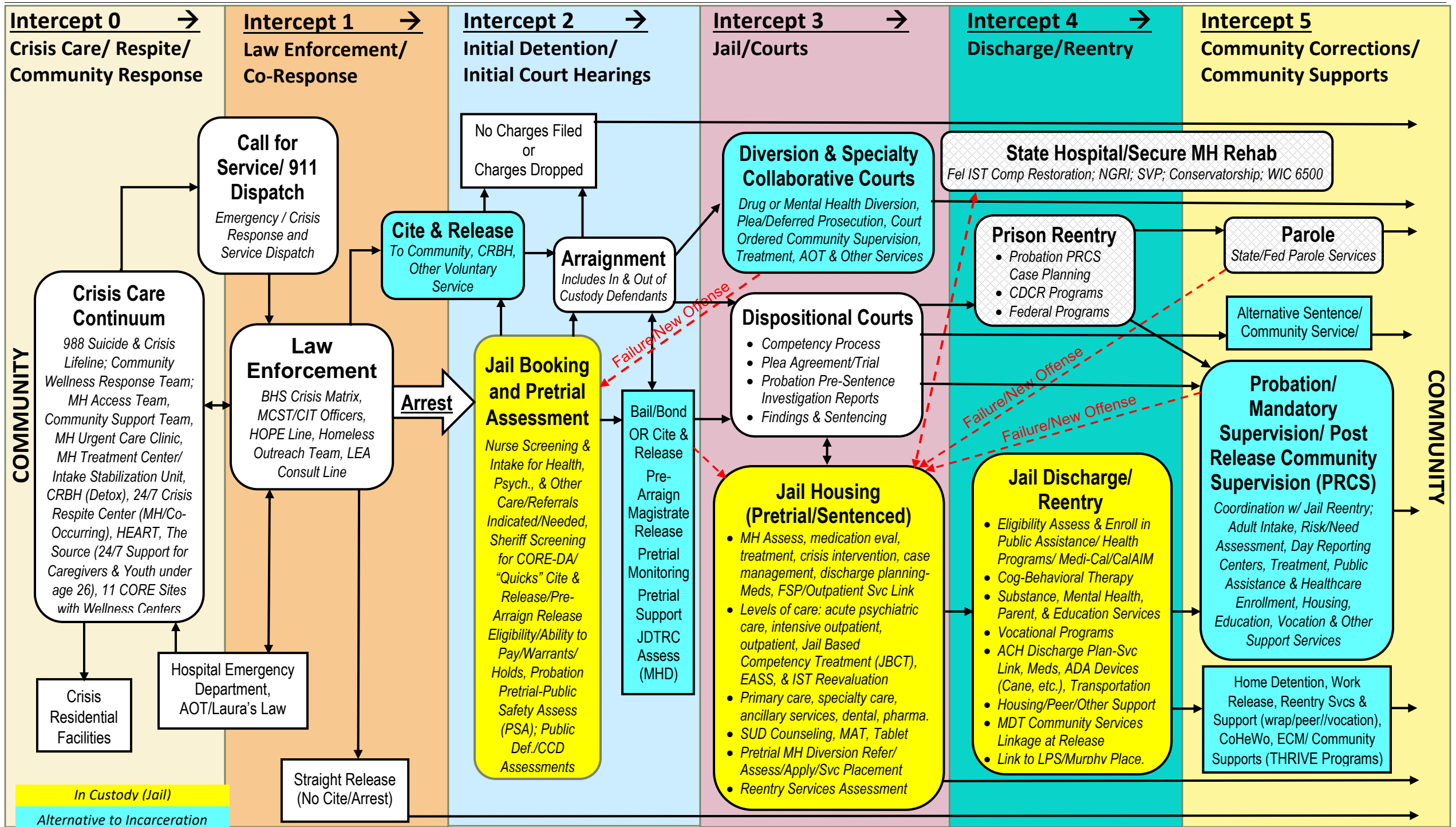
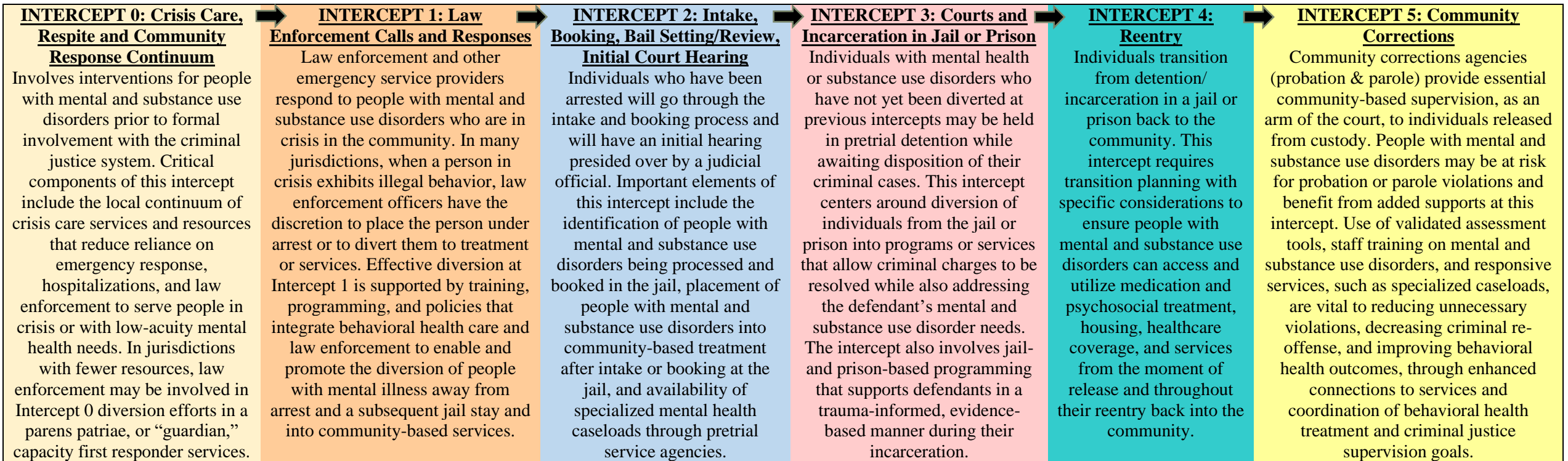


Sacramento County Adult Sequential Intercept: Criminal Justice-Behavioral Health Partnerships





INVENTORY OF SERVICES

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

988 Suicide & Crisis Lifeline - Operated by [WellSpace Health Crisis Center](#) 24 hours a day, 7 days a week, with support from County Behavioral Health, receives calls from people of all ages in our region who are feeling depressed, hopeless, alone, desperate, and sometimes considering suicide as a way to end their pain. Crisis response referrals to CWRT and 911 as needed.

Adult Correctional Health (ACH) (Intake Nurse, Care in-Custody, Discharge Plans with Medication & Service Linkage) – Physical and mental health services for incarcerated adults in the jail system. County Primary Care operated services work in partnership with the Sacramento Sheriff’s Office (SSO). ACH has several contracted providers, including UC Davis to provide onsite mental health services. Other healthcare contracts include specialty and ancillary care services. Registered nurses (RNs) complete intake screening and assessment on arrestees who are booked. Dependent on patient needs, a range of medical services are provided both onsite and offsite (primary care, specialty care, dental, pharmacy, & ancillary services). RNs refer individuals to onsite mental health staff and can request urgent assessments when needed. Psychiatric consultation is available 24/7 at both jail facilities. Psychiatric services include evaluations, medication management, crisis intervention, treatment, case management and discharge planning. Services include acute psychiatric care, intensive outpatient, enhanced outpatient, outpatient, and jail based competency treatment (JBCT). ACH contracts WellSpace Health for onsite substance use disorder (SUD) Counselors to provide SUD assessments, education, counseling, and community-based service linkage. ACH also collaborates with Behavioral Health, Collaborative Courts, Probation, and other partners. **Medication Assisted Treatment (MAT)** services are provided when clinically indicated. A discharge planning team provides health care linkage for patients post-release, including those with chronic health conditions, SMI, and SUD, and provide a 30-day supply of prescribed medication at release. ACH contracts Community Health Works ([CoHeWo](#), formerly Sacramento Covered) for additional jail release service connection, health plan enrollment, medical/dental care connections, nutritious food, MH services, transportation, mobile phone, ID/other documentation, housing support, legal services, etc.

Adult Day Reporting Centers (ADRC’s) – Probation operates ADRC programs designed to address individual needs of participants through the utilization of intensive on-site therapeutic interventions. Participants are criminal justice-involved clients, 18 years of age or older, with a moderate- to high-risk to reoffend. Individualized treatment plans are developed by a Multidisciplinary Team to set goals, build upon strengths, and address criminogenic risks and needs identified. Most treatment plans require 9-12 months of participation and include a combination of cognitive behavioral treatment interventions,

substance misuse treatment, self-help courses, educational programming, connections to housing, and vocational assistance. Clients also receive family support services, participate in pro-social activities, and pay victim restitution through the Community Outreach Program.

Behavioral Health Services (BHS) Resources for Law Enforcement - Materials developed collaboratively with local law enforcement and behavioral health continuum of care experts include a **BHS Crisis Matrix** tool, Involuntary and Voluntary services available, and **HOPE Line** (24/7 direct line for law enforcement to request a co-response or referral/warm transfer to CWRT) information that can quickly be referenced for officer encounters with individuals experiencing a behavioral health crisis.

Community Outreach Recovery Empowerment (CORE) - Programs providing specialty mental health outpatient services at 11 sites throughout Sacramento County through BHS contracts with the following community-based organizations: Bay Area Community Services (BACS), El Hogar, Hope Cooperative, and Turning Point. Each CORE site provides Community Wellness Centers co-located with a specialty mental health outpatient treatment program. Peer run community wellness centers are open to any Sacramento County adult seeking safe space to engage with peer support staff, and participate in variety of meaningful wellness focused activities, the outpatient programs provides flexible, client-driven, recovery-oriented, strength-based, trauma-informed, culturally and linguistically responsive, comprehensive community-based specialty mental health (MH) services and supports to adults age 18 years and older. Individuals can self-refer to a CORE program by reaching out to Sacramento Access Team for a screening or by walking into a CORE provider site during the designated walk-in hours for an assessment. Hours are subject to change, please reference the [Adult & Child Provider Walk-in Hours List](#) for latest updates.

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

Community Wellness Response Team (CWRT) – The CWRT aims to safely de-escalate crises, provide service linkage in a community-based model to decrease criminalization of mental health and homelessness. CWRT includes services to address mental health and/or substance use challenges and meet wellness, healing, prevention, resilience, support and treatment needs. CWRT mental health counselor and a peer with lived experience, receives Mobile Response Requests from 988 that may benefit from in-person de-escalation services, assess needs and risks, and create safety plans. This includes identifying and leveraging individual strengths and natural supports; coordinating with existing Mental Health Plan (MHP) and Substance Use Prevention and Treatment (SUPT) providers as appropriate; linking to ongoing services; voluntary transport to urgent/emergency resources and accessing Mobile Crisis Support Teams or other emergency responders when necessary.

Crisis Receiving for Behavioral Health (CRBH) Program – Operated by [WellSpace Health](#) 24 hours a day 7 days a week at 631 H St., behind the Main Jail. CRBH provides short-term (4 to 23 hour max.) recovery, detox, and recuperation from effects of acute alcohol/drug intoxication or behavioral health crisis for up to 20 clients at any given time. Staffed by healthcare professionals to provide medical monitoring, SUD counseling, connection to supportive services/treatment, and transportation to service partners or home after completion of short-term recovery. Clients are referred by partner agencies, no walk-ins.

Crisis Residential Facilities – Short-term residential treatment programs that operate in a structured home-like setting twenty-four hours a day, seven days a week. Eligible consumers may be served through the program for up to 90 days. These programs embrace peer facilitated activities that are culturally responsive and are designed for individuals, age 18 and up, who meet psychiatric inpatient admission criteria or are at risk of admission due to an acute psychiatric crisis, but can instead be served appropriately and voluntarily in a community setting. Beginning with an in-depth clinical assessment and development of an individual service plan, crisis residential program staff will work with consumers to identify achievable goals including a crisis plan and a Wellness Recovery Action Plan (WRAP).

Drug Diversion (PC 1000) – Under Penal Code Section 1000, defendants who meet criteria: (1) Within 5 prior years, defendant has not been convicted for controlled substance offense other than listed under PC 1000. (2) Offense charged did not involve a crime of violence or threatened violence. (3) There is no evidence of a contemporaneous violation relating to narcotics or restricted dangerous drugs other than a violation under PC 1000. (4) Defendant has no prior felony conviction within five years prior. Drug diversion program clients enter a plea of not guilty and waives the right to a trial by jury and proceedings are suspended during participation in a drug treatment program for up to 18 months. Court may terminate diversion and reinstate criminal proceedings for failure or dismiss charges for successful completion.

Enhanced Care Management (ECM) and Community Supports (CS) - Foundational components under the State's new California Advancing and Innovating Medi-Cal (CalAIM) initiative. ECM is a whole-person, interdisciplinary approach to comprehensive care management that addresses clinical and non-clinical needs of high-cost, high-need managed care members across multiple delivery systems. CS are non-traditional support services provided “in-lieu” of more costly services, including hospitalizations and nursing facility stays covered by Medi-Cal. Sacramento County is working to implement ECM and CS expansion for justice involved individuals being released from jail, starting in January 2024. Learn more about CalAIM ECM & CS here: [ECM Policy Guide](#) • [CS Policy Guide](#) • [FAQs](#) • Fact Sheets: [ECM](#) • [CS](#)

Expungement/Record Modification – [Superior Court](#) and [Probation](#) have resources to assist individuals who would like to seek criminal record expungement or modification.

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

Homeless Engagement and Response Team (HEART) - Staffed with Counselors and Peers, uses phased approach to help encampment and shelter residents consent to and obtain behavioral services needed. Outreach and engagement with mental health and substance use screening, linkage and assessments in homeless shelters and encampments. Call (916) 875-1720 or securely submit referrals to BHS-HEARTReferrals@saccounty.gov

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

Incompetent to Stand Trial (IST) Early Access to Stabilization Services (EASS) and Reevaluation – In September 2023, Adult Correctional Health established a multi-disciplinary team in the jail that began providing EASS to felony defendants found by the Courts to be IST and awaiting admission into a Dept. of State Hospitals (DSH) facility or community-based program while housed in the jail. Services include treatment/clinical contact initiated with 72-hours of enrollment, medication evaluation and treatment, social work and psychology assessments, psychological testing (if indicated), and individual competency treatment sessions until stabilization for groups in treatment. Within 60 days, patients can be reassessed and found competent. DSH also works with Sheriff’s jail staff to conduct reevaluations via video conference for IST inmates on the DSH waitlist for restoration services. Those on the waitlist for 30 days or more are prioritized for IST Reevaluation. If the reevaluation finds the felony defendant has stabilized in custody, the Court is notified criminal case proceedings can resume.

Jail Based Competency Restoration (JBCT) – Up to 44 beds (32 male, 12 female) at the Rio Cosumnes Correctional Center (RCCC) for restoration of local Felony IST defendants who have been committed to the Dept. of State Hospitals (DSH) for restoration. DSH funding to SSO for JBCT with UC Davis contracted by Adult Correctional Health to provide the restoration treatment.

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

Mental Health Access Team – The entry point for County mental health services, a Behavioral Health Services (BHS) team of licensed mental health professionals provide residents referrals and/or linkage to authorized specialty mental health services. Eligibility for services is based on referral information and a brief phone screening in the individual’s primary language. Individuals, caregivers, schools, medical providers, and other concerned adults can refer to the Access Team via phone, fax or US mail. [MH Access Team](#) determines eligibility for specialty mental health service needed and links the individual with a culturally and linguistically appropriate provider. In accordance with confidentiality regulations, the MH Access Team will inform the referring party the individual has been linked with a provider agency. A network provider will contact the individual and/or caregiver to set an appointment after the Access Team has authorized services. Services include: • Crisis intervention • Mental health assessments • Therapy and/or rehabilitation services • Intensive Home Based Services • Skills building and support groups • Case management • Intensive Care coordination • Linkage to housing services • Linkage to community resources • Medication support • Early Childhood Mental Health • Services for Youth with coexisting Mental Health and Alcohol/Substance Use Disorders. Adult & child provider walk-in info can be found [here](#)

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

The Source - Provides a 24/7 mobile response team for youth under the age of 26, and their caregivers. Services include immediate phone response, mobile in-person/face-to-face crisis intervention, triage services, mediation, follow up support, information and referral services.

Mental Health Diversion (Terms differ for Misdemeanor & Felony Defendants) – Superior Court may grant Mental Health Diversion to defendants eligible pursuant to [Penal Code Section 1001.36](#)

Mental Health Urgent Care Clinic (MHUCC) - Operating 24 hours a day, 7 days a week, the MHUCC is a walk-in clinic for individuals all ages experiencing a mental health and/or co-occurring substance use crisis. This client-centered program focuses on providing immediate relief to individuals and families in distress, averting psychiatric emergency room visits and involuntary hospitalizations. Goal is to foster recovery for individuals and families through promotion of hope and wellness, welcoming anyone experiencing mental health-distress regardless of age and ability to pay. Services: • Safe space for individuals and families, peer support and on-the-spot counseling • Integrated co-occurring mental health and substance use crisis assessment • Crisis interventions, psychiatric evaluations and clinical assessments • Psych. medication evaluation and management services (excluding controlled substances) • Referral and linkage to on-going services and community supports

Mobile Crisis Support Teams (MCSTs) – Licensed clinicians embedded with law enforcement to respond to mental health crisis related calls for service. Behavioral Health Service (BHS) has partnerships with the Sacramento Sheriff’s Office, Citrus Heights, Folsom, Elk Grove, Rancho Cordova, Galt, and Los Rios Police Department’s. Officers/Deputies trained in Crisis Intervention Training (CIT) respond with clinicians to persons experiencing mental health crisis. Teams responding to mental health crisis aim to reduce risks and threats to self or others, building on individual, family, community, and self-identified strengths and skills to divert from unnecessary incarceration or hospitalization and provide connection for navigating service systems and access to ongoing support. Authorized mental health providers support de-escalation, safety planning and ongoing care. MCSTs also educate key individuals, family members or natural supports on how to improve health and wellness.

Pre-Arraignment Review for Jail Release - Changes made in December 2023, provide a new opportunity for jail release before arraignment. The new process supports more efficient, well-informed custody decisions by providing a Court Magistrate information about the arrest, the 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) for a court decision on release of individuals found eligible and appropriate within 18 hours of booking. Information that may impact the release decision, such as outstanding warrants or holds, is also identified.

Probation Pretrial Services - Assessment, Monitoring and Community-Based Services for detainees who can be safely released to the community pending trial, without regard to ability to post bail. Probation Officers apply the [Public Safety Assessment](#), a validated risk assessment tool, and provide pretrial reports to Superior Court that include risk for new offense and failure to appear. Those released for pretrial monitoring may be provided further assessment and linkage to health and support services, court reminders, office visits, community visits and GPS monitoring.

Public Defender/Conflict Criminal Defender Pretrial Support – Targets adults in custody and/or released pretrial pending criminal charges and suffering from mental illness. Support services also available to assist Probation’s Pretrial Monitoring Clients, as needed. Social workers/CCD staff conduct clinical forensic, housing and other need assessments for pretrial defendants booked into jail, develop coordinated safety jail discharge plans, link individuals to mental health, SUD, housing and other support services, and provide ongoing case management support after release. Discharge support from the Exodus Project (contracted provider) for individuals released from jail and linked to a Public Defender Social Worker. Discharge support services include transportation, cell phones, access to charging stations, food, clothing, and peer mentorship.

Public Defender, Conflict Criminal Defender and District Attorney Review – Working together along with the Court and Behavioral Health experts, they identify defendants who are eligible and appropriate for diversion or collaborative court programs that provide community-based treatment and other services. Additionally, specialized attorneys work to ensure appropriate actions and services for LPS/Murphy’s Conservatorship and WIC 6500 (defendant subject to a pending indictment or information for a serious and violent felony and found to present a substantial danger of physical harm to others), mentally disordered offenders, sexually violent predators, and for mental incompetence/insanity extensions.

Public Guardian LPS/Murphy’s Conservatorship Placement – Felony IST defendants returned from the Dept. of State Hospitals (DSH) to jail unrestored are evaluated for conservatorship. If the defendant is diagnosed with a MH disorder, there is an active complaint, indictment, or information charging a felony involving death, great bodily harm, or a serious threat to the physical well-being of another, a probable cause finding, and a medical finding of current substantial danger of physical harm to others, the Court can refer to the Public Guardian (PG) for Murphy conservatorship. The PG will complete an investigation, if all legal criteria are met, the PG will petition the Probate Court for Murphy conservatorship. If Murphy conservatorship is granted, the PG will make a referral to Behavioral Health Services (BHS) for placement in a secure setting. If Murphy criteria is not met, and as a result of a mental health disorder, the defendant is unable to provide for their basic personal needs for food, clothing or shelter and they are placed on a hold and certified as gravely disabled, the inpatient psychiatrist can make a referral to the PG for LPS conservatorship. If legal criteria is met, the PG will petition Probate Court for LPS conservatorship. If the LPS conservatorship is granted, the PG will make a referral to BHS for services and/or placement. Types of placements include: **Community** – Independent Living, Room and Boards, Crisis Residential Facilities, Residential Care for the Elderly, Adult Residential Facilities, Assisted Living Facilities, Straight Skilled Nursing Facilities (SNF), Transitional Residential licensed board and care homes with in house case management and psychiatric services (requires BHS approval); **Sub-acute** - county contracted secured settings, includes Neuro-Behavioral Programs, Institute for Mental Disease (IMD) long term care SNF with special program to treat mental illness, 60 plus years and older (medical needs plus MH diagnosis), and Mental Health Rehabilitation Centers (MHRC) for 3 to 6 month stay focused on community reentry for ages 18-59 (must be on legal hold for sub-acute, unless signing in voluntarily), DSH facility that is County contracted for subacute long term care (highest level of care); **Acute** - MHTC for acute inpatient psychiatric stays 4 to 7 days, other Psychiatric Health Facilities (PHF) or private acute inpatient psychiatric hospitals. Note: PG has a policy, based on County Counsel opinion, that Murphy conservatees must be placed in secured settings. The purpose of Murphy conservatorship is protection of the public and treatment, as these individuals currently represent a substantial danger to others. Conservatees shall be placed in the least restrictive environment to meet their needs. Only in rare circumstances, when clinically indicated, shall LPS conservatees who are gravely disabled and unwilling/incapable of accepting treatment be placed in independent living or room and board. This requires Manager approval as well as high intensity BHS outpatient services, CARE+, medication management and other supports to meet the needs of the conservatee.

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

environment. The ISU responds to hospital ED staff and law enforcement calls 24/7, provides direct access from the MCSTs and SB82 triage navigator program, and receives adults and minors that have been medically cleared for 24/7 crisis stabilization services. **Law Enforcement Consult Line (LECL)** (included in [BHS resource info](#)) is available for officers responding to 911 calls involving individuals experiencing a mental health crisis to call the MHTC Intake Stabilization Unit (ISU) to consult on resource assistance to work with the client. Officers may bring clients directly to the ISU from the community for mental health services and crisis stabilization if the client meets WIC 5150 criteria of Danger to Self (DTS), Danger to Others (DTO) or Gravely Disabled (GD). LEA telephone line (875-1170) in the ISU for these purposes.

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

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

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

Substance Use Prevention & Treatment (SUPT) Services - Provided through a [continuum of care](#) that includes a wide-range of services for the prevention and treatment of substance use disorders. Clinical staff conduct a preliminary assessment to determine treatment needs and level of care for recovery. In person or over-the-phone assessment and referral to an appropriate treatment provider available M-F, 8:00am–5:00pm at (916) 874-9754 or (888) 881-4881, after hours at (888) 881-4881.

THRIVE Programs – Transformative, Healing, Renewing, Inclusive, Voice, Empowerment Programs at two sites for FSP (capacity: 200) and Outpatient (capacity: 500) clients that are adults who have a serious mental health condition with moderate to severe functional impairment and are justice involved. Programs are designed to support and promote recovery using evidence-based and best practices to address complex BH needs with a restorative justice approach.

NOTE: Medi-Cal/CalAIM Justice Involved Initiatives include [Providing Access and Transforming Health](#) (PATH), Population Health Management (PHM), and the County Behavioral Health Delivery System to serve individuals transitioning to the community from jail where the Medi-Cal/CalAIM application process, Behavioral Health (BH) assessments for Collaborative Courts, BH linkage, Re-entry planning, and 90 day pre-release services are all done in custody. At full implementation (no later than 9/1/26), case management, clinical consultation (physical & BH), lab/radiology, community health worker, MAT, medication, and medication administration services will all be available through CalAIM. Enrollment in CalAIM and other safety net services is done through the Department of Human Assistance ([DHA](#)) staff embedded in jail facilities. An ongoing staffing crisis for health professional positions has impacted go-live/start-up, current and expansion plans and operations for many County behavioral health services.

Sacramento County Collaborative and Specialized Courts (Sept. 2024)

Title	Who It's For	What It Includes	Length	Participants	Agencies Involved
Misdemeanor Mental Health Diversion	Defendants facing misdemeanor charges and suffering from mental illness or co-occurring mental and substance use disorders, approved for participation by the Court under PC 1001.36.	Outpatient and/or residential services including case management, benefits acquisition, crisis response, intervention and stabilization, medication evaluation and support, and ongoing specialized mental health services. Pretrial support services, if available and needed, through the Public Defender/Conflict Criminal Defender. May include FSP supports such as housing, employment, education and transportation. Upon completion, case dismissed. Unsuccessful completion results in the court reinstatement of criminal proceedings.	Max 12 months	Approx 300	Court, Public Defender, Conflict Crim. Defender, District Attorney, Health Services, Human Assistance, Treatment Provider
Felony Mental Health Diversion	Defendants facing felony charges, may include those found IST, and suffering from mental illness or co-occurring mental and substance use disorders, approved for participation by the Court under PC 1001.36	Outpatient and/or residential services including case management, benefits acquisition, crisis response, intervention and stabilization, medication evaluation and support, and ongoing specialized mental health services. Provider progress reports to the Court. Pretrial support services, if available and needed, through the Public Defender/Conflict Criminal Defender. May include FSP supports such as housing, employment, education and transportation. Includes Probation pretrial monitoring, if ordered by the Court. Upon completion, case dismissed. Unsuccessful completion results in the court reinstatement of criminal proceedings.	12-24 months	Approx 400	Court, Public Defender, Conflict Crim. Defender, District Attorney, Health Services, Human Assistance, Probation, Treatment Provider

Title	Who It's For	What It Includes	Length	Participants	Agencies Involved
Dept. of State Hospitals (DSH) Felony IST Mental Health Diversion (Grant Funded)	Defendants facing felony charges who are found Incompetent to Stand Trial (IST) and granted Mental Health Diversion by the Court under PC 1001.36.	Telecare's EMPOWER program includes clinical forensic & housing assessments, outpatient and/or residential services with case management, benefits acquisition, crisis response, intervention/stabilization, medication evaluation & support, ongoing specialized MH services, transportation, employment & education support, & housing, if needed. Each participant has psychiatrist, MD, nurse practitioner, case manager, peer recovery coach, attorney, & social worker. Court ordered Probation monitoring may be required. Upon completion, case dismissed.	12-24 months	Up to 60 New Clients Per Year	Court, Public Defender, Conflict Crim. Defender, District Attorney, Health Services, Human Assistance, Probation, Telecare (Provider)
Laura's Law/Assisted Outpatient Treatment (AOT)	Adults, ages 18 years and older, who have a serious mental illness and a history of (a) psychiatric hospitalizations, (b) jailings, or (c) acts, threats or attempts of serious violent behavior towards themselves or others.	Consumers must first be offered voluntary treatment within the past 10 days. AOT uses the court and behavioral health systems, including substance use prevention and treatment (SUPT) to address the needs of individuals who have been unable to or have not engaged with community mental health treatment programs through a "whatever it takes" model to connect referred persons to the least restrictive, high intensity, community based FSP program. Questions and/or assistance completing a referral can be addressed by Phone: 916-875-6508 or Email: DHS-MH-AOT@Saccounty.gov	Up to One Year	5-10	Court, Attorneys, Dept. of Health Services, Service Providers
Military Diversion	Misdemeanor defendants who are former/current US Military and suffer from traumatic brain injury or behavioral health problems as a result of military service.	Eligible defendants have criminal proceedings diverted for up to two years while attending support programs outlined by the courts. While attending their treatment program, the agency responsible for the defendant will file progress updates with the courts every six months (or more as needed).	Up to Two Years	Approx 50	Court, Attorneys, Service Providers
Alta Diversion	Individuals with specific developmental disabilities, mental health issues, substance use disorders, or trauma.	Alta Diversion Court is part of the Jail Diversion Treatment and Resource Center (JDTRC). It's designed to help individuals with behavioral health issues by diverting them from jail and providing necessary treatment and support services, including mental health and substance use evaluations, therapeutic classes, and legal support for a comprehensive, community-based approach to support individuals and reduce recidivism.	Up to 2 Years for Fel; 6-12 months for Misd	Approx 50	Court, Attorneys, Probation, Alta
WIC 6500 Court	Individuals with developmental disabilities who are a danger to themselves or others and are committed by the Court to a Developmental Center.	DA files for WIC 6500 , (can be misdemeanants) often for those unrestorable because of developmental delay. WIC 6500 Court Order to Developmental Center for 24-hour services designed to increase independence, improve living skills and facilitate transitions into the community.	Annual Re-Eval. Required	50-75	Court, Attorneys, Provider
*DUI Treatment Court (DUITC)	Defendants charged with a 3 rd , 4 th , or 5 th VC 23152 (DUI) within a 10-year period.	Residential and outpatient services including detoxification, substance misuse, relapse prevention, drug testing, and case management services; and probation supervision. Upon completion, suspended jail time is lifted, and probation may be terminated early.	12 - 18 months	50	Court, Attorneys, Dept. of Health Services, Probation, Service Providers
*Recovery Treatment Court (formerly Drug Court)	Defendants charged with non-violent drug possession, violations of probation, and certain drug-related and property crimes.	Residential and outpatient services including detoxification, substance misuse, mental health treatment, relapse prevention, & reentry services; drug testing, case management, housing, & therapeutic (yoga, nutrition, mind-body) services; and probation supervision. Upon completion, suspended jail time is lifted, and probation may be terminated or the case may be dismissed.	10 - 18 months	Up to 50	Court, Probation, Attorneys, Dept. of Health Services, Dept. of Human Assistance, Service Providers

*Post-Plea

Title	Who It's For	What It Includes	Length	Participants	Agencies Involved
*Mental Health Treatment Court (MHTC)	Non-violent defendants diagnosed with specified mental health disorders or co-occurring mental & substance use disorders, approved for participation by the DA's Office.	Residential and outpatient services including case management, benefits acquisition, crisis response, intervention and stabilization, medication evaluation and support, and ongoing specialized mental health services. FSP supports such as housing, employment, education and transportation. Random drug/alcohol testing. Upon completion, suspended jail time is lifted, probation may be terminated, and the case may be dismissed.	12 - 18 months	Up to 50	Court, Attorneys, Dept. of Health Services, Probation, Mental Health and Substance Use Treatment Service Providers
*Prop 36 Court	Defendants charged with non-violent drug possession and transportation for personal use.	Report to Probation for drug/alcohol/mental health screening and treatment referral. Four "fee for service" multi-disciplinary sites available for detox, residential, outpatient, methadone, sober living, vocation, family counseling, literacy, & communication skills services. 12 weeks intensive outpatient services, 12 weeks aftercare, and proof of completion required. Upon completion, plea is withdrawn and case dismissed, terminating probation.	6 months	Approx. 25	Court, Attorneys, Substance Use Prevention & Treatment, Service Providers
*Veterans Treatment Court (VTC)	Veterans charged with offenses related to issues from US Military service. No sex, arson or gang offenses.	Any combination of residential and/or outpatient treatment including case management, Veteran mentoring, substance abuse and mental health services, and random drug/alcohol testing by VA and Probation. Upon completion, case is dismissed and sealed, unless other agreement specified.	12 - 18 months	30	Court, Probation. Attorneys, Veterans Affairs
*Chronic Offender Rehabilitation Effort (CORE, formerly CNO)	Misdemeanor offenders within District Attorney Community Prosecution areas with at least 10 arrests, citations, and/or bench warrants within 12 months.	Residential placement is offered in lieu of jail time, which is stayed pending successful completion of program services. Substance abuse and mental health assessment and treatment services provided by County and community-based providers. Homeless and related social, health and fiscal services also available. Upon completion, sentence is modified per terms of an original plea agreement.	90 days	20 - 40	Court, Attorneys, County Substance Use Prevention & Treatment, Sac Steps Forward, and Service Providers
*City Alcohol Related Treatment (CART)	Individuals with 5 alcohol-related City Code citations and/or arrests in the past 18 months, need housing, and are in-custody for a violation of probation.	As a term of probation, 30 days of residential alcohol treatment services at Volunteers of America (VOA) in lieu of a 30-day jail sentence. Upon completion, the 30-day jail sentence is permanently stayed.	30 days	80	Sac City Attorney, Sacramento Police Dept., VOA, Sacramento Housing & Redevelopment Agency
*Loaves and Fishes Court (for Homeless)	Homeless low level traffic and misdemeanor offenders (trespassing, drinking in public, etc.) who cannot afford to pay court fines and fees.	On-site consultation with the Public Defender's Office at Loaves and Fishes Legal Clinic for legal remedies through the Court for infraction cases through participation in community-based services, such as clean and sober living facilities and/or mental health treatment. It also allows individuals to work off debt from tickets and fines by doing community service hours. Completion of community services hours may result in the case being dismissed.	3 - 6 months	Approx. 800 cases annually	Court, District Attorney, Public Defender, Loaves and Fishes
**ReSET Court - Reducing Sexual Exploitation & Trafficking	Defendants charged with prostitution or prostitution related offenses; may have other misdemeanor charges.	Prostitution diversion program services include health and wellness education, HIV testing, group and individual counseling, trauma-based therapy, wraparound, life skills and peer mentoring services. Upon completion, the initial plea is withdrawn, and the case is dismissed.	3 - 6 months	Up to 50	Court, Attorneys, Community Against Sexual Harm (Provider), Subs Use Prevention & Treatment

*Post-Plea

**Can be either Pre- or Post Plea