

**MEMORANDUM**

**TO:** Santa Clara County Public Safety & Justice Partners

**FROM:** Meghan Piano, Supervising Deputy Public Defender, PARR (Pre-Arrestment Representation & Review)  
Brandon Cabrera, Supervising Deputy District Attorney, CAMP (Custody Alts. & Mental Health Programs Unit)

**RE:** Safety Through Wellness Court: A Pre-Plea Mental Health Pilot Program

**DATE:** December 14, 2023

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**I. Introduction**

Presently, most incarcerated people with mental health (MH) conditions cannot be placed into Mental Health Treatment Court (MHTC) until they have negotiated their charges and plead guilty. MHTC is a *post-plea* treatment model. For many people, placement in MHTC comes after a long period spent in-custody waiting for assessment, medication compliance, stabilization, and disposition of their criminal charges.

The Safety & Wellness Court will provide support to our in-custody clients that suffer MH conditions *at the earliest possible time*. Safety & Wellness Court is a *pre-plea* treatment model. By providing early interdisciplinary service at the outset of the criminal proceedings, we will speed their assessment and treatment process, and their safe release to the community.

**II. Current problems we face working with our mentally ill population and how the Safety & Wellness Court addresses them.****A. Extended Stays In-Custody:**

As described in the Introduction, the current model for assessing and treating the MH population causes many people to spend months in jail while waiting for assessment and treatment. Using an interdisciplinary team to engage and treat this population *at the outset of litigation* will mitigate these delays. The interdisciplinary team will consist of Public Safety and Justice (PSJ) stakeholders and MH experts from across Santa Clara County (SCC), including: The Superior Court, Office of Pretrial Services (PTS), District Attorney's Office (DAO), Public Defender's Office (PDO), Behavioral Health (BH), Custodial Health (CH), Reentry Resource Center (RRC), Custodial Alternative Supervision Unit (CASU), and Probation. Working together, the team will address the individualized needs of *new* arrestees struggling with MH issues.

**B. Lack of Early Information Sharing:**

Currently, a Custody Health nurse's assessment is completed at intake and includes the person's personal reporting of mental illness, if any, and a review of the person's *HealthLink* files. That information is generally not shared with other PSJ stakeholders. That is a missed opportunity to quickly identify MH persons needing immediate assessment and medical stabilization. We advocate for a MH data platform that will be shared with limited PSJ stakeholders needed to identify and place people in Safety & Wellness Court.

**C. Lack of Coordination by Stakeholders Working with Our Mental Health Population:**

Currently, MH clients do not receive treatment by Custody Health unless they request it or are acutely mentally ill. For those that receive treatment, Custody Health's efforts are not coordinated with other PSJ stakeholders such as PDO, DAO, and BH. Separate from Custody Health, PDO, DAO and BH are often working with clients on psychological assessments, medication compliance and treatment plans. We advocate for better coordination between Custody Health and the other PSJ stakeholders.

### III. How will Safety & Wellness Court work?

PSJ stakeholders will utilize an already staffed courtroom and use an “Anchor, Platform, Bridge” model.

- A. Anchor: A multi-purpose *pre-plea* courtroom for individuals suffering from a MH condition.
  1. *Pilot program*: Using the newly developed early information sharing protocols, select 5-10 clients each week identified by the PARR team, DAO, BH and PTS.
  2. *Location*: Gather PSJ stakeholders in an already staffed courtroom weekly. Possible courtrooms: Dept. 23 (Arraignments), Dept. 25 (MH and Competency), or Dept. 62 (MH Diversion and MHTC).
  3. *Goals*: Early assessment, medical stabilization, placement, expedited safe releases and early identification for participation in MH diversion and MHTC supervision programs.
- B. Platform: Upon release from jail, MH clients will enter the “Platform” phase where they are integrated into a dedicated program, reintroduced into the community, or both. This safety net will consist of an inpatient or outpatient program or assistance with temporary housing. The focus is on supporting and facilitating a smooth transition with a team following and supporting individuals to help them rebuild their lives and steer clear of obstacles that lead back to incarceration. The main drivers of the Platform stage would be supervision by PTS, MHTC, BH programs such as Momentum or Gardner, or CASU for clients that need more wrap around supervision.
- C. Bridge: As individuals progress, the “Bridge” phase takes over, offering guided but less intensive support, fostering a journey towards self-sufficiency. This stage empowers the individual to secure stable employment, reintegrate successfully into society and pursue better opportunities, creating long-term stability and growth, and reducing the likelihood of recidivism.

### IV. Key reasons to endorse Safety & Wellness Court.

The Safety & Wellness Court will focus on four criteria essential to its success: (1) Low Risk, (2) Low Cost, (3) Easy to Implement, and (4) High Potential for Positive Impact.

- ➔ Low Risk: Implementing the new enhancement will not cause negative consequences or disruptions to existing PSJ systems. For example, it will not introduce security vulnerabilities or compromise the integrity of the system.
- ➔ Low Cost: Each identified stakeholder will commit one person to this courtroom for one four-hour session each week.
- ➔ Easy to Implement: The Safety & Wellness Court will seamlessly integrate into existing arraignment or MH calendars with minimal disruption. Superior Court clerical staff along with the other stakeholder offices will not have to change operations in any significant way.
- ➔ High Potential for Positive Impact: This program will significantly improve efficiency and effectiveness for all stakeholders working with our MH population. It will reduce case processing time, improve early access to MH information, and foster early collaboration. Most importantly, it will reduce the time our MH population spends in-custody waiting for assessment, medication stabilization, placement, and safe release.

### V. Challenges to implementation of Safety & Wellness Court.

As with any new program, there will be challenges to implementation, but each can be overcome. Expected challenges will be: (1) Establishing a new information sharing protocol that protects HIPPA rights, (2) Creating better coordination between Custody Health, Behavioral Health, PDO and DAO, (3) Dedicating a staff member from Custody Health and Behavioral Health to attend the Anchor courtroom once a week.