Plumas County Community Court

Concept

Having looked at a broad set of options for Community, Collaborative and Rural Court models; it is obvious that for Plumas County, there should be a single alternative court, modeled after both San Francisco and Orange County, of what Orange County calls its “Whatever it Takes” Court (WIT)

***WIT COURT***

***WIT “Whatever It Takes” Court is a voluntary program for non-violent offenders who have been diagnosed as chronically, persistently mentally ill and are homeless or at risk of homelessness. The participants must have a diagnosis of schizophrenia, bi-polar disorder, or major depressive disorder. Through services funded by the Mental Health Services Act (Proposition 63) the participants are provided with mental health counseling, psychiatric services, drug and alcohol abuse counseling, residential treatment, safe housing, family counseling and peer mentoring.***

***Clients are also assisted in accessing medical services, employment counseling, job training and placement, government benefits, and housing.***

***The program involves frequent court appearances, regular drug and alcohol testing, meetings with the WIT Court support team, and direct access to specialized services. The definitional parameters of the broad collaborative courts in Orange County are contained here:***

***http://www.occourts.org/directory/collaborative-courts/***

We would expand this court definition to include the non-SMI populations, including Veterans, Drug Offenses, DUI, and Chronically Homeless Offenders across the non-violent crime spectrum. We could also add reintegration tracks that bring the local community together in efforts for reintegration and support. A few areas for optimal integration tracks would include:

**Health Integration**: Health Navigators would be the first step in community integration and should be couched in initial ‘whole health’ assessments at **Plumas County Healthcare Centers, including PDH, Seneca, Indian Valley and EPHC** upon court release/mandate. These healthcare “navigators” could be **off duty EMS personnel**, volunteers from the Fire Departments, Veterans, Community based organization staff, and wide based recruited volunteers from the general population. Based on previous training, the EMS/Fire/Veterans could be the best staffing options for caretaking the initial health process that will begin with medical and dental screenings. For shepherding the program participants through the initial health screenings this group would require minimal training, and could be incentivized by funding streams from PCBH and other funding streams (Health Department, State, Private Philanthropy). The benefit of having a separation in the initial healthcare assessments would be to differentiate the health program elements from the more social service based case management services that this population would likely have encountered previously. Putting a new focus on “health,” rather than leading with the more “offense related” services around substance abuse/addictions would strike a very different balance toward a diversion into the “real world of community care” rather than the world of punitive elements this population would likely have encountered in previous encounters with the criminal justice system. When the health of the individual is the entry point in an alternative sentencing release program these individuals should feel a very different level of human value and services from the program. In San Francisco County, Ali Riker, Director of Jail Services, has seen greater program compliance from her population as services have been normalized around options that exist in the “world of citizens” rather than the typical jail programming models of the past. All of this seems obvious, but there are very few examples of true integration to pull from when trying to design anything with true innovation at its core.

In addition to creation of better diversion options, our group of health navigators would be a logically constituted team for eventual employ as home health workers and crisis team members for PCMH and other healthcare providers in Plumas County.

Case Workers for “Whole Person” Reintegration: Case workers from PCBH and Community Based Organizations could take the handoff from the Healthcare Navigators to assist with more typical social service issues including follow-up medical services, drug and alcohol counseling, homeless services, employment options and educational opportunities.

Technological Solutions/Adjuncts: The use of new technologies for smart phone applications to both support and monitor diversion program participants would prove our directional shift toward innovation that would support reductions in rates of recidivism. Proof of concept has been proven across the NIMH funded projects that seek to engage and treat SMI and Addiction treatments by effective use of handheld technology. The Center for Technology and Behavioral Health at Dartmouth College would be a good partner for us in development of proprietary mobile treatment software for our population.

Community Integration Board: This board would be a community-based advisory and support board for exploration of enhancements in support of the PCCC. Members of the population served by this program would be included, along with staff and leadership from the court, district attorney’s office, Plumas Rural Health Initiative and PCMH.

These concepts are completely malleable, so feel free to alter what works locally and exchange anything that fits with local custom and effect.