test (DAST-10) was designed to provide a brief, self-report instrument for population screening, clinical case finding and treatment evaluation research.		
GAD-7 Anxiety Index	Mental Health Diversion (Fel/Mis)	Null		
Mental Status Exam	Mental Health Diversion (Fel/Mis)	Null		
PHQ-9 Depression Inventory	Mental Health Diversion (Fel/Mis)	Null		
Social Screening	Pretrial Services	Null		
Universal Housing Screen	Pretrial Services	Recent or Potential Housing Instability		

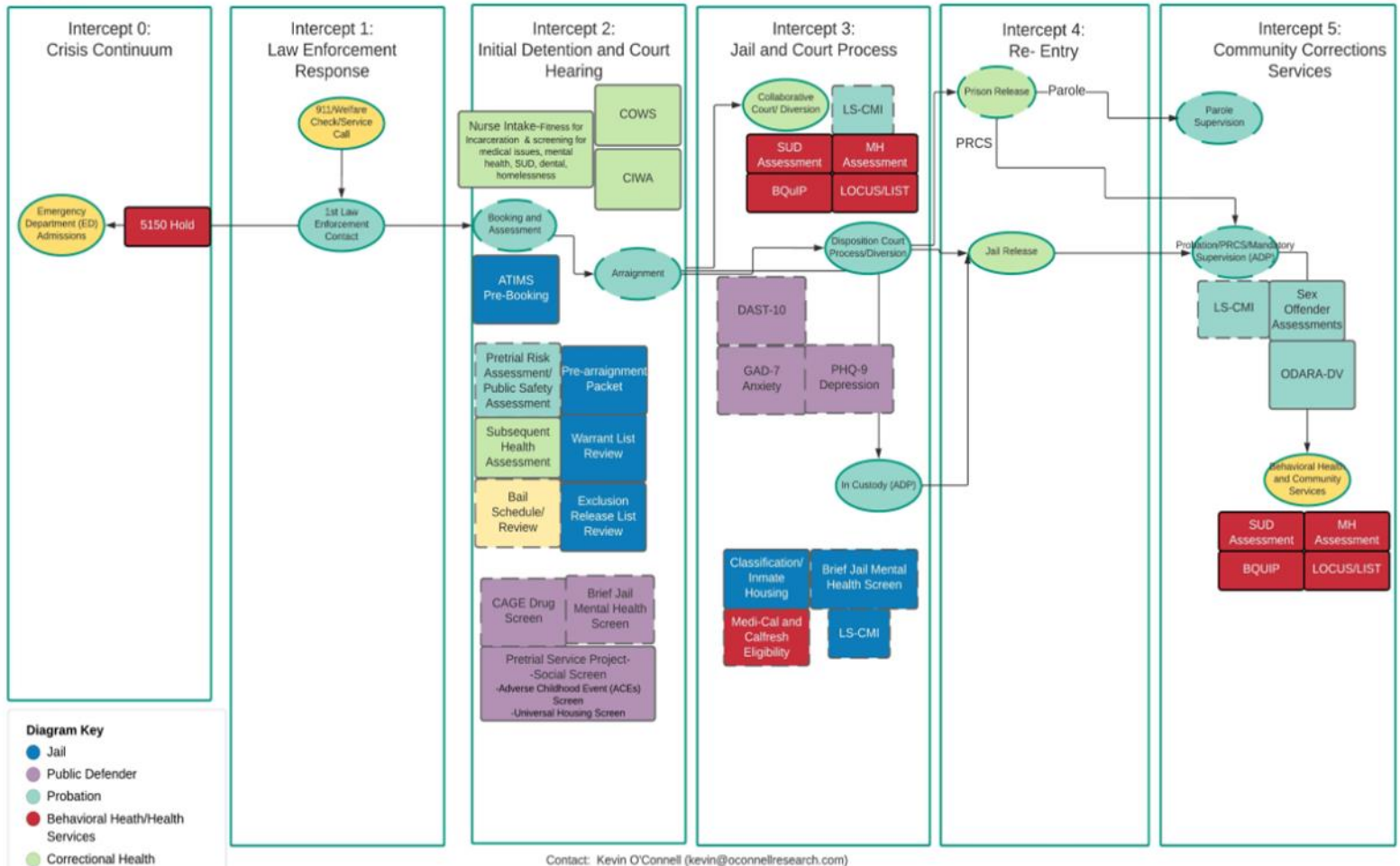
Delivering Agency: Sheriff

Screen/Assess Tool	Program	Validity/Focus	Intercept	
			2	4
ATIMS Booking Form	Booking	Prebook forms (Arrest Report, Prebook Classification, TGNU, and Optional) start documentation of info used in workflow for booking, housing, etc.	■	
Bail Schedule/ Review	Booking	Within first 4 hours of booking	■	
Brief Jail Mental Health Screen	Reentry Services-Program Placement	Potential Mental Health Needs - Applied with LS-CMI		■
Classification/Inmate Housing	Jail Intake	Placement in jail facility by housing security level	■	
Exclusion Release List Review	Booking	Identifies individuals not eligible for Pre-Arrestment Release (specified offenses, warrants, holds, other-flash incarc, court remand, etc.)	■	
LS-CMI	Reentry Services	Static Risk to Reoffend/Criminogenic Needs		■
Pre-Arrestment Packet to Magistrate	Pre-Arrestment	Includes PSA/Prob Cause Statement/RAP, financial declaration, and any info provided by Defense	■	
Pre-Arrestment Release Eligibility Review	Pretrial Release (Pre-Arrestment)	SSO identifies individuals not eligible for Pre-Arrestment Release (specified offenses, warrants, holds, other-flash incarc, court remand, etc.) before completing packet for upload to Court Magistrate for Pre-Arrestment Review and Decision to release or detain within 18 hours of booking.	■	
Warrant List Review	Booking	Detention may be needed for Non-Local Warrants and Holds	■	

# Map of Tools Across the Sequential Intercept Model (SIM)



## Sacramento Screening and Assessments



## Assessment and Screening Tools Glossary

Tools play a crucial role in promoting effective interventions, efficiency, and reducing recidivism. Terms that are important to understanding and using screening and assessment tools within the criminal justice continuum are provided below.

### **Screening:**

A screening tool is a brief questionnaire or procedure that helps identify individuals at risk for a specific condition or disorder. The process of identifying the potential presence of mental illness, substance use, victimization, etc., in an individual for the purpose of determining whether the individual is a member of a given target population. They are generally:

- Quickly administered to identify individuals who may need further assessment of physical and mental health status, substance use/withdrawal, suicide risk, risk of danger for harm to the community, failure to appear in court, etc.
- Often used in high-volume settings to effectively allocate resources
  - Supports follow up and workflow efficiency (program eligibility, service need, custody housing, case management, etc.)
- Provides a preliminary indication of risk or need
  - Brief triage process to determine if an individual is at moderate or high risk for a particular behavior.
- Screening instruments are brief, require less training and licensing, education, and expertise to administer, and typically do not have rigorous quality control measures.

### **Assessment:**

The process of verifying the presence of, evaluating, and diagnosing mental illness, substance use, victimization, etc. for the purpose of determining the needs and strengths of individuals in order to develop a comprehensive plan for treatment/re-entry/case-management/etc. They generally:

- Provide further examination and more full documentation of risks and needs indicated during the screening process
- Include comprehensive evaluation to understand an individual's risk for a certain behavior, needs (range of types), and clinical issues
- Inform treatment planning and intervention strategies through a comprehensive process of defining the nature of an individual's condition and developing specific intervention recommendations. Assessments are often conducted by people with special training and experience.

Screening and assessment tools fall in several categories, such as clinical/medical, classification/ housing, risk to reoffend, criminogenic needs, social service needs, and pretrial misconduct. The category or focus a tool is used for must be clearly identified.

The following are key terms related to justice involvement and “risk of re-offense”.

**Actuarial risk and needs assessments** play a crucial role in criminal justice by predicting an individual’s likelihood of pretrial misconduct, institutional misconduct, risk of re-offense, and other behaviors. These assessments use statistical algorithms to produce predictions based on factors like drug use, criminal history, employment status, and participation in correctional programs. By classifying individuals according to their risk and needs, these tools guide decisions related to pre-trial release, security levels during incarceration, services and programming, and post-release supervision. **Static risk factors** are unchangeable factors of the defendant/offender history that are predictive of future risk to be re-arrested. Static risk factors are not amenable to deliberate intervention, such as prior offenses.

**Dynamic risk factors** are potentially changeable factors that are predictive of future risk to be re-arrested, such as substance use and negative peer associations. According to research, the **eight** most significant criminogenic needs identified through assessments are: antisocial behavior; antisocial personality; criminal thinking; criminal/anti-social associates; family/marital issues; employment and education; leisure and recreation choices; and substance use. Mental Health and Housing Issues alone are generally not considered predictive of future re-arrest.

**Static risk proxy tools** began being developed in the 2000’s as a “screener” tool using 3 data points correlated with re-offense and easily documented by most agencies. Considered a screening not an assessment, proxy tools use age of first arrest, # of prior arrests, and current age at booking stratified by 3 levels. The Proxy score is determined by adding the points together and then sorting by score, on a scale of 2-8. The projected recidivism rate increases as the person has a higher score. Hawaii developed a set of cutoffs that has been implemented elsewhere, that uses the same factors. Scores 3 and below are seen as “lower risk”, recidivated less than 50% of the time. Scores 4 and above as “elevated risk”, recidivating more than 50% of the time with Recidivism defined as new arrest and booking. Individual jurisdictions may alter cutoff scores, based on their use of the proxy tool (what level of risk they are willing to accept or target for a specific decision).

- Tools like this are not intended to provide all information needed to make detention decisions, only broaden release options. For example, the risk score calculated using a proxy tool at booking could be automated to aid in the speedy identification of possible release candidates. This is different than a full risk /needs assessment.
- Risk assessment only looks at factors associated with recidivism, so they don't give enough information about individual needs. Because risk assessments can be automated, they can reach people who would otherwise have to wait until arraignment or other court review for a detention release decision. This efficiency is meaningful

based on evidence from research that has shown every day and hour spent in custody is criminogenic, especially for low-risk people.

**Recidivism** is not one thing, so it must be defined by the user. Definitions may include any new offense, new violent offense, breach of court conditions, failure to appear, institutional infraction, or otherwise defined by the user.

---

The National Institute of Corrections provides a [Transition from Jail to Community Toolkit](#) that includes a section with definitions for common terms used in the field of screening and assessments. The terms are provided below.

[Terms Used in the Field](#) - Transition from Jail to Community (ncic.gov)

**Active listening skills:**

A technique for improving understanding of what is being said by taking into account how it is said and the nonverbal signs and body language that accompany it.

**Assessment:**

A system of assessing inmate criminogenic risks and needs for the purpose of determining transition needs; for use in the facility as well as in the community.

**Custodial level:**

The degree of supervision an inmate receives in a jail facility.

**Criminogenic needs:**

Factors that contribute to criminal behavior and can be changed.

**Custody reassessment/review:**

The periodic review and update of an incarcerated person's custody level, which takes into consideration any change in the person's risk and needs.

**Inmate classification:**

An objective means of assessing severity and type of crime and inmate risks while in jail (as opposed to risk of recidivism after release), resulting in specific risk classifications and cell assignment.

**Jail programs:**

Any formal, structured activity that takes inmates out of their cells and engages them in instrumental tasks.

**Motivational interviewing:**

A direct, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence regarding change.<sup>1</sup>

**Needs assessment instrument:**

Used to identify criminogenic and non-criminogenic needs of individuals for assignment to employment, education, drug treatment, mental health, and other programs.

**Pre-classification assessment:**

To be completed on all newly admitted inmates prior to housing assignments to determine custody levels. (Initial custody – conduct primary classification based upon verified, objective data, generally within 72 hours, if pre-classification housing is available.)

**Programs:**

The activities that are provided, such as educational and vocational opportunities, counseling services, recreation, and hobbies.

**Reliability:**

The degree to which an instrument consistently measures an attribute over time.

**Screening:**

The strategy used to identify an individual's potential risk or needs as he or she enters the jail or another agency.

**Validity:**

The degree to which a measure accurately reflects the concept that it is intended to measure.

Additional information from the National Institute of Corrections, Transition from Jail to Community Toolkit on selecting tools is available here: [Section 3: Selecting Screens and Assessment Tools | NIC Info Sites \(nicic.gov\)](#)

---

## Risk Assessment and Screening Tools Team Member Acknowledgement

Sacramento County’s Public Safety and Justice Agency is grateful to all of the agencies and representatives who participated as members or guests contributing knowledge, expertise, and perspective during Risk Assessment and Screening Tools Team meetings from May 2023 through August 2024. Sacramento County’s progress in implementing Mays Consent Decree Jail Population Reduction Plans and other improvements is being accomplished through efforts like yours. Thank you for your commitment to efficient and effective systems and services!