

JULY 2021

STRATEGIC IMPLEMENTATION FRAMEWORK

PHASE II: FINAL REPORT



Justice Involved
Mental Health
Taskforce

Acknowledgments

Official Citation *(for publication or distribution of any or all information contained in this report):*

Burton, C. F., Kramer, K., Jackson, S., Harris, M. J., and the Alameda County Justice Involved Mental Health Taskforce. *Strategic Implementation Framework: Phase II Final Report*. Jeweld Legacy Group (July 2021).

Authors

Carol F. Burton, Founder and CEO, Jeweld Legacy Group

Katie Kramer, Co-Founder and CEO, The Bridging Group & Affiliated Consultant, Jeweld Legacy Group

Summer Jackson, Senior Consultant, Jeweld Legacy Group

Jumaanah Harris, Intern, Jeweld Legacy Group

Acknowledgments

As the Founder and CEO of Jeweld Legacy Group (JLG), I am grateful for the opportunity to serve and work with a such diverse group of stakeholders to achieve the goals outlined in Phase II. Members of the Alameda County Justice Involved Mental Health Steering Committee and Taskforce, the workgroup co-chairs, advocates, family members and others, all came together to move the needle towards a stronger and more humane countywide system. We were given a monumental task as documented in the Strategic Implementation Framework: Phase II Final Report. Our team would like to thank each of you, along with the Ad Hoc Committee members for helping us further refine the elements of this report, and to those who offered words of encouragement during some of our most challenging times. Thank you for trusting the path we laid before you and lending your expertise, time, and passion towards this process. We are grateful to each of you. A special thank you to the JLG team--Jumaanah Harris, Summer Jackson, Dr. Katie Kramer, and Letitia Henderson--for your creativity and brilliance.

In closing, it has been nearly 5 years since we held the initial Sequential Intercept Mapping Summit. Together we have achieved several significant milestones and today I am proud to say that we are strong, diverse, cohesive group, with a better understanding of each other. As JIMH sunsets, our work will continue through your efforts, advocacy and other countywide initiatives. We only ask that you remain strategic and always lead with an equity lens.

With gratitude,

Carol F. Burton

Carol F. Burton, CEO

Jeweld Legacy Group (JLG)



Table of Contents

Acknowledgments	1
List of Participating Organizations	3
JIMHT Steering Committee Members	4
Glossary of Terms	5
Standard Definition of Terms.....	6
Executive Summary	8
Introduction	12
Phase II: Strategic Implementation Planning Process	16
Strategic Implementation Framework	19
Overarching Goals and Baseline Data Indicators	20
Racial Equity Strategies for Planning & Implementation	23
JIMHT Recommendations Roadmap	27

List of Participating Organizations

● Alameda County Behavioral Health - Adult Forensic Behavioral Health	● Alameda County Board of Supervisor, Keith Carson's Office	● Options Recovery Services
● Alameda County Behavioral Health – Transition Age Youth Division	● Building Opportunities for Self-Sufficiency (BOSS)	● POCC JIMH Best Now
● Alameda County Behavioral Health	● Community Health Center Network	● Restore Oakland
● Alameda Council of Community Mental Health Agencies	● Decarcerate Alameda County	● SF Taxpayers Steering Committee
● Alameda County Behavioral Health - Pool of Consumer Champions	● East Bay Community Law Center	● State of California Superior Court
● Alameda County District Attorney's Office	● East Bay Supportive Housing Collaborative	● Jeweld Legacy Group
● Alameda County Emergency Medical Services Agency	● Faith in Action East Bay	● The Bridging Group
● Alameda County Probation Department	● Family Members	● The Just Us Network, Inc
● Alameda County Public Defender's Office	● Families Advocating for the Seriously Mentally Ill (FASMI)	● The Portia Hell Human Behavioral Health and Training Center
● Alameda County Sheriff's Office	● Interfaith Coalition for Justice in our Jails	● Telecare Corporation
● Alameda County Superior Court-Office of Collaborative Court Services	● Judicial Council of California	● UC Berkeley
● Alameda Health Consortium	● La Clinica de la Raza	● Vision Quest
● Alameda Health System Department of Psychiatry	● La Familia Counseling	● Washington Hospital/ Fremont Police Department
● All of Us or None, a project of Legal Services for Prisoners with Children	● Mental Health Advisory Board – Alameda County	● West Oakland Health Council
● American Friends Service Committee	● Mental Health Association of Alameda County	● Young Women's Freedom Center
● Bay Area Community Services	● Mental Health Plus	
● Bay Area Legal Aid	● National Alliance on Mental Illness (NAMI) - Alameda County	
● Berkeley Mental Health Commission	● National Institute for Criminal Justice Reform	
● Black Men Speak, POCC	● Oakland Police Department	

JIMHT Steering Committee Members

Name	Title	Affiliation
Aneeka Chaudhry	Director, Strategic Initiatives & Public Affairs	Alameda County Health Care Services Agency
Brian Bloom	Assistant Public Defender	Alameda County Office of the Public Defender & Alameda County Mental Health Advisory Board
Candy Dewitt	Family Member	Voices of Mothers & Others
Charles Smiley	Superior Court Judge	Alameda County Superior Court
Colleen Chawla	Agency Director	Alameda County Health Care Services Agency
Damon Johnson*	Executive Director	Black Men Speak
Dieudonné Brou *	Justice Initiatives Program Associate	Urban Peace Movement
Doria Neff	Sergeant	Oakland Police Department
Gordan Reed	Community Advocate	Alameda County Behavioral Health – Pool of Consumer Champions
Karyn L. Tribble	Alameda County Behavioral Healthcare Director	Alameda County Behavioral Health
Katherine Jones	Director, Adult and Older Adult System of Care	Alameda County Behavioral Health
Kathleen Clanon	HCSA Medical Director	Alameda Care Connect (Ac3)
Kimi Watkins Tartt	Public Health Director & County Health Deputy Director	Alameda County Public Health Department
LD Louis	Deputy District Attorney	Alameda County Office of District Attorney
Lisa Heintz	Director, Clinical Reentry and Diversion Programs	Alameda County Probation Department
Luis Fonseca	Chief Operating Officer	Alameda Health System
Marty Neideffer	Captain	Alameda County Sheriff's Office
Matthew Madaus*	Executive Director	Alameda Council of Community Mental Health Agencies
Nathan Hobbs	County Alcohol and Drug Program Administrator	Alameda County Behavioral Health
Patricia Fontana	Co-Founder	Voices of Mothers & Others
Peter VanOosting	Deputy Public Defender	Alameda County Office of the Public Defender
Rebecca Rozen	Regional Vice President	Hospital Council of Northern & Central California
Robert Britton*	Representative	Faith in Action East Bay
Robert Ratner	Housing Services Director - Everyone Home Fund	Alameda County Behavioral Health
Steve O'Brien	Chief Medical Officer	Alameda Alliance for Health
Tash Nguyen*	Representative	Decarcerate Alameda County
<i>* Ad Hoc Members added during Rapid Examination and Phase 1</i>		

Glossary of Terms

ACBH – Alameda County Behavioral Health

ACCESS – County run centralized referral hotline

ACEs – Adverse Childhood Experiences

ACT – Assertive Community Treatment

AOT – Assisted Outpatient Treatment

CAHOOTS - Crisis Assistance Helping Out on the Streets

CATT - Community Assessment and Transport Team

CBO – Community-Based Organization

CIT - Crisis Intervention Training

CRT - Crisis Residential Treatment

CSU - Crisis Stabilization Unit

FQHC - Federally Qualified Health Center

FSP – Full-Service Partnership

HCSA – Health Care Services Agency

IHOT - In-Home Outreach Team

IOP – Intensive Outpatient Program

IPS - Individual Placement Services

IMD – Institute for Mental Disease

JGPH - John George Psychiatric Hospital

JIMHT – Justice Involved Mental Health Taskforce

LGBQ+/TGI – Lesbian, Gay, Bisexual, Queer+/Transgender, Gender-Variant, Intersex

LPS - Lanterman, Petris, and Short (*LPS Act established Conservatorship in California*)

MACRO - Mobile Assistance Community Responders of Oakland

MAA- Medical Administrative Activities

MAT – Medication-Assisted Treatment

MCT - Mobile Crisis Team

MET – Mobile Evaluation Team

MHSA – Mental Health Services Act

MRT - Multidisciplinary Reentry Team

PHP – Partial Hospitalization Program

SMI – Seriously Mentally Ill

SRJ – Santa Rita Jail

SUD – Substance Use Disorder

Standard Definition of Terms

Term	Definition	Source
Serious Mental Illness (SMI)	Serious mental illness among people ages 18 and older is defined as having, at any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include schizophrenia, delusional disorder, bipolar I disorder, and other mental disorders that cause serious impairment.	SAMHSA & Alameda Co. HCSA
Substance Use Disorder (SUD)	Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.	SAMHSA
Co-occurring Disorder	People who have both a mental illness and a substance use disorder.	SAMHSA
Recidivism	<p>Adult Recidivism Definition Recidivism is defined as conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction.</p> <p>Supplemental Measures This definition does not preclude other measures of recidivism. Such measures may include new arrest, return to custody, criminal filing, violation of supervision, level of offense (felony or misdemeanor), and failure to appear.</p> <p>Recidivism Rates While the definition adopts a three-year standard measurement period, rates may also be measured over other time intervals such as one, two, or five years.</p> <p>“Committed” refers to the date of offense, not the date of conviction.</p>	California Board of State and Community Corrections (BSCC) BSCC
Length of Stay	The time period that a person stays within a residential setting. In the context of JIMHT, length of stay may refer to: <ul style="list-style-type: none"> • Jail • Hospitalization (Psychiatric Inpatient Hospital) • Psychiatric Emergency Services (PES) • Residential Substance Use Treatment 	JIMHT
“High utilizer” consumer	In the context of JIMHT, “high utilizer” refers to a person who has a high level of involvement in the mental health system as defined by: <ul style="list-style-type: none"> • Have had 2 or more John George PES episodes and/or have had 1 or more John George Inpatient episodes 	ACBH – JIMHT

	<ul style="list-style-type: none"> • Have had 2 or more Cherry Hill episodes • Have Justice Involvement 	
“Crossover” consumer	In the context of JIMHT, “crossover” consumer refers to a person who has a level of involvement in both the mental health and criminal justice system.	JIMHT
Justice - Involved	<p>In the context of JIMHT, “justice-involved” refers to a person who has been:</p> <ul style="list-style-type: none"> • Involved with a 5150 • Served by behavioral health court • Served by court advocacy program • Seen by the drug court • In conservatorship/LPS process • Served by a AB109 funded mental health program 	ACBH- JIMHT

Executive Summary

Background

Alameda County, like most local jurisdictions across the country, has a jail system filled with the most vulnerable members of our communities including people with mental illness and substance use disorders. Furthermore, there are glaring behavioral health disparities among the disproportionate number of incarcerated Black and Indigenous People of Color booked into our jail. In July 2020, the Alameda County Board of Supervisors directed Alameda County Behavioral Health (ACBH) to develop a plan to reduce and divert the number of people with mental illness from Alameda County Jail. In response, ACBH requested that the Justice Involved Mental Health Taskforce (JIMHT) develop a set of recommendations to inform this plan.

During Phase I of this work, JIMTF worked in collaboration with ACBH from July – October 2020, to engage in a rigorous community engagement process by facilitating a series of rapid examination meetings focused on the intersect between behavioral health services and criminal justice systems. This work resulted a set of 5 Foundational Principles, 17 Priority Recommendations, and 72 Culminating Recommendations that were approved by the JIMHT Steering Committee and submitted to ACBH.

Overview of Phase II

During Phase II of this work, and as set forth by the Director of Alameda County Behavioral Health on November 6, 2020, in a memo to Mental Health Advisory Board (MHAB), JIMHT was tasked with completing three additional key tasks to further inform ACBH's plan to reduce the number of persons with mental illness entering jail:

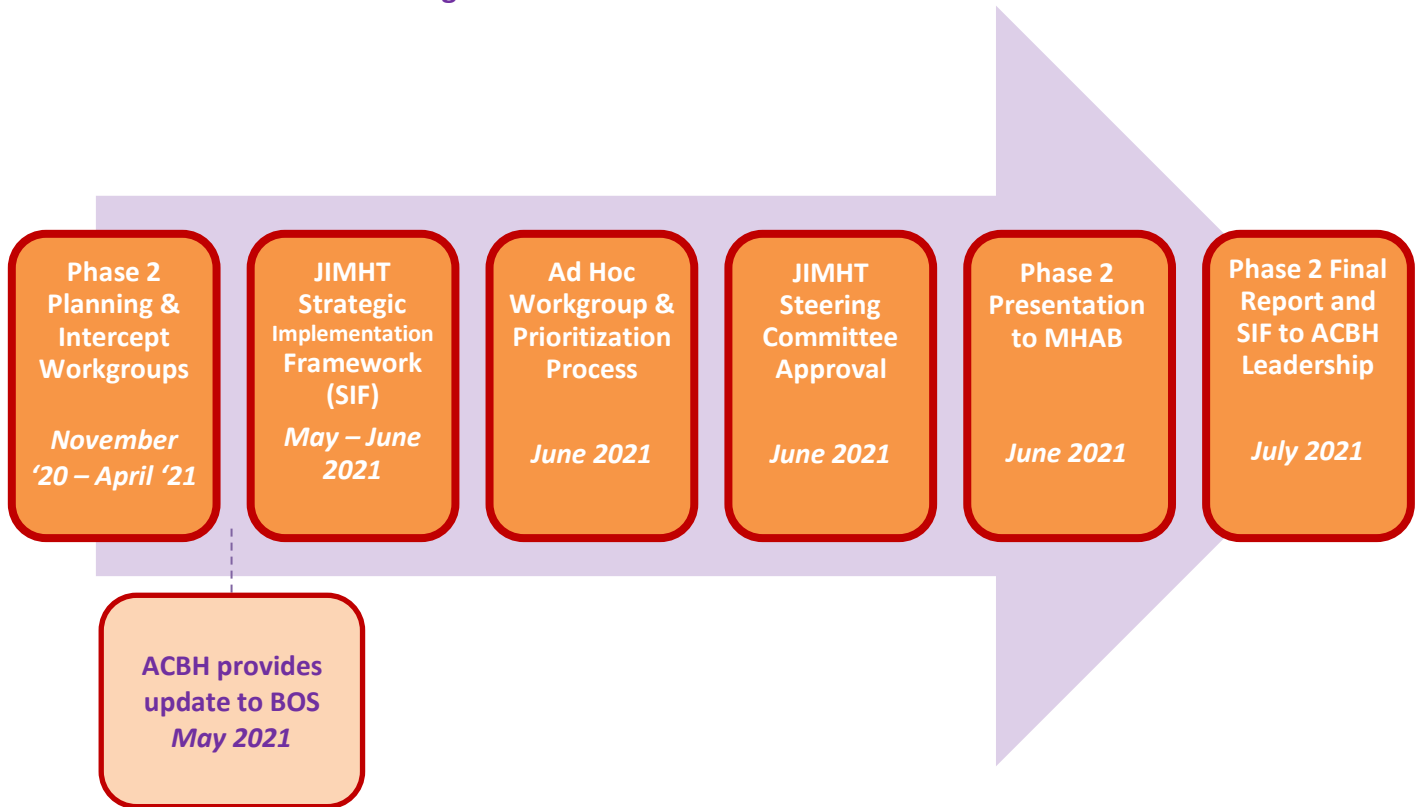
- **Baseline Data**
Recommend a limited number of cross cutting baseline data points that may be used to establish a starting point for ongoing analysis for the work (with an aim of creating an outward facing 'dashboard' that may be viewed by the public).
- **Overarching Goals**
Recommend a limited number of overarching goals that may be applied to the intercepts to inform progress, based upon the data, for our county operated or CBO providers.
- **5 to 7 Year Plan**
Recommend a 5 to 7 Year long-term strategy plan that will help systemically prioritize the forensic recommendations developed by ACBH.

JIMHT completed these tasks from November 2020 - July 2021 through the following activities:

- > Facilitation of **4 Intercept Workgroups** co-chaired by people with lived experience.
- > Development of a **Strategic Implementation Framework (SIF)** for all prioritized recommendations developed in Phase 1.
- > Identification of **Racial Equity Strategies** to support all of the recommendations and strategies presented in the SIF.

- > Curation of a **JIMHT Editorial Ad Hoc Committee** to review and prioritize the strategies.
- > Creation of a culminating **JIMHT Recommendations Roadmap to Implementation** to help guide the work going forward.

Figure 6: Phase 2 JIMHT Process Timeline



Commitment to Racial Equity

JIMHT approached its work in Phase II with a continued commitment to racial equity and the guiding principles developed in Phase I to: 1) lead with an **equity lens**, 2) **honor experiences of people** with greatest disparities, 3) develop strategies to **alleviate disparities**, and 4) **address unintentional consequences** when/if they arise. To further ensure racial equity was integrated in the recommendations put forth to ACBH, JIMHT developed a series of strategies to address racial inequities throughout the planning and implementation of the JIMHT Strategic Implementation Framework (SIF) in five key areas:

- I. **Overarching Strategies**
- II. **Data Collection Processes**
- III. **Service Provision**
- IV. **Systems Reform**
- V. **Capacity Building and Professional Development**

Creation of Strategic Implementation Framework

The Intercept Workgroups were tasked with drafting a **Strategic Implementation Framework (SIF)** for each of the Phase I prioritized recommendations to provide a pathway of implementation, transparency, and accountability for Alameda County to move this important work forward. The creation of the SIF was accomplished by completing the following activities:

- > Develop **key strategies** for each recommendation prioritized in Phase I
- > Identify **champions and other key stakeholders** for each strategy
- > Identify potential **baseline data points** and metrics
- > Determine **potential funding** sources
- > Identify **promising and evidence-based practices**
- > Include **racial equity strategies** relevant to the identified strategies

Overarching Goals and Baseline Data Indicators

Five overarching goals for the SIF were drafted from the information collected throughout the Intercept Workgroups. Goals were developed to be ambitious but feasible.

1

Increase community services, capacity building, and workforce development resources by 25% by 2023 and by 50% by 2025 and allocate the necessary resources including money and infrastructure to provide a comprehensive continuum of behavioral health and other supportive services from prevention to treatment to prevent people from becoming involved or further entrenched in the criminal justice system.

2

Reduce the number of people with serious mental illness (SMI) in Santa Rita Jail (SRJ) to Zero by 2026 including adding at least 2 new diversion contracts by 2023 to serve people with SMI in the community.

3

Reduce the number of people with mild to moderate mental illness, substance use disorders, or co-occurring disorders in Alameda County Jails by 50% by 2025 and by 80% by 2026.

4

Ensure adequate services in jail and linkages to community care upon release for 100% of people with mental illness, substance use disorders, and co-occurring disorders in Alameda County Jails by July 2023 to reduce further involvement in the criminal justice system.

5

Adopt and implement all recommendations put forth by the JIMH Taskforce leading with the racial equity strategies developed to guide and inform planning, implementation, and ongoing engagement with the most impacted communities.

Recommendations Roadmap to Implementation

The culminating work of JIMHT was the creation of the **Recommendations Roadmap to Implementation**. This road map is a presentation of all 24 prioritized recommendations in order by intercept and with an indication of Tier 1 or Tier 2 priorities.

JIMHT Recommendations Roadmap to Implementation



Introduction

In May of 2020, the Alameda County Board of Supervisors approved a budget request by the Alameda County Sheriff's Office (ACSO) of an additional \$318 million for the Santa Rita County Jail. This amount reflects \$108 million to be spent annually over 3 years to help meet unmet needs at the jail including hiring additional staff for Alameda County Adult Forensic Behavioral Health. Along with this ACSO budget increase, the Board of Supervisors asked the Director of Alameda County Behavioral Health (ACBH) to quickly return to the Board with a plan to reduce the number of persons with mental illness entering jail. In July of 2020, the ACBH Director in turn requested the assistance of the Justice Involved Mental Health Taskforce (JIMHT) to help develop a set of recommendations to meet this goal.

JIMHT completed a series of activities over the past year to complete this work which included rigorous community engagement and involvement. ***In total over 200 individuals representing over 65 community-based organizations, governmental agencies, advocacy groups, individuals and families participated in this work.*** For a list of participating organizations, see page 3.

JIMHT's work was completed over two phases:

200 people participated in
JIMHT's Community
Engagement Process.









Phase I: A series of rapid examination meetings that culminated in the creation of a set of 72 comprehensive recommendations, of which, 17 were prioritized and approved by the JIMHT Steering Committee. A comprehensive [JIMHT Phase I Summary Report](#) that presents the prioritized and full set of comprehensive recommendations was published in October 2020 and can be found on the [JIMHT website](#).

Phase II: A series of intercept workgroups to develop a [Strategic Implementation Framework \(SIF\)](#) for the set of 24 prioritized recommendations (17 prioritized JIMHT recommendations plus 7 additional priority recommendations developed by ACBH). The SIF identifies key activities, stakeholder champions, data metrics, potential funding sources, and evidence-based or model practices for each recommendation.

This report summarizes the work completed in Phase II.

JIMHT Recommendations Framework

The JIMHT Recommendations Framework presents a series of opportunities with key decision points for intervention across all stages of the intersect between people with behavioral health issues and their involvement in the criminal justice system. Intervention at any of these stages can prevent people from becoming enmeshed in the criminal justice systems, though intervening as early as possible within the framework allows the widest scope of impact. Table 1 presents the JIMHT Recommendations Framework adapted and utilized to guide its work.

Table 1: JIMHT Recommendations Framework		
Intercept #	Title	Definition
Intercept -2 	Prevention	Efforts to reduce the incidence, prevalence, or reoccurrence of behavioral health disorders and promote mental wellness throughout the community.
Intercept -1 	Early Intervention	Community-based programs and services that aim to provide support and care for individuals living with behavioral health needs prior to crisis.
Intercept 0 	Hospitals & Crisis Intervention	Service options available at the point of individual behavioral-health related crisis and may include among other options, emergency rooms, acute and subacute facilities, and crisis stabilization units.
Intercept 1 	Law Enforcement & Emergency Services	Point at which the emergency response system is engaged in a behavioral health-related crisis.
Intercept 2 	Initial Detention & Courts	Initial detention in a criminal justice facility such as a city or county jail or their preliminary involvement in the Court System.
Intercept 3 	Jail	Incarceration at a local correctional facility, with a focus on Santa Rita County Jail.
Intercept 4 	Reentry	Services provided for people upon release from local correctional facilities (Santa Rita Jail) as they reenter back into the community after incarceration.
Intercept 5 	Community Supervision	Term of probation or parole including the conditions of supervision and services provided by Probation or Parole Departments.

Commitment to Racial Equity

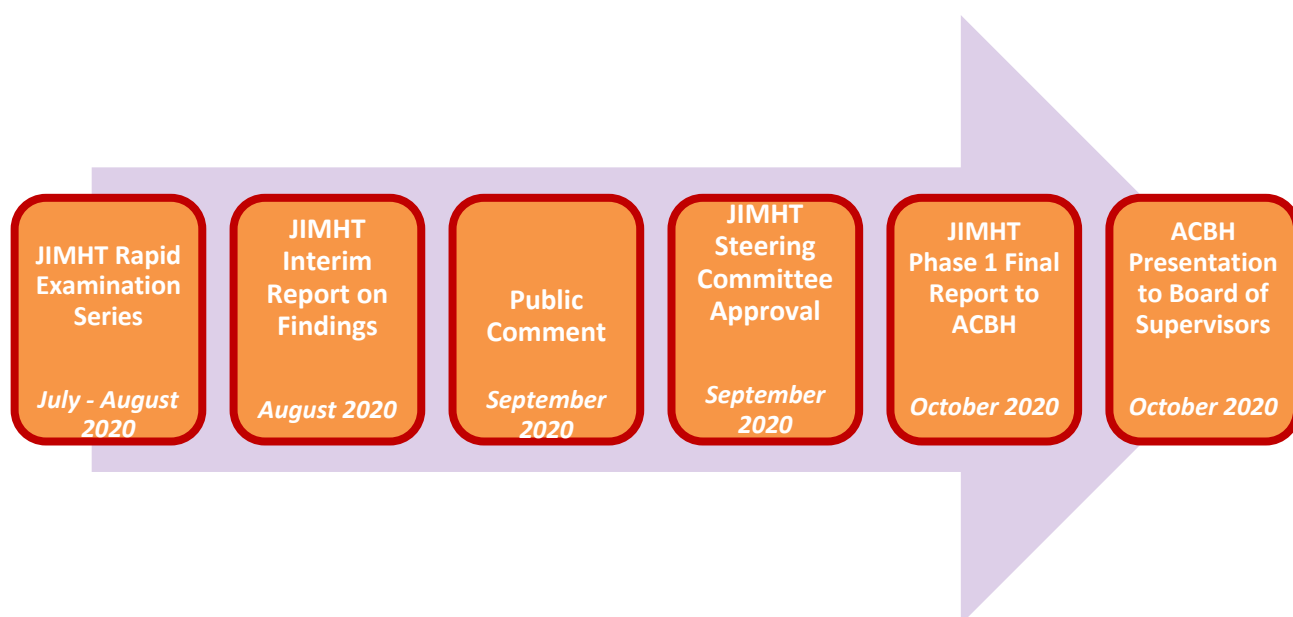
Given the racial health inequalities in Alameda County, equity was implemented as a lead guiding principle throughout all of JIMHT's efforts. JIMHT utilized five core elements to advance racial and health equity principles through its work:

- > Lead with **accurate and consistent data**.
- > Understand the **historical context** for each service population and review past engagement efforts.
- > Invite **people with lived experience and others closely connected and rooted in affected communities** to the table early and often.
- > **Ensure open communication and transparency** with all parties regarding progress and challenges.

Overview Phase I: Rapid Examination & Recommendations

JIMTF worked in collaboration with ACBH in July – November 2020, to engage in a rigorous community engagement process by facilitating a series of rapid examination meetings focused on the intersect between behavioral health services and criminal justice systems. Over 165 organizational, governmental, and community representatives participated in these meetings. The aim was to identify current jail diversion strategies and service gaps in these areas throughout the County that would inform a comprehensive list of recommendations. In addition to the rapid examination meetings, JLG conducted a listening session with the NAMI East Bay African American Family Support group and hosted a public comments period. JIMHT used the information gathered through these activities to produce a set of 72 culminating and 17 priority recommendations approved by the JIMHT Steering Committee and submitted to ACBH with encouragement to move the recommendations forward to the Alameda County Board of Supervisors. Figure 1 presents JIMHT's process throughout Phase I of this work.

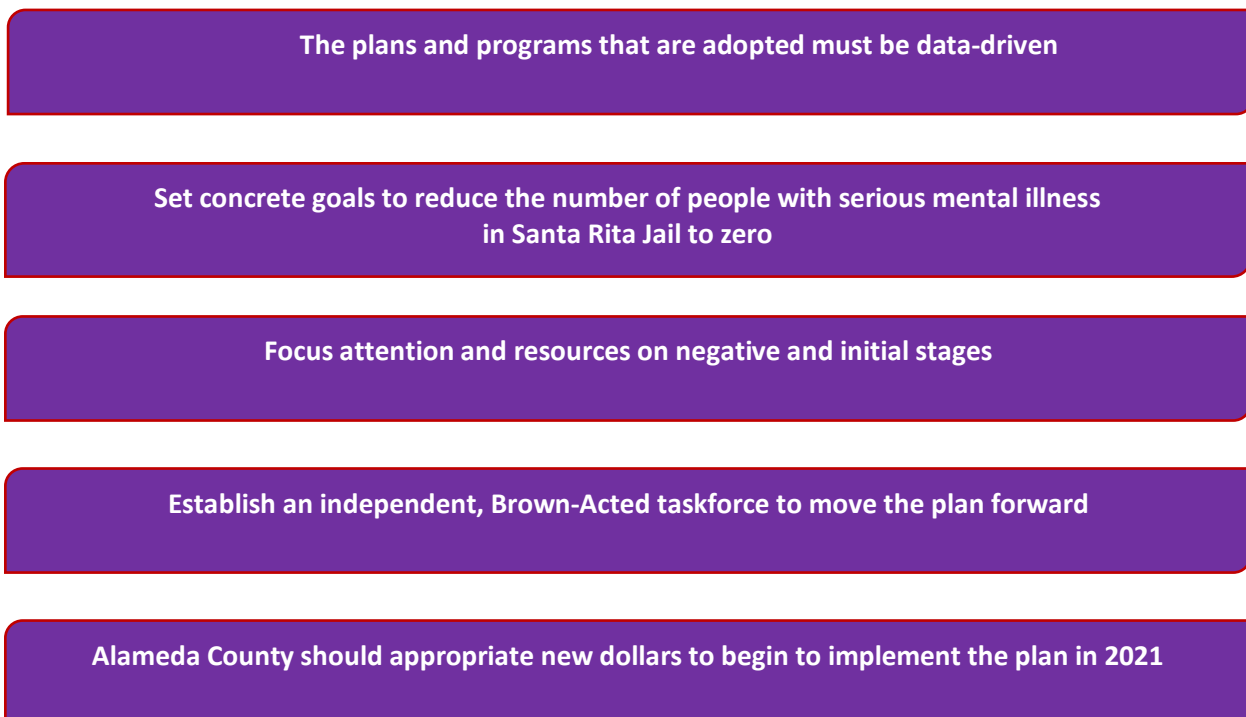
Figure 1: Phase I - JIMHT Rapid Examination and Recommendations Development Process



Foundational Principles

To ensure that the work of the JIMHT Rapid Examination process leads to *immediate and concrete action*, the JIMHT Steering Committee, as informed by public input and community advocacy groups, endorsed **five Foundational Principles along with the Prioritized Recommendations** to present to ACBH as a starting point. The following Foundational Principles represent important guiding standards to kickstart the critical work needed to fully realize the Priority Recommendations and the Comprehensive Set of Recommendations endorsed by the JIMHT Steering Committee. Figure 2 presents these Foundational Principles.

Figure 2: Foundational Principles



Phase II: Strategic Implementation Planning Process

As set forth by the Director of Alameda County Behavioral Health in a memo to Mental Health Advisory Board (MHAB) on November 6, 2020, JIMHT was tasked with completing the following additional three key tasks to further inform ACBH's plan to reduce the number of persons with mental illness entering jail.

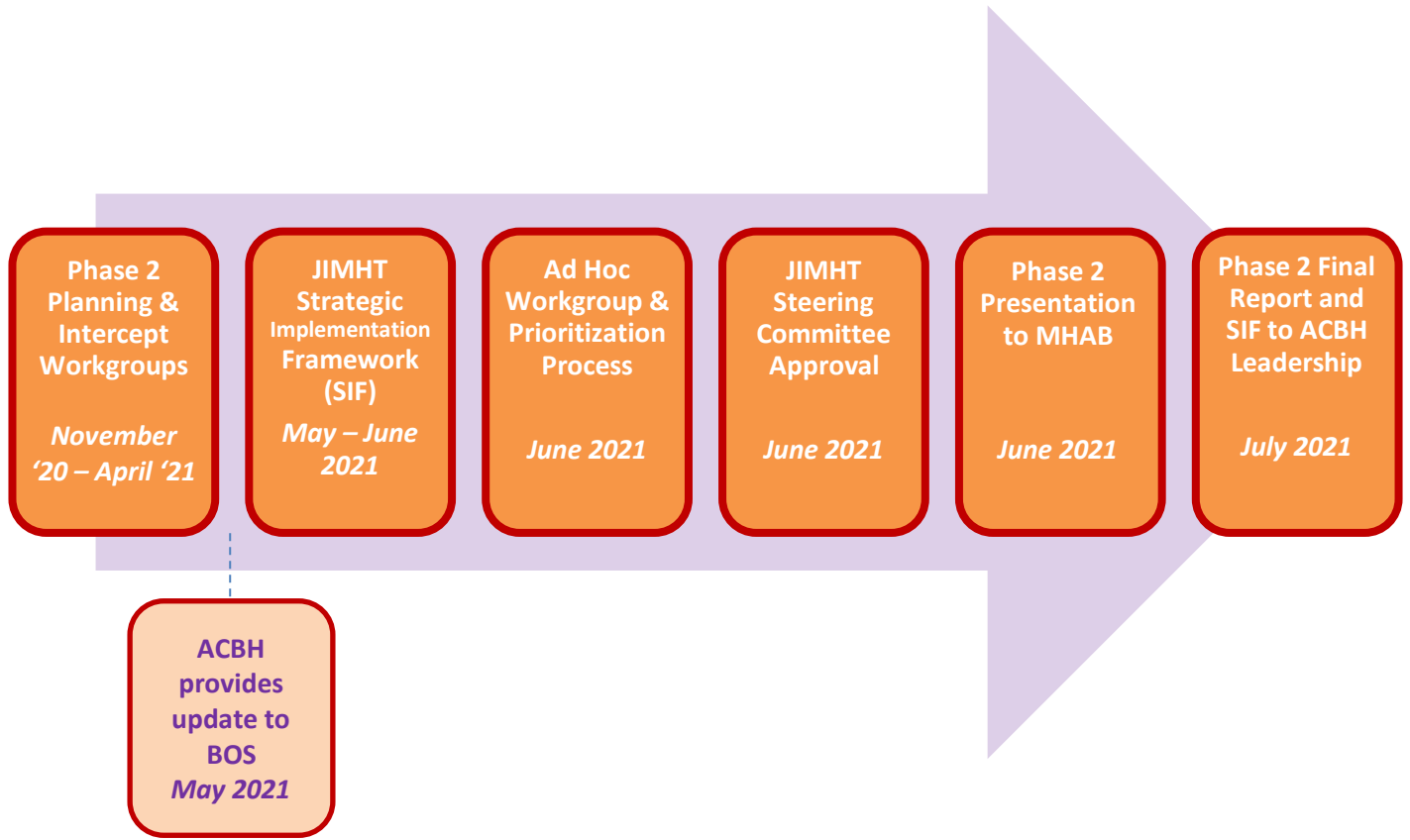
PHASE II KEY TASKS

- **Baseline Data**
Recommend a limited number of cross cutting baseline data points that may be used to establish a starting point for ongoing analysis for the work (with an aim of creating an outward facing 'dashboard' that may be viewed by the public).
- **Overarching Goals**
Recommend, for consideration, a limited number of overarching goals that may be applied to the intercepts to inform progress, based upon the data, for our county operated or TBD CBO providers.
- **5 to 7 Year Plan**
Recommend a 5 to 7 Year long-term strategy plan that will help systemically prioritize the forensic recommendations developed by ACBH.

JIMHT completed these tasks from November 2020 through July 2021 through the list of activities presented below. Following the list of activities, Figure 3 presents JIMHT's process throughout Phase II of this work.

- > Facilitation of **4 Intercept Workgroups** that were co-chaired by people with lived experience.
- > Development of a **Strategic Implementation Framework (SIF)** for all of the prioritized recommendations from Phase 1 that included identification of: key strategies, champions and other stakeholders, metrics, funding sources, and evidence & proven models.
- > Examination and identification of **Racial Equity Strategies** to support all of the recommendations and strategies presented in the SIF.
- > Curation of a **JIMHT Editorial Ad Hoc Committee** to review and prioritize the strategies within the SIF.
- > Creation of a culminating **JIMHT Recommendations Roadmap** to help guide the work going forward.

Figure 3: Phase 2 JIMHT Process Timeline



JIMHT Intercept Workgroups

JIMHT facilitated a kickoff of Phase II at a full Taskforce meeting on February 3, 2021. During this meeting, community members received an overview of the tasks to be accomplished in Phase II and were invited to join and invite other community stakeholders to participate in a series of JIMHT Intercept Workgroups organized across the eight intercepts of the JIMFT Recommendations Framework. JLG worked diligently to recruit a diverse group of co-chairs for each of the four workgroups. At least one co-chair for each workgroup was a person with lived or familial experience of criminal justice system involvement and behavioral health needs. In turn, the co-chairs represented a dynamic and committed group of people who reached out to their networks to ensure robust attendance in each workgroup session. Over the next three months, JIMHT hosted eight formal workgroups and many sub-group planning meetings in-between formal sessions. Each of the intercept workgroups were well attended with participation of over 150 unduplicated representatives from government agencies, community service organizations, community advocacy groups, and individuals and family members with lived experience. For a more detailed list of participating organizations, please see page 3. Table 2 provides dates, co-chairs, intervention stage, and participation rates for each of the intercept workgroups.

Co-Chairs	Intercepts	Dates	# of Participants
<ul style="list-style-type: none"> • Damon Shuja Johnson, Pool of Consumer Champions, ACBH • Matthew Madaus, Alameda Council of Community Mental Health Agencies • Tash Nguyen, Decarcerate Alameda County and Restore Oakland 	Intercept -2: Prevention	February 10	22
	Intercept -1: Early Intervention	March 10	37
<ul style="list-style-type: none"> • Alison Monroe, Families Advocating for the Seriously Mentally Ill (FASMI) • Jamie Almanza & Jovan Yglecias, Bay Area Community Services (BACS) 	Intercept 0: Hospitals & Crisis Intervention	February 22	31
		March 22	36
<ul style="list-style-type: none"> • Jason Toro, La Familia • Gavin O'Neil, Alameda County Superior Court • Lorna Jones, Bonita House 	Intercept 1: Law Enforcement & Emergency Services	March 17	44
	Intercept 2: Initial Detention & Court	April 7	44
<ul style="list-style-type: none"> • Dieudonné Brou, Urban Peace Movement • Wendy Still & Marcus Dawal, Alameda County Probation Department 	Intercept 3: Jail	March 31	48
	Intercept 4: Reentry Intercept 5: Community Corrections	April 14	40

Strategic Implementation Framework

The Intercept Workgroups were tasked with drafting a **Strategic Implementation Framework (SIF)** for each of the prioritized recommendations from Phase I to provide a pathway of implementation, transparency, and accountability for Alameda County to move this important work forward. The creation of the SIF was accomplished by completing the following activities:

- > Develop **key strategies** for each recommendation prioritized in Phase I
- > Identify **champions and other key stakeholders** for each strategy
- > Identify potential **baseline data points** and metrics
- > Determine **potential funding** sources
- > Identify **promising and evidence-based practices**
- > Include **racial equity strategies** relevant to the identified strategies

Figure 4 provides a sample page from the SIF. The full [Strategic Implementation Framework](#) can be found on the [JIMHT website](#).

Figure 4: Strategic Implementation Framework

INTERCEPT -2: PREVENTION				
Recommendation #2: Expand youth prevention & transitional age youth (TAY) services. (Goals 1, 2, 3, & 4)				
Strategies/Key Actions	Champion and Stakeholder Involvement	Data Points & Metrics (Baseline and Follow-up)	Potential Funding Sources	Evidence and proven models
2.a. Develop new youth prevention strategies including: <ul style="list-style-type: none"> Develop a Youth Prevention Program focusing on African American youth Develop a menu of early intervention services for children including the expansion of Substance Use Disorder (SUD) services for children Expand youth workforce development strategies as part of youth prevention services Expand prevention programs for TAY 	Black Organizing Project CURYJ, Urban Peace Movement, Homies Empowerment, Youth Alive, United Roots, Youth Uprising HCSA School Based Health Centers (ACBH-HSCA) NAMI - Ending the Silence Peer-based programs TAY Peers MHAB - Children's Committee	Demographics Needs Assessment for School-based Health Centers How is ACSO currently addressing this with DSAL and youth centers? Focused on unincorporated parts How much \$ does the county currently spend on children resources? Identify the number of kids who need trauma informed services	Sending more MHSA \$\$ to children's system of care Children's Trust	Youth Justice Coalition's - Chucos Justice Center Yes Teams in LA County

Strategic Implementation Framework provides a pathway of implementation, transparency, and accountability for *Alameda County to move this important work forward.*

Overarching Goals and Baseline Data Indicators

Five overarching goals for the SIF were drafted from the information collected throughout the Intercept Workgroups. Goals were developed to be ambitious but feasible. Goals also included proposed baseline indicators relevant to each goal. Figure 5 presents the final five overarching goal and proposed baseline data points.

Figure 5: Overarching Goals and Baseline Data Indicators



Phase II JIMHT Ad-Hoc Committee

After the completion of the Intercept Workgroups and full draft of the Strategic Implementation Framework (SIF), JIMHT established a small time limited Ad-Hoc Committee to help finalize the SIF. The Ad-Hoc Committee helped to 1) formalize five overarching goals, 2) examine the identified strategies within the SIF to ensure they were clearly stated and actionable, and 3) complete a prioritization process for the recommendations to ensure they were aligned with the goals. Table 3 presents the membership of the JIMHT Ad-Hoc Committee.

Table 3: JIMHT Ad Hoc Committee	
Committee Members	
Name	Organization
Anissa Basoco-Villarreal	Alameda County Social Services Agency
Brooklyn Williams	TAY Consultant
Darris Young	Bay Area Regional Health Inequities Initiative
Jovan Yglecias	Bay Area Community Services
Juan Taizan	Alameda County Behavioral Health – Forensic, Diversion, & Reentry
Lisa Heintz	Alameda County Probation Department
Tash Nguyen	Decarcerate Alameda County/Restore Oakland
JLG Team	
Carol F. Burton	Jeweld Legacy Group Founder and CEO/JIMHT Facilitator
Letitia Henderson	Jeweld Legacy Group, Affiliated Consultant
Summer Jackson	Jeweld Legacy Group Senior Consultant/JIMHT Project Manager
Katie Kramer	The Bridging Group Co-Founder and CEO & Jeweld Legacy Group, Affiliated Consultant
Jumaanah Harris	Jeweld Legacy Group Intern

JIMHT Ad Hoc Committee Prioritization Process

Ad HOC Committee Members were asked to prioritize the recommendations using a prioritization criterion that outlined options for high/short-term priority, medium-term priority, and low/long-term priority. Figure 6 provides an overview of this Prioritization Scale.

Figure 6: Prioritization Criterion

High/Short-Term Priority	Medium-Term Priority	Low/Long-Term Priority
<ul style="list-style-type: none"> Implement in next 1-3 years 	<ul style="list-style-type: none"> Implement in next 3-5 years 	<ul style="list-style-type: none"> Implement in next 5-7 year

Committee members discussed each recommendation as a full committee. They were then given six votes, two in each priority level, to distribute across all of the prioritized recommendations. They were instructed to use the prioritization criteria as it applied to community need, political will, environmental relevance (i.e., media, local efforts), and resource allocation (i.e., funding). Members were also encouraged to apply other considerations to their votes including: 1) diversity of recommendations across Overarching Goals, 2) cost and resources involved, 3) involvement of multiple key stakeholder systems, and 4) ACBH feedback.

After reviewing all of the Ad-Hoc Committee votes, seven JIMHT Recommendations were identified as **Tier 1 Priorities** because they received at least one high/short-term priority vote. Seven additional JIMHT Recommendations received any combination of medium-term and low/long-term prioritized votes and were identified as **Tier 2 Priorities**. Table 4 provides an overview of the JIMHT Tier 1 and Tier 2 Prioritized Recommendations.

Table 4: Prioritized Recommendations

Tier 1 Prioritized Recommendations <i>(received at least 1 high/short-term vote)</i>		
Recommendation #	Description	Intercept
Rec #1	Greatly expand affordable housing & supportive living	-2: Prevention
Rec #2	Expand youth prevention and TAY services	-2: Prevention
Rec #3	Expand conflict mediation & violence prevention programs	-2: Prevention
Rec #7	Expand non-law enforcement involved crisis response	0: Hospitals & Crisis Intervention
Rec #10	Expand acute care countywide	0: Hospitals & Crisis Intervention
Rec #20	Design forensic, diversion, & reentry services system of care	4: Reentry
Rec #24	Continue to integrate innovative rehabilitative programs in community supervision	5: Community Supervision
Tier 2 Prioritized Recommendations <i>(any combination of medium-term & long/low-term votes)</i>		
Recommendation #	Description	Intercept
Rec #8	Expand non-hospitalization crisis & urgent care	0: Hospitals & Crisis Intervention
Rec #11	Create mechanisms for families to safely report episodes	1: Law Enforcement & Emergency Services
Rec #13	Expand mental health involvement in law enforcement-involved crisis response	1: Law Enforcement & Emergency Services
Rec #14	Expand pre-arrest & pre-booking diversion programs	1: Law Enforcement & Emergency Services
Rec #16	Strengthen infrastructure for competency restoration & diversion	2: Courts & Initial Detention
Rec #18	Expand discharge planning & care coordination	3: Jail
Rec #23	Increase reentry planning	4: Reentry

Racial Equity Strategies for Planning & Implementation

JIMHT approached its work in Phase II with a continued commitment to racial equity and the guiding principles developed in Phase I to: 1) lead with an **equity lens**, 2) **honor experiences of people** with greatest disparities, 3) develop strategies to **alleviate disparities**, and 4) **address unintentional consequences** when/if they arise. To further ensure racial equity was integrated in the recommendations put forth to ACBH, JIMHT developed a series of strategies to address racial inequities throughout the planning and implementation of the JIMHT Strategic Implementation Framework (SIF) in five key areas:

What does racial equity mean?

Structural systems, practices, and cultural narratives in society should provide authentic situational fairness and equal opportunity. Prioritizing racial equity benefits everyone because racial injustice is the most deep-rooted form of injustice within our institutions and systems. Racial equity means that the most vulnerable communities in society have access to achieving social mobility and a voice in determining their reality, describing how systems of oppression operate, and developing solutions which are guided by their assets. When racial equity is achieved, all people, cultures and identities are equally valued and recognized under the belief that strength comes through the diversity and expression of our shared humanity.

The **Justice Involved Mental Health Taskforce** (JIMHT) has worked to develop county-wide goals, recommendations, and strategies aimed to reduce the number of people with mental illness entering Alameda County jail. National data demonstrates the vast racial disparities among people who have mental illness or substance use disorders and are involved in the criminal justice system.

Given the racial health inequalities in Alameda County, we have a clear opportunity and obligation to close the gaps of health disparities by advancing racial and health equity at each intercept or stage where a person with mental illness, substance use disorder or co-occurring disorders may become entrenched in the criminal justice system. Thus, the JIMHT planning process and the resulting recommendations and strategies put forth by our Strategic Implementation Framework (SIF) have been guided by a racial equity framework.

Racial Equity Strategies

JIMHT developed a series of strategies for addressing racial inequities during the planning and implementation of the JIMHT Strategic Implementation Framework (SIF) in five key areas. Table 5 presents the suggested strategies by topic area.

- VI. Overarching Strategies
- VII. Data Collection Processes
- VIII. Service Provision
- IX. System Reform
- X. Capacity Building and Professional Development

Table 5: Racial Equity Strategies

I. Racial Equity Strategies (Overarching)	
1.	Create a racial equity advisory board for the implementation and accountability phase of the work and establish a training committee for implementation strategies across the board.
2.	Safely collecting client data on race, ethnicity, and neighborhood.
3.	Develop and maintain multidisciplinary racial equity dashboards that allow for transparency across organizations and are visible to the public.
4.	Ensure a process to change practices when racial inequities are discovered.
5.	Address stigma related to mental health to reach more people who can take advantage of available resources.
6.	Develop strategies and cultural shifts that specifically seek to support African American men who represent the largest population of people who have serious mental illness and the highest need for support in Alameda County jail.
7.	Include impacted persons as a part of the design process to better inform support and service provision, implementation of programs.
8.	Conduct continuous monitoring of equity and services through focus groups and surveys.
II. Racial Equity Strategies for Data Collection Processes	
1.	Prioritize data collection on racial and cultural risk factors for behavioral health.
2.	Collect and analyze data to assess the need for and location of services while applying a racial equity lens.
3.	Ensure all data points include metrics on race, ethnicity, place/location.
4.	Ensure demographic information is included in datasets for each baseline data point - data reporting by race across the county's inventory of programs.
5.	Address a comparison of under/ over diagnoses across groups as it relates to race – explore assessment tools with a gender and racial equity component.
6.	Require data reporting by race as part of grant compliance for organizations providing services.
7.	Collect data on present cultural matches of providers and consumers.
8.	Consider adding a task to service contracts that requires providers to track performance measures on equity data.
9.	Use data to identify and prioritize BIPOC youth, TAY, and families for services.
10.	Examine critical policies such as 5150 data by race to understand potential impact on BIPOC people.
11.	Examine data relevant to each system such as prosecution in courts, resulting charges, service utilization in comparison to population by ethnicity and race.
III. Racial Equity Strategies for Service Provision	
1.	Prioritize hiring BIPOC and formerly incarcerated staff and practitioners with lived experience to provide all services within CBOs, government agencies, and departments (i.e.: jails) to ensure services are culturally responsive.
2.	Integrate a racially and culturally aligned peer-based support and staffing model that addresses stigma by hiring providers with lived experience and People of Color.

3. Implement a racial equity assessment *prior* to the start of any program to help establish baseline data measurements and metrics for improvement.
4. Ensure all youth and TAY services: 1) include peer to peer support and 2) are accessible to and inclusive of BIPOC youth and peers who are representative of the community served.
5. Identify best practices for using evidence-based methods and tools that are culturally relevant and eliminate harm especially for BIPOC youth.
6. Utilize tools that are relevant to BIPOC clients being served such as short-term rapid responses and treatments.
7. Utilize social media networks to reach and engage BIPOC populations and notify potential clients of available services.
8. Prioritize provision of trauma-informed services to BIPOC populations.
9. Prioritize providing adequate and beneficial services to communities of color such as ensuring the location of services and facilities meets the needs of and is close to the homes of communities served.
10. Require the support of a culturally competent advocate in all areas to support clients and their families recognizing the need for treatment and support.

IV. Racial Equity Strategies for System Reform

1. Strategize with federal, state, and local level government agencies to center equity in the examination of the economic resource allocation process to determine how people of color are prioritized in the system (i.e.: examining housing resources).
2. Address stigma and inequitable service provision by creating universal programs such as offering mental health screening for all.
3. Assess resources and tools to tailor services to meet the needs of disproportionately affected people more adequately, for instance, those within jails.
4. Expand eligibility criteria for programs (i.e.: AB109) to expand the reach of people who could benefit from available programs.
5. Advocate for programs that interrupt outcomes resulting in disproportionately negative outcomes for People of Color such as a violence prevention intervention or court intervention programs.

V. Racial Equity Strategies for Capacity Building and Professional Development

1. Utilize racial equity toolkits and other resources to assess what it means to implement racial equity in different settings such as CBOs, housing, and other agencies.
2. Provide dynamic training for providers who serve BIPOC adults, youth, children, and families to and people with lived experience to better identify needs related to education, healthcare, behavioral and mental health.
3. Suggested trainings include:
 - Trauma informed, anti-racism and implicit bias trainings,
 - Culturally and linguistically appropriate service (CLAS) and cultural competency trainings
 - Training professionals in working with people with lived experience and BIPOC populations,
 - Mental health training,
 - Self-awareness training for providers and consumers.
 - Cross-trainings should be implemented to avoid overreliance on specialized teams. Cross-trainings should support current and future employees in improving service provision for people with lived experiences and/or a history of incarceration.

4. County agencies, community-based organizations, and other service providers should work to:
 - Develop a diversified and sustainable workforce pipeline by investing in training, recruiting, hiring, promotion, and ongoing support for current employees who have lived experience and identify as BIPOC.
 - Commit to the expansion of a skilled, professional, and supported workforce of people with lived experience.
 - Identify resources and funding to develop the current workforce.

JIMHT Recommendations Roadmap

The culminating work of JIMHT was the creation of the **Recommendations Roadmap to Implementation**. This road map is a presentation of all 24 prioritized recommendations in order by intercept and with an indication of Tier 1 or Tier 2 priorities.

JIMHT Recommendations Roadmap to Implementation

