

Work Group to Re-envision the Jail Replacement Project

Small Group Activity Template– Intercepts 2 & 3

GROUP #2

Instructions:

The following table lists Key Events and Potential Strategies for SIM Intercepts 2 and 3, as detailed in the Issue Briefs. The list of potential strategies gives ideas offered by Work Group members during interviews, and potential strategies identified by the Technical Support Team. *The Examples of Potential Strategies* column is not intended to be comprehensive or to suggest order of importance, rather the examples are intended to stimulate discussion and result in the development of strategies that the WG members believe show the most promise to **reduce the jail population and close CJ's 3 & 4**. The WG ideas will be documented in the column titled "*Work Group Strategies*." As WG members develop new or bring forward ideas from existing efforts, please think about the following two questions:

- Which of these strategies do you believe is **most promising** for reducing the jail population and closing CJ #3 & 4?
- Which of these strategies do you believe will have an **immediate impact** (by 2020)?

Intercept	Key Events	Examples of Potential Strategies	Work Group Strategies
Intercept 2 – Initial Detention and Initial Hearing	Cite and release from County Jail		Cite and release from the field (Intercepts 1/ 2) <ul style="list-style-type: none"> • Priority is to confirm they have ID'd the correct person. • There are backups in the ID'ing process now to finger print people • Sheriff will not let people in the county jail unless they are medically cleared. • There is only on psychiatric liaison for the SFPD.
	Release on Own Recognizance (OR)	Work Group Interviews: <ul style="list-style-type: none"> • Review the success rate of pretrial diversion programs and expand on what works Technical Support Team: <ul style="list-style-type: none"> • Develop an open court system to determine the release of individuals on pre-arraignment OR 	Provide case management before releasing from custody <ul style="list-style-type: none"> • More discharge planning is needed • DPH funds case management staff in different courts but courts don't want to share their staff. This may be because staff develop expertise in their area (e.g., drugs for drug court, mental health for behavioral health court). There could be cross-training to allow more staff to work in different courts. • People get released because there are no treatment beds to send them too. Greater coordination between 5150 releases and discharges <ul style="list-style-type: none"> • People placed in involuntary psychiatric hold (5150'd) are often released although they are still suffering from mental health or effects of drugs which places them at higher risk to re-offend. • DA sometimes calls the hospital to make sure person doesn't get released but they are often released anyway. • Legal case managers want to take people who have just been 5150'd. But they

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<p>Intercept #2 (Continued)</p>			<p>aren't being handed off.</p> <ul style="list-style-type: none"> • May be lack of coordination from SFHOT. <p>Prioritize retention in treatment facilities</p> <ul style="list-style-type: none"> • When client leaves treatment facility and uses drugs they are at high risk to decompensate. • When people leave facilities in 24-48 hours then often the facility takes them back <p>Change policy that people can only be referred to residential treatment centers a certain number of times per year.</p> <ul style="list-style-type: none"> • This is a major barrier to getting people out of jail and into treatment. <p>Reform state polices to create new beds for people in conservatorship</p> <ul style="list-style-type: none"> • There is currently no space in state hospitals for mental health conservatorship • People are waiting in jail to become conserved. • DPH is legally mandated to find beds for people in locked facilities when they are conserved. • There are not currently enough facilities. DPH is moving people all over the state in order to place them. • Review data about how many people in jail with mental health issues.

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	Release on bail	<p>Work Group Interviews:</p> <ul style="list-style-type: none"> • Subsidize bail to reduce or eliminate bail payment • Increase staffing of the Public Defender’s Bail Unit <p>Technical Support Team:</p> <ul style="list-style-type: none"> • Reform or abolish the cash bail system • Replace cash bail with risk-based release decisions • Reduce bail amounts 	<p>Create initiative to reform statewide constitution laws on bail</p> <ul style="list-style-type: none"> • State constitution says that jurisdictions must create bail amount. There is no statewide uniformity on bail amounts. • State courts get the revenue. Unclear of effects of loss of revenue <p>Create Bail Fund</p> <ul style="list-style-type: none"> • Approximately 15%-20% of jail population could be released if they could afford the bail. This number is also related to other factors. • The City could establish a trust fund for money bail system to subsidize certain clients who have bail. This has had a good outcome in Brooklyn and DC. • Some people are so dangerous that the DA makes the bail as high as possible. <p>Assess Risk Assessment Tool</p> <ul style="list-style-type: none"> • There is currently a working group making recommendations about risk of flight and income. They are currently validating the tool. • Based on the new risk tool people will either be held in custody or released so there may not be need for bail. • SF Jail population tends to be more dangerous. Make sure tool is validated to that population. <p>Improve Ankle Monitor technology</p> <ul style="list-style-type: none"> • DA currently uses ankle monitor for people with stay away orders who are likely to flee and are put in treatment facility. • Major issue is that monitors don’t hold a charge for very long so people just have to let the battery go and they are off the grid. Naomi Kelli will follow up about this. • If DA had more faith in the monitor they would use it more for people currently in jail. • There is currently very little live monitoring to make sure people are staying within the boundaries of stay away orders. This may require more funding to

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			<p>make sure this is being monitored.</p> <ul style="list-style-type: none"> • How many people are in jail now that could be released with electronic monitoring? • There is stigma for homeless population with ankle bracelets. Can there be smaller ones the size of a Fitbit?
	Comprehensive Health Assessments		
	Jail Classification and Housing Determination		
	Charging (Filing) Decision	<p>Technical Support Team:</p> <ul style="list-style-type: none"> • Analyze District Attorney charging decisions to determine how to reduce unnecessary arrests and bookings • Assign District Attorney prosecutors, paralegals, and staff to make charging decisions on weekends to reduce length of stay 	<p>Expand courts to be open 24/7</p> <ul style="list-style-type: none"> • In other places courts are open 24-7 or at least every day so when someone is cited and released they don't have to stay in jail. • Would need to increase court staff. <p>Add DA staff on weekends to make charging decisions</p> <ul style="list-style-type: none"> • How many people sit in jail during the weekend and get released on Monday? Mayor's Office would be interested in a point in time count to evaluate. • This would work well for people who the DA releases. But if they charged then it may complicate the process. • This would affect the SFPD evidence collection timeline. After SFPD makes a felony arrest, there are several steps before a person gets to the court. Currently, arrests for Thursday afternoon don't need to get to the DA until

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			<p>Monday.</p> <ul style="list-style-type: none"> The City can try these out as strategies for a limited time and see if they work.
	OTHER		<p>Create a reimbursement system where SF is reimbursed for providing services to out-of-county individuals</p> <ul style="list-style-type: none"> Surrounding counties sometimes send people to SF for health services that they can't offer. If person has intent to live here SF should be able transfer MediCal costs, but MediCal transfer can't happen if the person is in custody so SF can't get reimbursed for medical treatment. If someone resides in another county and commits a crime in SF, SF has to pay for them. SF should be able to get payments from the other counties for these costs. It is difficult to establish the correct county for homeless clients for MediCal reimbursements.

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Intercept 3 – Resolution of Case	Jail Services	Technical Support Team: <ul style="list-style-type: none"> • Create discharge planning office • Ongoing review of release eligibility • Expanding opportunities for nontraditional case resolution 	Create a joint effort for DA and Sheriff to review cases and release <ul style="list-style-type: none"> • State law decides when you can cite and release. • Sheriff can cite and release people under certain categories. Sheriff will be hesitant to release without DA giving ok. • Could create a DA/ Sheriff joint effort to review cases and decide who to release. • If there was better electronic monitoring then the DA would feel better to release people • DA could use risk assessment tool.
	Collaborative Courts	Work Group Interviews: <ul style="list-style-type: none"> • Provide incentives to participate in the collaborative courts • Extend court hours or increase relevant staffing to decrease time to disposition Technical Support Team: <ul style="list-style-type: none"> • Expanding availability of on-demand housing and treatment options • Increasing efficiency of traditional and nontraditional Court processes • Expanding opportunities for nontraditional case resolution 	Expand resources for collaborative courts <ul style="list-style-type: none"> • There are several types of collaborative courts. Clients in collaborative courts are more easily able to get their needs met in favorable ways or get into a program. • If they are successful in the program then they can get their sentence expunged. • Behavioral Health court serves 160 people per year. It was recently expanded to add a misdemeanor court. Drug court numbers have significantly dropped because people aren't getting arrested for drug offenses since Prop 47. • There is currently 1 attorney and no paralegal. • Could expand programs if they had more resources to hire and support attorneys and another court. • Sometimes behavioral health court has to turn people away because of lack of resources. In these cases, clients can still get into programs through APD but they won't have the support of the special court. Add treatment beds to meet current needs <ul style="list-style-type: none"> • There are not enough treatment beds. People have to wait 3 months approximately for a bed.

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			<ul style="list-style-type: none"> • How much would this cost to create more beds for behavioral health court?
Intercept #3 (Continued)	Sentencing Planner Program	<p>Work Group Interviews:</p> <ul style="list-style-type: none"> • Expand residential treatment beds • Prioritize access to residential treatment beds for individuals involved with criminal justice <p>Technical Support Team:</p> <ul style="list-style-type: none"> • Create discharge planning office • Ongoing review of release eligibility • Expanding availability of on-demand housing and treatment options 	
	Traditional Court Processes	<p>Work Group Interviews:</p> <ul style="list-style-type: none"> • Extend court hours or increase relevant staffing to decrease time to disposition <p>Technical Support Team:</p> <ul style="list-style-type: none"> • Increasing efficiency of traditional and nontraditional Court processes • Expanding opportunities for nontraditional case resolution 	