OCTOBER 2020

RECOMMENDATIONS FOR JAIL DIVERSION STRATEGIES AND COMMUNITY SERVICES

PHASE I: FINAL REPORT

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

JIMHI Justice Involved Mental Health Taskforce

Acknowledgments

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Acknowledgments

This report was prepared by Jeweld Legacy Group (JLG). The concept, curation, and all the rapid examination convenings are the culmination of work developed through the Alameda County Justice Involved Mental Health Taskforce (JIMHT). JLG provides meeting support, coordination, and leadership for the JIMHT Steering Committee, Workgroups and Taskforce. Our work is made possible through a partnership with the Alameda County Health Care Services Agency and the Behavioral Health Department.

Over the past several years, JLG has been at the center of addressing mental illness, addiction, homelessness, and public safety by helping advocates, government agencies, and nonprofit organizations to identify common interests, create a shared vision, and identify supportive strategies to advance common goals. JLG provides facilitation, training, technical assistance, and capacity building to government agencies and nonprofit organizations specializing in criminal justice, public and behavioral health, and policy development. JLG's consultants, and project managers structure client engagements to strengthen community relationships and deepen the impact of key organizations and public institutions serving urban and/or marginalized communities.

We would like to thank each of our speakers, panelists, facilitators, note-takers, and the attendees who participated to make this phase of the work and report possible. Based on all accounts this was a "rapid" process and you rose to the occasion. Many of you responded to last minute text, emails, and telephone calls to ensure that we could respond swiftly with an initial set of recommendations. The completion of this phase is largely because of your knowledge, personal and professional experience, and willingness to prioritize this critical work. We are grateful to each of you. Lastly, I want to thank the JLG team (Summer Jackson, Dr. Katie Kramer, and Michelle D. Williams). Thank you for your brilliance, flexibility, willingness to pivot as necessary, and your belief in our core values of advancing equity, honoring the process, and sustaining meaningful relationships.

With gratitude,

Carol F. Burton

Carol F. Burton, CEO
Jeweld Legacy Group (JLG)

List of Participating Organizations

- Alameda County Behavioral Health - Adult Forensic Behavioral Health
- African American Family Support Group/NAMI East Bay
- Alameda Council of Community Mental Health Agencies
- Alameda County Behavioral Health – Transition Age Youth Division
- Alameda County Behavioral Health
- Alameda County District Attorney's Office
- Alameda County Emergency Medical Services Agency
- Alameda County Behavioral Health - Pool of Consumer Champions
- Alameda County Law Library
- Alameda County Probation Department
- Alameda County Public Defender's Office
- Alameda Health Consortium
- Alameda Health System - Highland Hospital
- All of Us or None, a project of Legal Services for Prisoners with Children
- American Friends Service Committee
- Bay Area Community Services
- Berkeley Law
- Berkeley Mental Health Commission
- Black Men Speaks
- Bonita House, Inc.
- Alameda County Board of Supervisor, Keith Carson's Office
- Boss Mobility Network, LLC
- Building Opportunities for Self-Sufficiency (BOSS)
- Community Health Center Network
- Decarcerate Alameda County
- Disability Rights California
- Faith in Action East Bay
- Families Advocating for the Seriously Mentally Ill
- Felton Institute
- First Unitarian Church of Oakland
- Fremont Police Department
- Interfaith Coalition for Justice in our Jails
- Justice4KalyaMoore
- La Familia Counseling
- Alameda County Mental Health Advisory Board
- Mental Health Plus
- National Alliance on Mental Illness - Alameda County
- Oakland Police Department
- Options Recovery Services
- PEERS
- Restore Oakland
- Rockstar Organizer
- SF Taxpayers Steering Committee
- State of California Superior Court
- Showing Up for Racial Justice - Bay Area Chapter
- The Bridging Group
- The Hume Center
- The Just Us Network, Inc
- Telecare Corporation
- Tri Cities Community Development Center
- Urban Peace Movement
- Vertical Plane Consulting
- Voices of Mothers
- Well Being Trust
- West Oakland Health Council

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** Ad Hoc Members for Rapid Examination and Phase 1 Recommendations*

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
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

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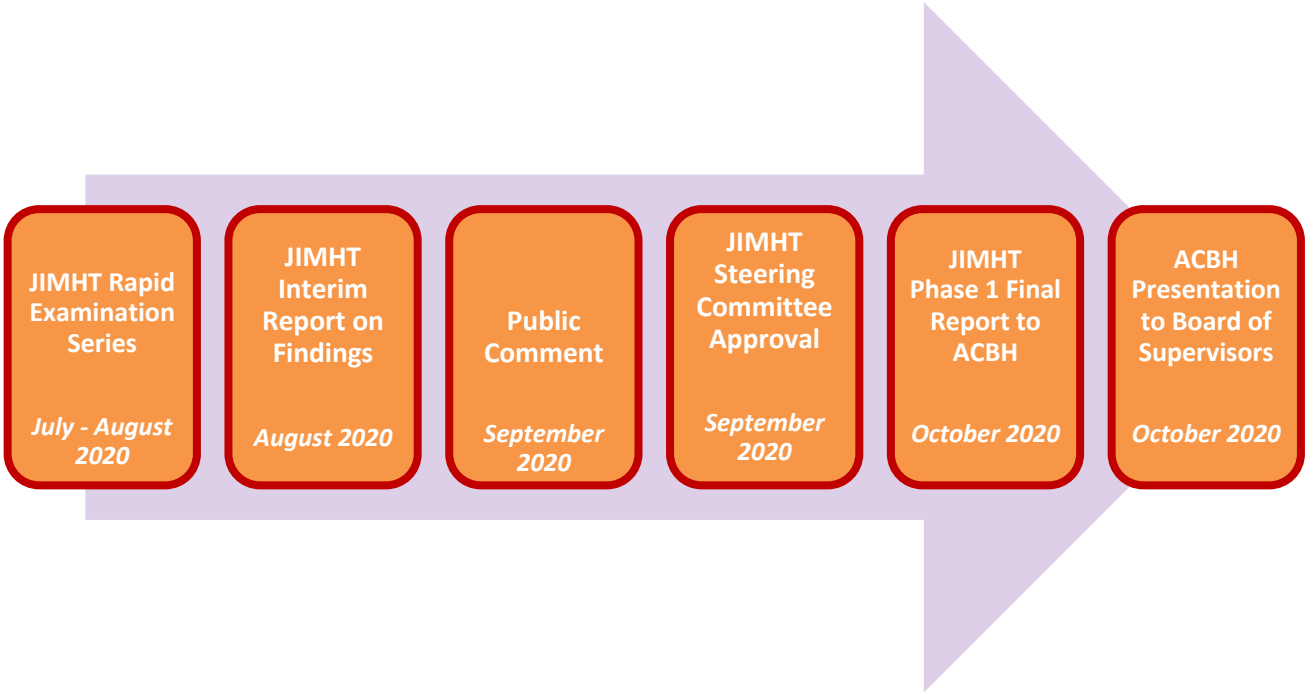
Executive Summary

JIMHT Rapid Examination & Recommendations Process

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 health disparities, including behavioral health disparities among the disproportional number of incarcerated African American people and other 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.

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 attended by over 150 people that focused on the intersect between behavioral health services and criminal justice systems. Driven by guiding principles to 1) lead with an ***equity lens***, 2) ***honor experiences of people*** with greatest disparities, 3) ***respect all voices***, and 4) ensure ***goal-driven recommendations***, these meetings aimed to identify current jail diversion strategies and services as well as gaps in these areas to inform a set of recommendations. In addition to the rapid examination meetings, JLG conducted a listening session with the ACBH African American Family Support group, hosted a public comments period, and produced 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 with encouragement to move the recommendations forward to the Alameda County Board of Supervisors in October 2020.

JIMHT Rapid Examination and Recommendations Process



The JIMHT Rapid Examination Sessions were organized by a framework that 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 system, though intervening as early as possible within the framework allows for the largest cost savings and widest scope of impact.

JIMHT Rapid Examination Framework

A diverse array of people including individual community members, representatives from community advocacy groups, staff from government agencies and community-based service organizations, and other stakeholders demonstrated a strong commitment and passion toward this critical work. While swift in timeline, the process garnered high community interest and engagement with the involvement of representatives from over 60 organizations throughout the County.

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 **5 Foundational Principles and 17 Priority 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.

Foundational Principles

The plans and programs that are adopted must be data-driven

Set concrete goals to reduce the number of people with serious mental illness in Santa Rita Jail to zero

Focus attention and resources on negative and initial stages

Establish an independent, Brown-Acted taskforce to move the plan forward

The County should appropriate new dollars to begin to implement the plan in 2021

Priority Recommendations

The 17 Priority Recommendations presented below were all determined to be ***high impact*** in the short term (less than 24 months) or the long term (more than 24 months) and include a sample of potential strategies. Each of the 17 Priority Recommendations is presented in more detail, including with a more extensive list of potential implementation strategies in the Set of Full Recommendations presented in this report (listed chronologically by number)

These 17 Recommendations are considered to be ***key priorities areas to kickstart*** the work toward implementing the full set of 72 recommendations. These Priority Recommendations also place ***on the earlier stages*** of the Rapid Examination Framework to have the highest cost savings and broadest impact on preventing people with mental illness or substance use disorders from entering or reentering jail.

17 High Impact Priority Recommendations		
Rec #	**Recommendation**	***Long Term vs. Short Term***
	Cross-Cutting	
#1	**Adopt a racial health equity lens** > Adopt culturally appropriate programs and strategies. > Implement an equity assessment prior to starting any program. > Support organizations that best serve African Americans. > Train County staff about implicit bias and how it impacts contracting and budgeting.	**Short term**
#2	**Lead with data to inform decision-making** > Improve data coordination among county health, social service, and justice agencies to provide support and follow-up. > Provide greater access to and transparency of data.	**Short term**
	Stage -2: Prevention	
#9	**Greatly expand housing first supportive living models** > Expand affordable, successful housing models designed for justice involved individuals with behavioral health needs. > Develop partnerships with and between landlords, County departments, providers, and communities, and neighborhoods. > Expand the eligibility criteria for permanent supportive housing services.	**Long term**
#18	**Create or expand conflict mediation/violence prevention programs** > Include restorative justice practices and de-escalation services.	**Short term**
	Stage -1: Early Intervention	
#19	**Strengthen and fund comprehensive community-based behavioral health services** > Make community-based behavioral health services more appealing and accessible to people with criminal records.	**Long Term**

	> Increase intensive community-based services to prevent unnecessary psychiatric institutionalization or jail. > Expand behavioral health services for youth. > Allow Medi-Cal funding for Intensive Outpatient Programs (IOP) and Partial Hospitalization Program (PHP).	
#21	**Expand Intensive Case Management and Full-Service Partnerships** > Target specific populations justice involved transitional age youth and justice involved people with behavioral health needs. > Expand access and the total number of slots so that FSPs are available 24/7 and can serve as a real diversion from incarceration. > Add housing support to all forensic-based full-service partnerships (FSP).	**Short term**
#28	**Expand non-crisis mobile units** > Develop a system for mobile unit workers to respond to non-law enforcement calls. > Establish a 24/7 behavioral health consulting line. > Follow through with people who interact with this unit or call the consulting line to avoid involuntary crisis hospitalization. > Involve peers of the same race and gender identity.	**Short term**
Stage 0: Hospitals and Crisis Intervention		
#34	**Expand capacities at acute facilities** > Expand bed capacity. > Add trauma-informed services such as skills-building groups to engage people in staged-matched interventions. > Add more robust post-hospitalization care and discharge planning that connects people and their families to ongoing resources.	**Long term**
#36	**Ensure crisis interventions are linked to long term support** > Services and resources should include intensive medication management support, Community Conservatorship, assisted outpatient treatment, employment placement support, educational achievement support, and safe affordable housing.	**Long term**
#38	**Develop more diversion options available 24/7** > Expand volunteer, short-term residential treatment, and crisis stabilization units (CSUs), and crisis residential treatment (CRTs). > Expand Intensive Outpatient Programs (IOP). > Use empty buildings as sites.	**Short term**
Stage 1: Law Enforcement and Emergency Services		
#43	**Expand crisis mobile units** > Develop a coordination system among various mobile crisis units.	**Short term**

	> Consider staffing options that remove the clinical license requirement and train community members for positions. > Create an additional CATT access point through a 24/7 crisis mobile hotline that is accessible and separate from 911.	
#47	**Develop and expand pre-arrest & pre-booking diversion programs** > Use decentralized cross-functional teams to coordinate behavioral health assessments and connections to community-based systems of care for people whose justice system involvement is driven by unmet behavioral health needs.	**Long term**
#49	**Create a mechanism for families and others to safely report episodes** > Develop a system to direct people to community/city/county/ emergency services instead of law enforcement. > Integrate the capacity for family members or other people to report a missing person.	**Long term**
Stage 3: Jail		
#59	**Expand discharge/care coordination in jail** > Offer connections to community behavioral health providers prior to release that carries over post-release. > Coordinate medication management between jail behavioral health providers and community providers.	**Short term**
Stage 4: Reentry		
#62	**Increase reentry planning programs** > Include an assessment of health needs, family/loved ones, custodial responsibilities, employment, and reentry goals. > Add services to obtain California ID, Social Security card, birth certificate, employment, housing, government benefits, etc., and inform people how to receive fee waivers. > Coordinate releases for people exiting directly to a program by expanding CBO intake hours and developing a mechanism to routinely communicate release dates to community providers.	**Short term**
#65	**Explore incentives for community treatment providers to accept people directly from jail**	**Long term**
#66	**Expand Multi-disciplinary Reentry Teams (MRTs)** > Provide comprehensive services including behavioral health treatment, case management, housing and employment support, and linkages to services, life skills, and educational support.	**Short term**

Introduction and Background

Alameda County is home to 1.5 million people and the third largest jail in the State of California. Alameda County's Santa Rita Jail, located in Dublin, CA, is known as a mega-jail that can house up to 3,489 people making it the fifth largest jail in the country[1].

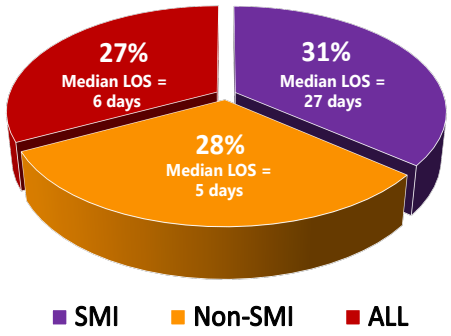
According to a report released by the Bureau of Justice Statistics, people entering jail have higher rates of mental illness. Nationally, one in four people incarcerated in jail, reported experiences that met the threshold for serious psychological distress (SPD) in the 30 days prior to their jail entry, and 44 % of these people have been told in the past by a mental health professional that they had a mental disorder.[2] People with serious mental illness are booked into a correctional facility 2 million times each year and almost 75% of these individuals also have an alcohol and/or drug problem. Furthermore, once a person with a serious mental illness is incarcerated, they tend to stay longer and when released, they are more likely to return to custody than are formerly incarcerated people without these illnesses. [3]

In Alameda County, our numbers tell a similar story. Between November 2017 and November 2018, there were 26,943 unique individuals incarcerated at Santa Rita Jail. Of these individuals, 13,127, or 48.72%, had ever been served by at least one service episode within the Alameda County Behavioral Health (ACBH) system.[4] More recent data demonstrates that between September 2018 and August 2019, the number of unique people incarcerated at Santa Rita Jail was 20,103 and 2,517 of these people were known to have a serious mental illness or were known as SMI clients. The median length of stay (LOS) at Santa Rita Jail was more than 5x times greater or 27 days for people with SMI compared to the length of stay for people without these illnesses who had a median length of stay of 5 days in jail during that same time period. Figure 1 demonstrates the distribution of the

Figure 1: Serious Mental Illness (SMI) and Length of Stay at SRJ

SMI vs. Non-SMI Population and Average Length of Stay (LOS) at Santa Rita Jail

September 2018 – August 2019



[1] Board of State and Community Corrections. "Rated Capacities of Type II, III, & IV Local Adult Detention Facilities (Dec 2006 – Dec 2019; last update 1/9/20)". Board of State and Community Corrections. Archived from the original on 2019-11-15. Alt URL

[2] Bronson, Jennifer, Ph.D. and Berzofsky, Dr. P.H., (June 2017) Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12

[3] Torrey, E. Fuller, et al., More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States (Virginia: Treatment Advocacy Center and National Sheriff's Association, 2010)

[4] Alameda County Behavioral Health Data 2019

Santa Rita Jail population by serious mental illness and the difference in length of stay at the jail for each of these groups.

In general, jails spend two to three times more money on adults with mental illness that require intervention than on those without the same needs, with little or no improvement to public safety or individuals' health. [5]Counties across the country are often confronted with obstacles, including minimal resources and lack of coordination between agencies and without change, large numbers of people with mental illnesses will continue to cycle through the criminal justice system, often resulting in tragic outcomes for individuals and their families.

Stepping Up Initiative

In an effort to address this major problem, in December of 2015, the Alameda County Board of Supervisors adopted a resolution to sign the Stepping Up Initiative. The Stepping Up Initiative outlines the *Six Questions Framework* detailing the steps a county should follow to address the prevalence of people who have mental illnesses in their jails.

- *Is our leadership committed?*
- *Do we conduct timely screening and assessments?*
- *Do we have baseline data?*
- *Have we conducted a comprehensive process analysis and inventory of services?*
- *Have we prioritized policy, practice, and funding improvements?*
- *Do we track progress?*

The Stepping Up Initiative asks counties to monitor progress by collecting data on the number of people who have mental illnesses who are booked into jail, their average length of stay, the percentage of people who have mental illnesses who are connected to treatment and services, and their recidivism rates. To fully achieve these goals, Alameda County would need data and a body of key stakeholders to lead the charge.

In early 2017, a group of Alameda County public safety and behavioral health partners attended a Stepping Up Conference in Sacramento and from there, a working body was conceived to move forward the lessons learned from the conference in the County. Later that year, a representative team comprised of 65 key leaders from the Alameda County criminal justice and behavioral health systems, people with lived experience, community advocates, and representatives from other county and city systems, assembled to identify community services and help plan for additional resources for people with mental illness and substance use disorders who are involved in the criminal justice system. This work was facilitated by staff from the Policy Research Institute who utilized the widely distributed Sequential Intercept Model

[5] Swanson, Jeffery, et al., Costs of Criminal Justice Involvement in Connecticut: Final Report (Durham: Duke University School of Medicine, 2011).

developed by Munetz and Griffin (2006) to examine the interface of people with behavioral health needs and the criminal justice at each phase of intersection beginning with Intercept 0 (hospitals and crisis response) and ending with Intercept 5 (community corrections after incarceration).

The Alameda County Sequential Intercept Mapping (SIM) Workshop and Summit was held on September 14-15, 2017 gathering over 100 diverse stakeholders from local government, community-based organizations, and medical/behavioral health providers to 1) develop a comprehensive picture of how people with mental health (MH) or substance use disorder (SUD) conditions flow through the criminal justice system within Alameda County; 2) identify gaps, resources, and opportunities for individuals in this population; and 3) develop and prioritize strategies to improve system- and service-level responses for individuals in the target population. The SIM process identified unmet needs for this reentry population including mental health services, substance use disorder recovery services, and housing resources.[6]

Creation of Justice Involved Mental Health Taskforce (JIMHT)

One significant recommendation resulting from the SIM process was the creation of a county-wide criminal justice and behavioral health taskforce that would include representation from all areas of the criminal justice system (sheriff, probation, courts, district attorney, public defender, and law enforcement), Alameda County Behavioral Health (ACBH), other Healthcare Services Agency (HCSA) divisions, social services, community service providers, consumers, and family members.

Thus, following the SIM process and as directed by the Alameda County Board of Supervisors, ACBH ***launched the Justice Involved Mental Health Taskforce (JIMHT) in spring 2018*** to reduce the prevalence of people with mental illness and co-occurring disorders in Alameda County jails. The JIMHT is a cross-disciplinary team that brings together decision-makers to:

- *Examine how to make the systemic changes needed to improve services for justice involved people with mental illness;*
- *Develop recommendations for policymakers to improve system-wide responses to these persons; and*
- *Create an action plan to implement the recommendations of the JIMHT.*

The JIMHT produced a progress to date Summary Report in the fall of 2019 highlighting activities and progress toward addressing its goals. For access to the full report and more about the JIMHT, please refer to www.acjusticeinvolvedmh.com.

[6]Case, B. and Parker, T. (2017). *Sequential Intercept Model Mapping Report for Alameda County, CA.* Policy Research Associates, Inc.

Request for Recommendations

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 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 Director in turn requested the assistance of the Justice Involved Mental Health Taskforce (JIMHT) in developing a set of recommendations that could be considered to help meet this goal.

This report summarizes JIMHT's work to complete a rapid assessment of the current state of jail diversion strategies and services and the subsequent findings, foundational principles, and cumulative and prioritized recommendations to reduce the number of people with mental illness and substance use disorders from entering jail by prioritizing prevention, early intervention, community behavioral services, and reentry services throughout Alameda County.

Making the Case to Advance Equity

There are glaring racial health disparities among people with mental illness and substance use disorders who are involved in the criminal justice system. To address this critical point, JIMHT created a Data Workgroup to examine health equity through local data provided by Alameda County Behavioral Health. Alameda County Care Connect reports that criminal justice mental health continues to be the number one provider of mental health services for African American men in the County. The JIMHT Data Workgroup requested data to examine these racial health disparities by reviewing the number of ACBH mental health clients who are detained at Santa Rita Jail. Data received from ACBH indicated that of the ACBH Mental Health client population with a serious mental illness who were detained in county jail from August 2019 to August 2020, 50% were African American. The full ethnic distribution for this population is presented in Table 1.

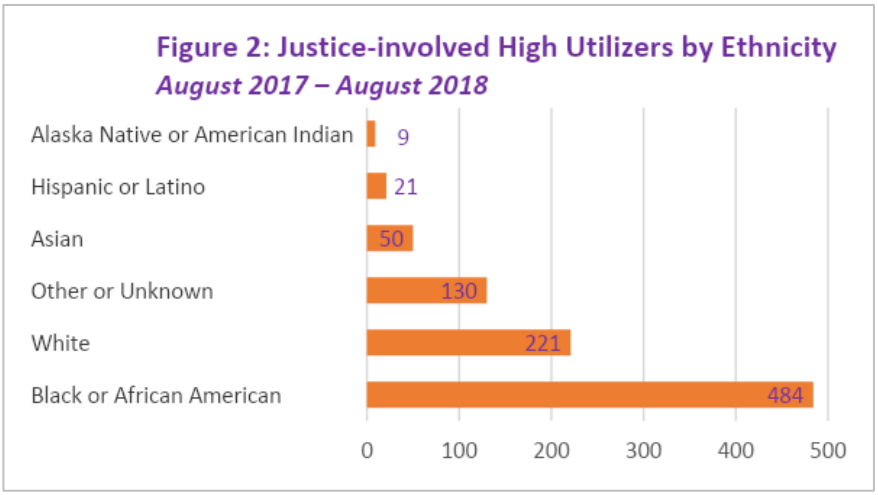
Table 1: ACBH Mental Health Clients Detained in Jail
(August 2019 – August 2020)

Ethnic Group	Unique SMI Client Jail County	%
Alaska Native or American Indian	20	1%
Asian	163	7%
Black or African American	**1231**	**52%**
Hispanic or Latino	213	9%
Other	149	6%
Pacific Islander	12	1%
Unknown	20	1%
White or Caucasian	573	24%
TOTAL	**2381**	**100%**

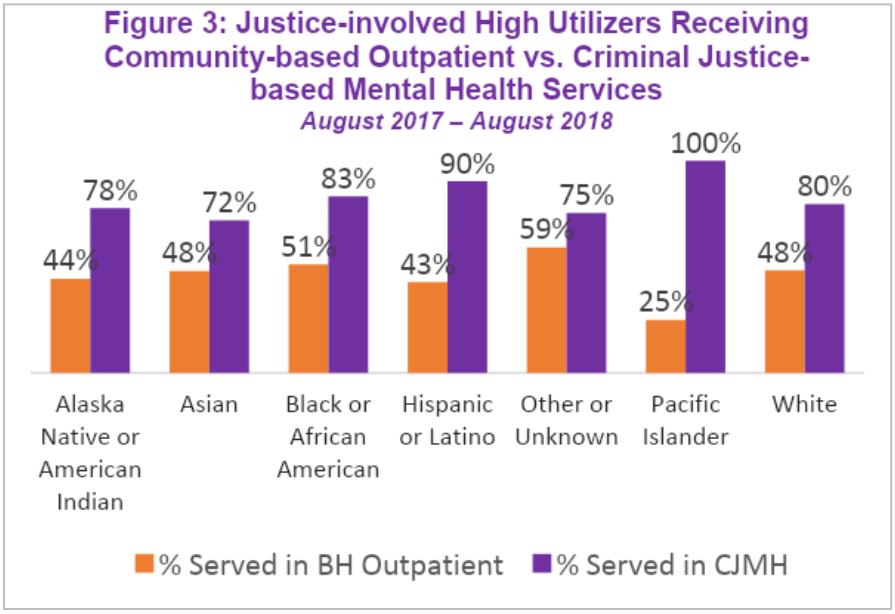
The JIMHT Data Workgroup further examined ethnic disparities related to justice-involved "high utilizers" of the County mental health system. For the purposes of this work, JIMHT defined a person as a justice involved high utilizer if they had a high level of involvement in the mental health system and criminal justice system involvement over the previous 12 month period as identified by having:

- *Been incarcerated at Santa Rita Jail; AND*
- *Two or more Crisis Stabilization Unit episodes i.e. John George; AND/OR*
- *Two or more Cherry Hill episodes; AND/OR*
- *One or more inpatient episodes; OR*
- *Are in conservatorship.*

Using this justice involved high utilizer definition, data from ACBH for August 2017 to August 2018, demonstrated that African Americans comprised 53% of this population with another 14% of people identified as having an unknown ethnic distinction, many of whom could likely be people of color. Figure 2 provides the full ethnic distribution of people who are justice-involved high utilizers of mental health services from August 2017 to August 2018.



Further, as stated in a recent ACBH funding proposal to address disparities for African American males at Santa Rita, among all adults in the County with Serious Mental Illness (SMI), African American men experience the highest hospitalization rates related to mental health (MH) and substance use (SUD) issues and are more likely to receive behavioral health care services in the most restrictive treatment settings (i.e. jail, involuntary psychiatric in-patient programs, sobering and detox facility). Figure 3 provides data demonstrating this experience for people who are justice-involved high utilizers of mental health services across all ethnic groups. The chart presents a side by side comparison of the percent of people in each ethnic group that have known involvement in the County mental health services system who received outpatient mental health services in the community versus the percentage of people in each ethnic group who only received their mental health services while they were in jail.

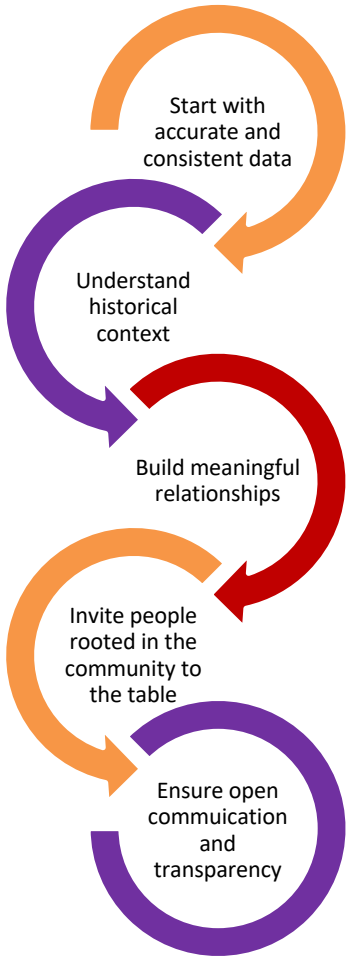


JIMHT's Commitment to Racial Equity

Given the racial health inequalities in Alameda County, equity was implemented as a lead guiding principle throughout the entire JIMHT rapid examination process and in the development of the final set of recommendations.

In Alameda County, we have a clear opportunity to close the gaps by advancing racial and health equity at each Intercept/Stage. To address the disparities for Black/African Americans and other ethnic groups, we must start with accurate and consistent data. Secondly, we must understand the historical context for each population and review past engagement efforts. These two steps will help in building meaningful relationships with communities experiencing the greatest disparities. Invite people with lived experience and others closely connected and rooted in affected communities to the table early to assist with qualitative and ethnographic data and to inform potential strategies for consideration. Lastly, open communication and transparency with all parties regarding progress and challenges is key for advancing health and equity and sustaining meaningful engagement with people experiencing the greatest disparities. Figure 4 presents Jeweld Legacy Group's core elements for advancing racial and health equity.

Figure 4: Advancing Racial and Health Equity



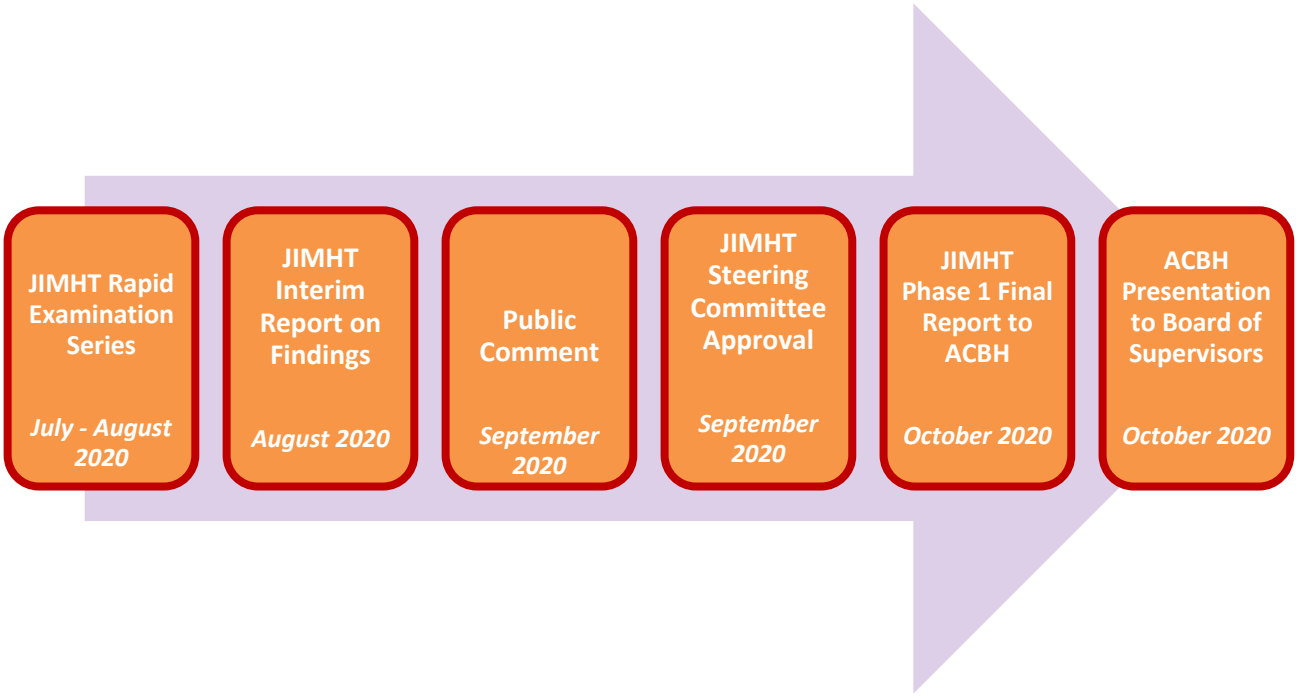
Rapid Examination Process

Overarching Goal

As set forth by the Alameda County Board of Supervisors, and as requested by Alameda County Behavioral Health, the goal of the JIMHT rapid examination process and subsequent identification of recommendations is to inform the development of a plan that will reduce and divert the number of people with mental illness, substance use disorders, and co-occurring disorders from Alameda County Jail.

In response, JIMTF worked in collaboration with ACBH in July – September 2020, to engage in a vigorous community engagement process by facilitating a series of rapid examination meetings focused on the intersect between behavioral health services and criminal justice systems. The aim was to identify current jail diversion strategies and services and gaps in these areas throughout the County. In addition to the rapid examination meetings, JLG conducted a listening session with the NAMI East Bay African American Family Support group, hosted a public comments period, and produced a set of culminating and 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 5 presents JIMHT's process throughout this effort.

Figure 5: JIMHT Rapid Examination and Recommendations Process



Rapid Examination Sessions

The JIMHT Rapid Examination Series was launched on July 22, 2020, during the JIMH Task Force meeting. During this meeting, community members received an overview of the project goal, process, and guiding principles and were invited to join and invite other community stakeholders to participate in the rapid examination discussions. Over the next four weeks, Jeweld Legacy Group curated and facilitated six Rapid Examination meetings to:

- *To gather experiences from individuals and families with lived experience and from service providers and government agency representatives;*
- *Illuminate decisions, practices, and policies that affect individuals at each stage;*
- *Identify gaps and opportunities; and*
- *Document recommendations that speak to current gaps at each stage.*

Guiding principles were developed and presented at the beginning of each session that were used to hold an open and respectful space within each session. Table 2 provides a sample rapid examination session agenda along with the guiding principles.

Table 2: Sample Rapid Examination Session Agenda and Guiding Principles

Sample Session Agenda	Guiding Principles
Welcome and Guiding Principles	Lead with an equity lens
JIMHT Overview & Rapid Examination Process	Honor the experiences of people with the greatest disparities
Voices from the Community Plenary Panel > Individuals & family members with lived experience > Governmental agency staff > Representatives from community-based organizations	Respect the voice of everyone
Breakout Sessions to Engage Public Discussion on: > What else is missing? > What policy or program recommendations would you add? *That would keep people with mental illness and substance use disorders out of jail*	Ensure all recommendations are driven by the goal of reducing the number of people with behavioral health needs from going or returning to jail.

JIMHT Rapid Examination Framework

The initial design for the rapid examination process was to utilize the original SIM framework used in 2017 to guide the conversation. Based on public input to make the framework more public language friendly, it was determined to change the term “intercept” to “stage.” Public input also clearly articulated a request to add two additional stages to frame this examination and the forthcoming recommendations through a more “upstream” lens. Thus, two additional stages were added to the JIMHT Rapid Examination Framework: Stage -2 focusing on Prevention and Stage -1 focusing on Early Intervention.

The JIMHT Rapid Examination 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. Figure 6 presents the final framework utilized for the rapid examination process.

Figure 6: JIMHT Rapid Examination Framework

Participation in Rapid Examination Meetings

JLG worked diligently and quickly to ensure that the plenary panels in each of the rapid examination sessions presented dynamic speakers representing the diversity and complexity of the intersect between behavioral health and criminal justice system involvement. Each of the rapid examination sessions were well attended with the 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 3 provides dates, session topics, invited plenary presenters, and participation rates for each of the rapid examination sessions.

Table 3: Rapid Examination Sessions

Date	Meeting Topic	Invited Presenters	# of Participants
July 22	**JIMH Taskforce Meeting and Rapid Examination Launch**	• **Tommy Boykins,** 2nd Chance SUD Services • **Amy Walker**, Alameda County Behavioral Health • **Damon Shuja Johnson**, Pool of Consumer Champions	98
July 27	**Stage 0: Hospitals and Crisis Intervention**	• **Donnie West**, personally impacted • **Michelle Moncrief**, Mother • **Alison Monroe**, Mother • **Stephanie Lewis**, Alameda County Behavioral Health • **Dr. Charlotte Wills**, Highland Emergency Department	65
July 30,	**Stage 1: Law Enforcement and Emergency Services**	• **Alma Blackwell,** Mother/Caregiver • **Maria Moore**, Family Member and Berkeley Mental Health Commission • **Lee Davis**, Personally Impacted and Chair of AC Mental Health Advisory Board • **Jamie Almanza,** Bay Area Community Services • **Sgt. Doria Neff**, Oakland Police Department • **Sgt. Paul McCormick**, Fremont Police Department MET	100
August 3	**Stage 2: Initial Detention and Court** **Stage 3: Jail**	• **Adam Mayberry**, Personally Impacted • **Yvonne Jones**, Adult Forensic Behavioral Health • **Gavin O'Neill**, Collaborative Court • **LD Louis**, Alameda County District Attorney	75
August 11	**Stage 4: Reentry** **Stage 5: Community Corrections**	• **Numbyia Aziz & LeOndre**, Family Personally Impacted • **Marcus Dawal**, Alameda County Probation Department • **Curtis Penn**, Felton Institute	83
August 12	**Stage -2: Prevention**	• **Addie Kitchen**, Grandmother	67

	Stage -1: Early Intervention	• **Lorna Jones**, Berkeley Wellness Center • **Pastor Horacio Jones**, Tri Cities Community Development Center • **Tracy Hazelton,** Alameda County Behavioral Health, MHSA	
August 25	**African American Family Support Group Listening Session**		11

Addition of Ad-Hoc Members to JIMHT Steering Committee

During the process of the rapid examination sessions, JIMH Taskforce members requested to add additional community representation to the JIMT Steering Committee. The Steering Committee voted to establish six short-term Ad-Hoc Steering committee positions for the duration of the Rapid Examination Process. These six new positions were to include two representatives from community-based advocacy groups, two staff members from community-based service providers, and two individuals who have been personally impacted. The following members expressed interest in serving and were subsequently appointed to serve as Ad-Hoc members on the JIMH Task Force Steering committee. Table 4 presents details on these additional JIMHT Steering Committee Ad-Hoc members.

Table 4: Ad-Hoc Members - Appointed Sept. 2020

Name	Position	Organization
Damon Johnson	Executive Director	Black Men Speaks
Dieudonné Brou	Justice Initiatives Program Associate	Urban Peace Movement
Dr. Teisha Turner	Behavioral Health Director	West Oakland Health Center
Matthew Madaus	Executive Director	Alameda Council of Community Mental Health Agencies
Robert Britton	Representative	Faith in Action
Tash Nguyen	Representative	Decarcerate Alameda County

Public Comment

After the completion of the rapid examination sessions, JIMHT produced an interim report, *Rapid Examination of Jail Diversion Strategies and Services: Summary of Findings and Recommendations* (August 2020). This report presented a summary of findings and a culmination of 72 recommendations collected throughout the process. The findings and recommendations were organized by the Rapid Examination Framework stages and went through an editorial review with eight individuals participating on a JIMHT Ad Hoc Editorial Committee to ensure that the recommendations were clearly written and organized correctly.

Once the interim report was published and presented at the September 9th JIMH Task Force meeting, JLG developed a process to elicit open public comment on the findings and input on prioritization of the 72 recommendations. The public comment process was facilitated via an online survey and was open from September 9 – 14, 2020. The public comment process produced input from 162 respondents representing a wide range of people including individual community members, service providers, government agency staff, representatives from advocacy groups, and other interested stakeholders.

Results from the open public comment illuminated eight dominate themes including:

- *Prioritize services and policies during the early stages (with a focus on prevention & early intervention) and on reentry;*
- *Utilize a Care First, Jail Last framework;*
- *Systematic racism must be addressed;*
- *Zeroing out people with behavioral health needs from county jail should be the overall goal;*
- *Money for new services must be new money and not be diverted from existing community-based services;*
- *The final plan must be data-driven and include measurable goals;*
- *Directly impacted people must be leaders/decision-makers in this process and be valued and compensated;*
- *The Board of Supervisors must prioritize funding and act this year.*

In addition to the information generated from the online survey, JIMHT received multiple formal proposals from many community advocacy stakeholder groups to further inform the public comment process. Proposals were received from:

- *Alameda Council of Community Mental Health Agencies*
- *Alameda County Family Members Advocating for the Seriously Mentally Ill (FASMI)*
- *Alameda Health Consortium/Community Health Center Network*
- *Decarcerate Alameda County (DAC)*
  East Bay Supportive Housing Collaborative
- *Faith in Action East Bay*
- *NAMI – Alameda County South*

Further input on the ranking of all 72 recommendations helped to identify 17 prioritized recommendations. Results from the public comment were shared with ACBH and the JIMHT Steering Committee to help inform their decision making on which of the 72 recommendations to prioritize and which recommendations to move forward in the final Recommendations Report to ACBH. All materials collected throughout the Rapid Examination process including session notes, agendas, presentations, and formal proposals from community groups can be found on the JIMHT website at www.acjusticeinvolvedmh.com.

JIMHT Steering Committee Recommendation Decision Making Process

Materials from the rapid examination process including the Interim report summarizing findings and the 72 cumulative recommendations, results from the public comment period, and the proposals from community advocacy stakeholder groups were provided to the JIMH Task Force Steering committee on September 17, 2020. Steering committee members were invited to review the findings, and further refine the list of recommendations to identify what they considered to be the top three priorities in each stage represented in the Rapid Examination Framework that presented the opportunity for the highest impact. Steering Committee members were also asked to determine if each recommendation that they prioritized would make a short-term impact (less than 24 months) or long term impact (more than 24 months).

The Steering Committee reconvened on September 25th to discuss and vote on a final list of recommendations to move forward to ACBH. After discussion, the JIMH Task Force Steering Committee approved three areas of recommendations to move forward:

5 **Foundational Principles**	**17 Prioritized Recommendations**	**72 Comprehensive Recommendations**
• Guides implementation phase of the recommendations • Presented by the Ad-Hoc JIMH Taskforce Steering Committee members • Endorsed by the full JIMH Taskforce Steering Committee	• Prioritized recommendations Across 7 of the 9 Stages of the Rapid Examination Framework • Serves as a starting point for this critical work	• Cumulative set of recommendations across all Stages of the Rapid • Serves as a comprehensive roadmap toward transformative systems change.

Foundational Principles

The following Foundational Principles represent important guiding standards to kickstart the implementation of the critical work needed to fully realize the Priority Recommendations and the Comprehensive Set of Recommendations endorsed by the JIMHT Steering Committee.

The plans and programs that are adopted must be data-driven

The County should deliver and utilize emerging data and research from all criminal justice and behavioral health agencies to assess existing program needs and gaps. Making informed recommendations to expand diversion and community treatment opportunities for justice involved individuals requires publicly accessible quantitative and qualitative data.

Set concrete goals to reduce the number of people with serious mental illness in Santa Rita Jail to zero

It is incumbent on JIMHT to set a measurable goal for reducing the number of people with serious mental illness in Santa Rita Jail, and we believe that goal should be zeroing out the number with serious and persistent disorders like schizophrenia. We further urge that the final plan will include a multi-year timeline with numerical targets and commitments and regular updates that the public can monitor.

Focus attention and resources on negative and initial stages

Service investments that focus on negative and initial intercepts will return significant county savings. JIMHT should recommend investing in community-based behavioral health with a focus on prevention, including housing, trauma prevention, supportive family services, early assessment, and pre-crisis interventions.

Establish an independent, Brown-Acted taskforce to move the plan

We urge the creation of an independent taskforce or the conversion of the current JIMH Taskforce, representing all stakeholders, to develop and make further recommendations to re-imagine behavioral healthcare in our County. The Board of Supervisors should mandate data sharing, outcome transparency, and ongoing system improvement recommendations from this task force, the county departments, and providers. LA County's ambitious, new "Care First, Jail Last" offers a helpful model that we can learn from and follow.

The County should appropriate new dollars to begin to implement the

Our county must begin finding and leveraging streams of financial resources that can support scaling and immediately implement the recommendations of the JIMH Taskforce and Alameda County Behavioral Health. The initial investment must include new funding for the Health Care Services Agency (HCSA), not simply a diversion of existing HCSA funding.

Priority Recommendations

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, identified 17 Priority Recommendations to present to ACBH as a starter point. The 17 Priority Recommendations presented below were all determined to be ***high impact*** in the short term (less than 24 months) or the long term (more than 24 months). These 17 Priority Recommendations also place ***focus on the earlier stages*** of the Rapid Examination Framework in order to have the highest and broadest impact cost savings and on preventing individuals with mental illness or substance use disorders from entering the criminal justice system.

Table 5 presents each of these 17 Priority Recommendations by stage and identifies them as long- or short-term impact. Each of the 17 Priority Recommendations is presented in more detail including potential implementation strategies in the Full Set of Recommendations (listed chronologically by number).

Table 5: High Impact Priority Recommendations

Rec #	Recommendation	*Long Term vs. Short Term*
Cross-Cutting		
#1	Adopt a racial health equity lens	Short term
#2	Lead with data to inform decision-making	Short term
Stage -2: Prevention		
#9	Greatly expand housing first supportive living models	Long term
#18	Create or expand conflict mediation/violence prevention programs	Short term
Stage -1: Early Intervention		
#19	Strengthen and fund comprehensive community-based behavioral health services	Long Term
#21	Expand Intensive Case Management and Full-Service Partnerships	Short term
#28	Expand non-crisis mobile units	Short term
Stage 0: Hospitals and Crisis Intervention		
#34	Expand capacities at acute facilities	Long term
#36	Ensure crisis interventions are linked to long term support	Long term
#38	Develop more diversion options available 24/7	Short term
Stage 1: Law Enforcement and Emergency Services		
#43	Expand crisis mobile units	Short term
#47	Develop and expand pre-arrest & pre-booking diversion programs	Long term
#49	Create mechanism for families and others to safely report episodes	Long term
Stage 3: Jail		
#59	Expand discharge/care coordination in jail	Short term
Stage 4: Reentry		

#62	Increase reentry planning programs	Short term
#65	Explore incentives for community treatment providers to accept people directly from jail	Long term
#66	Expand Multi-disciplinary Reentry Teams (MRTs)	Short term

Full Set of Recommendations

Utilizing the Rapid Examination Framework, 72 recommendations were identified throughout the examination sessions to address the goal of keeping people in Alameda County with mental illness, substance use disorders, and co-occurring disorders out of jail. This cumulative set of recommendations provides a comprehensive roadmap toward transformative change across all systems involved in the intersection between behavioral health services and criminal justice involvement.

Recommendations Framework

The full set of recommendations represent a continuum of intervention points and collectively aim to promote:

- *Expansion of community-wide prevention and mental wellness;*
- *Creation of a comprehensive decentralized system of community-based behavioral health treatment and care for all;*
- *Building and funding the capacity for a non-law enforcement response at the time of crisis for people with mental illness or substance use disorders;*
- *Decriminalization of mental illness and substance use;*
- *Expansion of innovative pre-arrest and pre-trial diversion solutions;*
- *Strengthening and coordination of prerelease, reentry, and recovery services.*

Table 6: Recommendation Categories by Stage

	*Cross-Cutting*
	*Stage -2: Prevention*
	*Stage -1: Early Intervention*
	*Stage 0: Hospitals and Crisis Intervention*
	*Stage 1: Law Enforcement and Emergency Services*
	*Stage 2: Initial Detention and Courts*
	*Stage 3: Jail*
	*Stage 4: Reentry*
	*Stage 5: Community Supervision*

The following is a presentation of each of the 72 cumulative recommendations. Each recommendation includes a high-level description followed by potential strategies toward achieving these recommendations. The recommendations are organized and presented by each of the Rapid Examination Framework stages as presented in Table 6.

Cross-Cutting Recommendations

Definition

Cross-cutting recommendations are defined as efforts and strategies that can be applied at multiple stages or across all stages and focus on infrastructural and systems-level impact.

Recommendations

1. **Recommendation:** Adopt a **racial health equity lens** to address disparities felt by African Americans with behavioral health needs and reduce the number of African American men who receive their behavioral health services only when they are in county jail.

Potential Strategies

> Adopt culturally appropriate programs and strategies.

> Implement an equity assessment prior to starting any program.

> Contract and support organizations that best serve African Americans.

> Train County staff about implicit bias and how it impacts contracting and budgeting.

2. **Recommendation:** Lead with **data** to inform decision making.

Potential Strategies

> Improve data coordination among county health, social service, and justice agencies to provide support and follow-up.

> Provide greater access to and transparency of data.

> Data points of interest as identified during the community engagement process:

- Total number of people with behavioral health needs in jail;
- Number of people at Santa Rita Jail who have not had a trial yet and of those, how many are seriously mentally ill (SMI) presented by race and gender;
- Percentage of people who are high users of behavioral health services and go to jail;
- Number of people with 5150s broken down by ethnicity;
- Number of people who are sent from jail on a 5150 to JGPH and were turned away presented by race and gender;
- Number of people who accessed alternative courts and programs 2017-2019 by;
  - Referrals to alternative courts vs. number of people accepted, presented by race, gender, age, and charges.
  - Alternative court participant data by demographics on race, gender, age, zip code, charges faced, and outcomes.
  - Number of people interviewed by the program coordinators presented by race and gender.

- Number of people denied access to alternative courts by the District Attorney's office presented by race and gender.
- How many times programs are offered at the time of charging, preliminary hearings, and after preliminary hearings.
- Rates of graduation from treatment courts.

3. Recommendation: Address County **contracting problems**.

Potential Strategies

> ACBH should consider whether they continue to provide direct services vs. operating a mental health and SUD plan.

> Create contract language for CBOs that supports effective models designed to serve people 24/7, with appropriate specialization, intensity, staffing, language/culture, quality, and staff with lived experience.

> Institute payment reform to prioritize performance-based contracts (instead of fee-for-service) with flexible service delivery rules to ensure providers can deliver treatment and support all participants' needs concurrently.

> Implement a robust quality assurance program that monitors and supports the success of community-based organizations in delivering contract goals and outcomes.

> Conduct a comprehensive assessment of existing contracting practices to ensure transparency in understanding participatory hurdles and identify innovative solutions to make a positive impact.

> Conduct an audit of current spending and investments to identify impacted geographic communities.

> Create a process for using an equity lens regarding contracts, budgets, and other resources particularly with regard to racial and geographic disparities.

4. Recommendation: Provide more **organizational support and funding for providers** who are struggling with how to assist and advocate for program participants while coping with systemic challenges and organizational sustainability.

Potential Strategies

> Dedicate funding to long-term, sustainable infrastructure and professional development support for community-based systems of care beyond service delivery and connect contractors to new and existing capacity-building resources.

- Expand community-based care by finding and supporting smaller organizations and helping them access funds, especially for organizations located in the most impacted communities.
- Support training for organizations to become certified to bill MediCal Administrative Activities (MAA) and receive County and State funds.

5. Recommendation: Provide **trauma and other relevant training** for key personnel within governmental agencies and community-based service providers involved in every stage.

Potential Strategies

- Require mental health providers to train in substance use disorder care.
- Train social and health care workers to address the continuum of needs and create culturally sensitive care.
- Partner with justice-impacted people and families to create training materials.
- Train housing providers in LGBQ+/TGI needs.

6. Recommendation: Diversify workforce across all stages.

Potential Strategies

- Develop social and healthcare workers who can provide integrated mental health and substance use care as well as members of or those with experience working with impacted communities.
- Expand the workforce to include justice involved people and their family members by partnering with high schools, community colleges, and 4-year universities.
- Increase community health workers, peer counselors, and peer navigators across all stages, with lived experience and provide training and opportunities for advancement.
- Reach out to educational institutions to find forensic mental health professionals.
- Train and employ system-impacted individuals as technologists for data collection and analysis.

7. Recommendation: Focus on key **transitional points** for people as they enter in and out of treatment or jail to ensure that they "do not exit to nothing."

Potential Strategies

- Focus on developing programs at key transition points including community treatment to home, hospital to residential treatment, residential treatment to home, jail to home.

8. Recommendation: Convert the **North County jail building into a community behavioral health service center** to provide a range of community behavioral health services and other social service supports.

Stage -2: Prevention

Definition

Stage -2: Prevention is defined as efforts to reduce the incidence, prevalence, or reoccurrence of behavioral health disorders and promote mental wellness throughout the community.

Recommendations

9. Recommendation: Greatly expand and implement **Housing First supportive living models** and affordable family-based housing options**.**

Potential Strategies

> Expand or refine affordable successful housing models designed for and tailored to justice involved individuals with mental health and/or substance use disorder needs, specifically:

- Interim housing inclusive of clubhouse living with supportive employment, recovery bridge housing, sober living, emergency shelters or navigation centers, and educational services;
- Permanent subsidized housing developments inclusive of independent living and licensed Board and Care facilities, and be supported with housing locator services and individualized support services that range from none to intensive;
- Rapid re-housing services to provide short-term rental assistance and services including housing identification, rent and move-in assistance, and case management support.

> Develop partnerships with and between landlords, County departments, providers, and communities and neighborhoods that increase housing options and support residents in maintaining housing, including onsite management staff.

> Expand the eligibility criteria for permanent supportive housing services so that participants can access supportive housing services prior to experiencing chronic homelessness and severe and persistent mental illness.

> Automatically place every individual with behavioral health needs who is justice involved and in need of housing on the Coordinated Entry System's prioritization list for housing and be assigned a housing navigator.

10. Recommendation: Expand behavioral health services and educational programs in schools.

Potential Strategies

> Provide routine mental health and trauma screening in schools to increase identification of child mental health needs at their earliest ages;
  - Ensure that screening procedures and instruments are culturally relevant to safeguard findings from producing misleading or inaccurate conclusions, especially for children of color.

> Train teachers and other school staff to recognize trauma symptoms to more accurately identify student mental health needs and decrease the disproportionate misdiagnosis of behavioral issues within children of color.

> Allocate additional funding for school-based behavioral health services including counseling services and family support services to be responsive to the potential increase in identification of mental health needs among students.

> Mandate the implementation of AB 2020 which requires schools to inform students and parents about available mental health resources.

> Examine the National Alliance on Mental Illness (NAMI) on Campus, NAMI Ending the Silence for Students, and Boldly Me programs as resources for schools.

11. Recommendation: Create more training employment programs and provide livable-wage.

Potential Strategies

> Partner with the CA Department of Occupational Rehabilitation to create job opportunities.

> Expand supported employment through Individual Placement Services (IPS) and other access points for people with behavioral health disorders.

> Create new employment programs for people with serious mental illness.

> Create employer incentives for LBGQ+/TGI job creation.

> Expand and provide more subsidized transportation so individuals can get to and from work.

12. **Recommendation**: Address **social determinants** of health.

Potential Strategies

> Support programs that address broader fundamental needs and address Adverse Children Experiences (ACEs) for all persons to prevent mental illness and its harmful effects including poverty reduction; access to nutritional food and clean drinking water; good quality education; prevention of violence; adequate employment; and trauma-informed services.

> Provide support for community businesses.

> Provide more youth support systems and services.

- Expand options for healthy alternatives and recreational activities for youth and families.

13. **Recommendation**: Ensure quality **healthcare for all.**

Potential Strategies

> Work with Federally Qualified Health Centers (FQHCs) to further Integrate mental health and substance use disorder treatment into physical health care.

> Ensure that everyone served by behavioral health services is connected to a healthcare provider and has a medical home.

14. **Recommendation**: Develop a behavioral health **public education** and communications campaign.

Potential Strategies

> Use public awareness campaigns to build awareness of prevention and care-first models over incarceration and punishment.

> Educate communities broadly on mental wellness and mental health services early on so people do not first learn about resources through involvement in the criminal justice system.

> Include campaign messages about suicide prevention resources during a behavioral health crisis, available non-law enforcement resources, and different types of community-based solutions.

> Include education on care coordination (reentry and transitional services) that educates people on the same protocols, same database, and the same pathway for all participants.

- An example is Alameda County Care Connect.

> Ensure information is included on the use and access of crisis mobile units such as CATT, MET, MCT, and MACRO teams.

15. Recommendation: Establish an **online mechanism** for the public to gather information.

Potential Strategies

> Develop the information system to include online directories and a mechanism to locate currently available services to promote recovery, deal with crises, and navigate hospitalization and other behavioral health services.

> Ensure data tools track identified problems and response progress through an accessible dashboard.

16. Recommendation: Increase engagement of the **faith community** in prevention efforts.

Potential Strategies

> Increase the percentage of faith organizations that are willing and able to engage in de-stigmatizing campaigns.

17. Recommendation: Work to pass **Prop 15**: Schools and Communities First.

Potential Strategies

> Lobby for money to be spent on suggested recommendations in this report.

18. Recommendation: Create or expand **conflict mediation or violence prevention** work.

Potential Strategies

> Include restorative justice practices and de-escalation services in these efforts.

Stage -1: Early Intervention

Definition

Stage -1 Early Intervention is defined as community-based programs and services that aim to provide support and care for individuals living with behavioral health needs prior to crisis.

Recommendations

19. Recommendation: Strengthen and fund a **comprehensive system of community-based behavioral health** services.

Potential Strategies

- Make community-based behavioral health services more appealing and accessible to people with criminal records.
- Ensure that all services are person-centered, trauma-informed, geographically and linguistically accessible, and culturally responsive.
- Increase intensive community-based services (including Full Service Partnerships, assertive community treatment, crisis services, supported employment, peer support, and supported housing, and assisted outpatient treatment) to prevent unnecessary psychiatric institutionalization of residents at John George Psychiatric Hospital or jail.
- Expand resources for people who want to use private insurance.
- Expand behavioral health services for youth.
- Explore options to expand time periods for service providers that allow the opportunity to provide long term health, mental health, or SUD treatment.
- Allow Medi-Cal funding for Intensive Outpatient Programs (IOP) and Partial Hospitalization Program (PHP) to expand services and provide a more intensive alternative for Full-Service Partnerships for people with serious mental illness.
- Examine NAMI Peer to Peer and NAMI Connection programs as resources to strengthen peer support and services for individuals with behavioral health needs.

20. Recommendation: Create and expand **Service Hubs** throughout the County.

Potential Strategies

- Create decentralized, strategic locations for people, families, and support networks to seek a range of clinical and non-clinical programs including:
  - Crisis support with referrals or immediate admission 24/7 to a spectrum of trauma-informed mental health services;
  - Coordinated entry to supportive housing;

- Substance use disorder services including withdrawal management, Medication-Assisted Treatment (MAT), and recovery intake or sobering centers;
- Safety net supports including Medi-Cal, SSI SDI, CalFresh, and legal services.

> Ensure that current sites are sufficiently resourced, highly coordinated, and have no limitations on access.

> Staff Service Hubs with peers, professionals, and family members and provide training and support to ensure a workforce that is representative of the people in the community they serve.

21. Recommendation: Expand **intensive case management** and **Full-Service Partnerships** (FSP) throughout the County.

Potential Strategies

> Increase responsiveness and accountability.

> Target specific populations including justice involved transitional age youth and justice-involved people with behavioral health needs.

> Expand access and the total number of slots so that FSPs are available 24/7 and can serve as a solid diversion from incarceration.

> Add housing support to all forensic-based full-service partnerships (FSP).

22. Recommendation: Increase the number of **dual diagnosis programs**.

Potential Strategies

> Increase the number and expand the residential treatment approaches across the County for people with dual diagnoses.

> Expand dual diagnosis programs specifically for people with serious mental illness.

23. Recommendation: Provide **support for families,** especially for low-income families of color who already face systemic issues of inequality, have obstacles getting care or hospitalization for their loved ones, or are too afraid of the police to try to reach out for help.

Potential Strategies

> Expand peer navigator programs to include trained families of people with behavioral health needs on how to support their loved ones, assess service needs, provide assistance through various stages of treatment, and follow prevention and treatment plans while incentivizing family and participant involvement with compensation and certificates, etc.

- Develop and distribute a comprehensive resource list including information on access points of service providers for family members of individuals living with severe mental illness.
- Provide education for families on HIPAA regulations so they better understand how it is applied in different situations and how they can best support their loved ones within the constraints of HIPAA.
- Expand support services such as the African American Support Group to help navigate various governmental systems, provide information, and support for families.
- Examine the NAMI Family to Family program as a possible resource to strengthen family support services.

24. Recommendation: Target **middle schools** for early intervention.

Potential Strategies

- Implement behavioral health screening and services in middle schools throughout the County.
- Ensure that screening and services are implemented through trauma-informed practices to address the disproportionate number of young people of color who are often mislabeled with behavioral issues as opposed to addressing unidentified trauma.

25. Recommendation: Increase the amount, affordability, and quality of **licensed Board and Care** facilities throughout the County.

Potential Strategies

- Ensure that Board and Care facilities serving individuals with behavioral health needs have 24-hour staff oversight and support and have the capacity to provide medication management and assistance with medication refills.
- Require Board and Care facilities to provide nutritional food.
- Continue to utilize MHSA funding to support rate supplementation for licensed Board and Care facilities through HCSA's housing services.
- Support state legislation to increase the SSI supplement for Board and Care residents so that homes are financially viable and there is a financial incentive to open new facilities.
- Contract with high performing community-based organizations to open and manage licensed Board and Care facilities with a requirement for the provision of high-quality staff training and support.
- Place Behavioral Health Counselors or Case Managers in unlicensed Board and Care facilities to support medication management and assistance with medication refills.

26. Recommendation: Expand services to individuals with serious and non-serious mental illness who are **living in independent housing or unhoused situations**.

Potential Strategies

> Provide cell phones to individuals so that behavioral health counselors can communicate about medication management and provide other support as needed.

> Conduct routine wellness checks via in-person visits or phone calls.

27. Recommendation: Fix the **ACCESS portal**.

Potential Strategies

> Examine the effectiveness and capacity of the current portal.

> Increase service providers who can serve as ACCESS portal points to get into services.

28. Recommendation: Expand **non-crisis mobile units.**

Potential Strategies

> Develop a system for mobile unit workers to respond to non-law enforcement calls.

> Establish a 24/7 behavioral health consulting line.

> Follow through with people who interact with this unit or call the consulting line to avoid involuntary crisis hospitalization.

> Involve peers that represent participants' race and gender identity.

29. Recommendation: Establish, expand, enhance, and coordinate the database and tools available for **real-time bed availability** for all justice and health system partners.

Potential Strategies

> Ensure that point in time data is available for the number of people with serious mental illness in jail, who are homeless or unsheltered, and who are housed.

> Include data for every county-managed or contracted behavioral health facility on the number of beds per facility, current population size, maximum residence time, average residence time, waiting time, and the number of people on the waiting list.

> Give peer support organizations, case managers, peer navigators, and counselors access to real-time data on treatment availability to streamline the referral process.

30. Recommendation: Support meaningful **exchange of information** and clarity between service providers, participants, and family/caregivers to improve care and health outcomes.

31. Recommendation: Scale-up and support the implementation of **innovative community-based strategies**.

Potential Strategies

> Make available and prescribe Medication-Assisted Treatment (MAT) at locations throughout the County.

> Support harm reduction strategies such as the creation of safe consumption sites that can also act as service hubs and be a part of the decentralized system of care.

> Develop a medication stabilizing space or facility in the community.

32. Recommendation: Create incentives that contribute to or **offset the cost to family members and caregivers** for housing loved ones with behavioral health needs within their home or in the community.

Potential Strategies

> Create tax credits, stipends, vouchers, motel conversions, or partial pay options for family members and caregivers.

33. Recommendation: Expand the **IHOT** (In-Home Outreach Team) program.

Potential Strategies

> Develop forensic specific IHOT teams.

Stage 0: Hospitals and Crisis Intervention

Definition

Stage 0: Hospitals and Crisis Intervention is defined as 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.

Recommendations

34. Recommendation: Expand capacities at **acute facilities** such as John George Psychiatric Hospital (JGPH) or add additional sites.

Potential Strategies

> Expand the bed capacity.

> Add additional trauma-informed services such as treatment and skills-building groups to engage people in staged-matched interventions (i.e. pre-contemplation, treatment, and maintenance).

> Provide additional resources for care coordination and discharge planning.

- Initiate post-hospitalization care planning, as needed, before being released from hospital or crisis care;
- Include the assessment of health/medication needs, family/loved ones in the region, custodial responsibilities (with the consent of the participant), and individuals' recovery goals;
- Ensure that individual plans are race, ethnicity, sexual orientation, and gender-informed to address the unique barriers that individuals may face upon release.

> Add more robust post-hospitalization care that connects people and their families to ongoing resources and support.

35. Recommendation: Create more **sub-acute locked facilities** such as Villa Fairmont.

Potential Strategies

> Measure the needs for services at Villa Fairmont and increase system capacity to the level required.

> Ensure that people do not remain at acute facilities longer than necessary due to a lack of bed space at sub-acute facilities.

36. Recommendation: Ensure that all **hospital and crisis intervention services** for people with behavioral health needs are **linked to long term support and resources.**

Potential Strategies

> Services and resources should include:
  - Intensive medication management support;
  - Community Conservatorship;
  - Assisted outpatient treatment (AOT) and follow-up support;
  - Employment readiness and placement support;
  - Resources and support for educational achievement;
  - Safe affordable housing.

37. Recommendation: Review and work with the State of California to change the **5150 process.**

Potential Strategies

> Examine the findings from the four-county pilot to expand eligibility criteria for mental health services so people do not need to be "a danger to themselves or others" (5150 criteria) to access free mental health resources.

> Decentralize 5150 and 5180 processes.
  - Following on the expansion to allow Emergency Departments in Alameda County to conduct a 5150 process, allow other medical and behavioral health providers to conduct 5150s independent of law enforcement.
  - Examine the policies and procedures in Fresno, Solano, and LA Counties that allow clinicians to take certification courses that allow them with approval from the County Behavioral Health Director to write 5150 holds.

38. Recommendation: Develop more **diversion options** that are available 24/7.

Potential Strategies

> Expand volunteer, short-term residential treatment, and crisis stabilization units (CSUs) and crisis residential treatment (CRTs) aimed at providing early intervention, diversion, and prevention of more serious mental health problems.
  - Expand from one to six CSU units in geographically diverse locations across the County by coupling each Wellness Center with a regional CSU.
  - Expand from three to nine CRT programs throughout the County with a focus on diversion of inpatient care as well as participation directly from law enforcement and walk-in care.

- Expand Intensive Outpatient Programs (IOP) such as the programs at Fairmont and Highland Hospitals.
- Use empty buildings as sites.

39. Recommendation: Explore how to expand bed capacity so that **5170 can be fully implemented** throughout Alameda County allowing for the provision to take someone into civil protective custody to a designated facility for a 72-hour hold for evaluation and treatment.

40. Recommendation: Authorize a **medication mandate** within the community.

Potential Strategies

- Include long-acting injectables.

41. Recommendation: Explore setting up an **early warning system** between dispatch and behavioral health providers to alert providers about a developing mental health or substance use disorder situation *prior to* crisis or at early onset of crisis.

42. Recommendation: Implement **The Living Room model** throughout Alameda County as a safe place for those in a mental health crisis to stay, cool down, and have the opportunity to connect to services with an aim to prevent bookings into custody and hospitalizations.

Potential Strategies

- Allow people to stay at the Living Room for up to 23 hours.
- Staff the site with peer-staffed plus an on-site clinician evaluator.
- Accept referrals from law enforcement.
- Identify the target population as people in a mental health crisis who are not so acute that they need hospitalization and not so dangerous that they need to be in custody.
- Ensure that after the initial 10-minute intake at the Living Room, the person's contact with law enforcement ends.

Stage 1: Law Enforcement & Emergency Services

Definition

Stage 1: Law Enforcement and Emergency Services is defined as the point at which the emergency response system is engaged in a behavioral health-related crisis.

Recommendations

43. Recommendation: Expand the number of **Crisis Mobile Units** available in Alameda County as **alternatives to traditional law enforcement responses** when calls involving people with behavioral health needs are made to 911/dispatch.

Potential Strategies

- Develop a coordination system among various mobile crisis units including Alameda County's Community Assessment and Transport Team (CATT), Mobile Crisis Team (MCT), Mobile Evaluation Team (MET), and Mobile Assistance Community Responders of Oakland (MACRO).
- Consider staffing options that remove the clinical license requirement for at least one team member so additional community representatives can participate on teams and staffing options are expanded.
- Train community members to be eligible for crisis management team positions.
- Based on the evaluation of the pilot, consider expanding program capacity to 12-18 CATT teams throughout the County.
- Ask important questions related to CATT expansion including:
  - What are the barriers to getting CATT services expanded?
  - What is the average wait time for a caller?
  - Are there other forms of pre-arrest diversion?
  - How much does it cost to currently run CATT?
- Resource the CATT program better to 1) provide adequate staffing; minimize caller wait time; ensure live operator 24/7.
- Provide training to all CATT team members to minimize or eliminate a child's trauma and family separation, especially if they are present during CATT interaction.
- Add community-based support services for caregivers who are present during CATT interaction including immigration services.

- Create an additional CATT access point through a 24/7 crisis mobile hotline that is accessible, autonomous, and separate from 911, especially for undocumented people and other community members who will not call 911.

44. Recommendation: Make changes to the **dispatch/911 system**.

Potential Strategies

- Improve rapid rerouting of mental health/SUD related calls including suicide and potential 5150 situations away from law enforcement and towards crisis mobile teams and other non-law enforcement options.
- Create transparency and improve protocols for 911 dispatchers.

45. Recommendation: Expand and build on existing **training for law enforcement** to support efforts to decentralize law enforcement involvement.

Potential Strategies

- Increase CIT (crisis intervention training) curriculum and training time allotted to include or expand on verbal de-escalation skills, mental health and substance use disorder dynamics, trauma-informed communication strategies, and cultural competency.
- Continue the practice of integrating a panel of ethnically diverse individuals and families with lived experience into law enforcement crisis intervention training.
- Examine the presence and scope of Implicit Bias Training in law enforcement jurisdictions in Alameda County.

46. Recommendation: Encourage local law enforcement agencies to explore and implement **Law Enforcement Assisted Diversion (LEAD)** models to decriminalize behaviors often displayed by people with behavioral health needs.

Potential Strategies

- Aim to decriminalize drug use, public intoxication, fare evasion, driving without a license, adult consensual sex work, licensing suspensions, and licensing revocation.
- Encourage government agencies to not arrest, book, or prosecute for these offenses until LEAD models are fully implemented.
- Encourage law enforcement officers, whenever possible and appropriate, to release individuals with clinical behavioral health disorders at the time of contact and ensure a warm introduction to supportive services.
- Ensure individuals involved in these activities who encounter law enforcement are connected to harm reduction services as needed instead of incarceration.

47. Recommendation: Develop and expand **pre-arrest and pre-booking diversion** programs.

Potential Strategies

> Use decentralized cross-functional teams to coordinate behavioral health assessments and connections to community-based systems of care for people whose justice system involvement is driven by unmet behavioral health needs.

48. Recommendation: Create City > County > Regional Services **communications network**/ or app.

Potential Strategies

> Develop an app to assist responders who encounter persons with known mental health and possible co-occurring episodes.

> Explore how the app can have the ability to contact family members, guardians, caregivers, and health services providers without compromising HIPAA regulations.

> Establish a County-wide database that allows all government agencies, including law enforcement, to have access to information prior to every encounter, including information and input provided by family members as established through AB 1424.

49. Recommendation: Create a mechanism for family members or others to **safely report** individual episodes for assistance in a centralized confidential system.

Potential Strategies

> Develop a system to direct people to community/city/county/emergency services instead of law enforcement.

> Integrate within the system, the capacity for family members or other people to report a missing person.

Stage 2: Initial Detention and Courts

Definition

Stage 2: Initial Detention and Courts is defined as an individual's initial detention in a criminal justice facility such as a city or county jail or their preliminary involvement in the Court System.

Recommendations

50. Recommendation: Expand and improve the **Behavioral Health Court.**

Potential Strategies

> Expand Behavioral Health Court in number of cases it has the capacity to take, number of cases supported by all parties at the Court, courthouses in which it is available including Fremont and/or Dublin), number of court days in which it is held.

> Bridge collaborative courts/behavioral court to CBOs who have contracts to provide services and case management.

> Provide education to the public on Behavioral Health Court eligibility criteria.

51. Recommendation: Expand and allow more **Community Conservatorship.**

Potential Strategies

> Establish a process for conservatorship directly from jail to shift those who meet grave disability criteria directly from Santa Rita Jail into a conservatorship, instead of requiring people to leave custody and then be held on a 5150 and a 5250 before they can be considered for a conservatorship.

52. Recommendation: Allow Mental Health Diversion for **people found incompetent to stand trial** to align with the requirements outlined in AB 1810.

Potential Strategies

> Identify candidates for AB 1810 diversion.

> Fully implement the program as quickly as possible to provide relief for people who are forced to remain in jail while awaiting a state hospital bed.

53. Recommendation: Develop additional **support services for people when they go to Court.**

Potential Strategies

> Develop a Court Advocates program that is peer-based, especially for African American men to address the implicit biases of judges and prosecutors.
  - Explore adapting the Court Appointed Special Advocate (CASA) model for people with behavioral health issues.
> Provide transportation to and from court.
> Consider alternative actions that do not include jail when people with behavioral health needs do not show up to court.
> Place more behavioral health workers in the Courts.

54. Recommendation: Ensure the **Courts know about all available wrap-around services** in the County.

Potential Strategies

> Expand on training provided for judges on available services so they can make fully informed recommendations.

55. Recommendation: Include families in **court notification processes** and systems because family members are considered a part of the treatment and aftercare plan and they are held accountable for outcomes, but they are not necessarily included in courtroom decisions when treatment plans are set.

56. Recommendation: Add a **Participatory Defense Model** based on the Silicon Valley De-Bug Program that will serve as a community organizing model for families and communities to advocate for the safety and fair treatment of their loved ones through the process from arrest to court appearance.

Potential Strategies

> Work with De-Bug to provide technical assistance to bring this model to Alameda County.

Stage 3: Jail

Definition

Stage 3: Jail is defined as incarceration at a local correctional facility, with a focus on Santa Rita County Jail.

Recommendations

57. Recommendation: Ensure behavioral health services within Santa Rita Jail for all who need it.

58. Recommendation: Focus on de-stigmatizing strategies used upon entering correctional facilities to identify who has a mental health or substance use disorder diagnosis.

Potential Strategies

> Improve the universal screening and assessment process at Santa Rita Jail and provide support to all people entering jail as part of caring for one's health in general.

59. Recommendation: Expand care coordination for all people with behavioral health needs before discharge from jail.

Potential Strategies

> Offer connections to community behavioral health service providers prior to release that carries over post-release.
> Coordinate medication management between jail behavioral health providers and community providers.
> Avoid overnight releases; especially for more vulnerable people living with behavioral health needs that do not have a direct link to programs, interim housing, safe places, or transportation upon release.
> Develop a process to universally begin the process to reinstate Medi-Cal and Cal Fresh benefits for all eligible people in jail prior to release so that benefits are reactivated immediately upon release.

60. Recommendation: Improve the integration of information systems between County Adult Forensic Behavioral Health and community behavioral health service providers.

61. Recommendation: Explore the use of tablets at Santa Rita Jail to expand access to mental health and substance use disorder treatment services.

Stage 4: Reentry

Definition

Stage 4: Reentry is defined as services provided for people upon release from local correctional facilities (Santa Rita Jail) as they reenter back into the community after incarceration.

Recommendations

62. Recommendation: Increase the capacity of **reentry planning programs.**

Potential Strategies

- Begin reentry planning right after booking and include an assessment of health/medication needs, family/loved ones in the region, custodial responsibilities, employment status, and individual reentry goals.
- Add services to obtain California ID, Social Security card, birth certificate, and other documentation needed for obtaining healthcare, employment, housing, government benefits, etc., and inform people how to receive fee waivers.
- Coordinate releases for people exiting directly to a program by expanding CBO intake hours and developing a mechanism to routinely communicate release dates to community providers.
- Increase coordinated releases to families if people are not exiting directly to a program by notifying family members of a person's release, with that person's permission, and with enough time for the family to pick them up.
- Connect people to peer navigation services as is helpful after release.

63. Recommendation: Expand **Safe Landing Project** services to operate 24/7 and provide transportation from jail.

64. Recommendation: Develop a stronger collaborative relationship with the **faith-based community** to promote and expand reentry services.

65. Recommendation: Explore ways to **incentivize community treatment providers** to accept behavioral health participants directly from jail.

66. Recommendation: Expand the implementation of **Multidisciplinary Reentry Teams (MRT's)** to provide comprehensive services including behavioral health treatment, case management, housing, and employment support and linkages to other community services including legal services, life skills, and education services.

Stage 5: Community Supervision 

Definition

Stage 5: Community Supervision is defined as a term of probation or parole including the conditions of supervision and services provided by Probation or Parole Departments.

Recommendations

67. Recommendation: Provide oversight and ongoing updates on the **Probation/District Attorney Pre-trial Program** funded through Prop 47 and based on preliminary results, consider expanding the program.

68. Recommendation: Start **Integrated Services for Mentally Ill Parolee (ISMIP) Programs** for people on parole who have severe mental illness and are at risk for homelessness to provide comprehensive mental health and support services, including housing subsidies.

Potential Strategies

> Examine ISMIP Models in Fresno and Sacramento.

69. Recommendation: Place more **probation staff at Santa Rita Jail** so that they can help to coordinate linkage for people with behavioral health needs to mental health and substance use disorder services after release.

70. Recommendation: Coordinate **communication and services among service providers** working with or contracted by the Probation Department.

Potential Strategies

> Ensure that probation funded community services are co-located at one site to simplify access to wrap-around services for people on probation with behavioral health needs.

71. Recommendation: Change **probation practices.**

Potential Strategies

> Reduce the number of supervision check-ins.

> Reduce and potentially eliminate technical violations and the issuance of bench warrants for people who incur technical violations on community supervision.

72. Recommendation: Promote **culture change** among Probation Officers.

Potential Strategies

- Integrate training for probation officers to encourage increased collaboration among Probation Officers, relevant County departments, and community-based providers.
- Link goals of training to an increase in referrals to behavioral health services and other community-based programs for people on probation and their families.

Conclusion and Next Steps

The JIMHT Rapid Examination Process brought together a wide range of community stakeholders, including people with lived experience and their family members, community advocates, staff from government agencies, and community-based service organizations to engage in critical conversations and inform a comprehensive set of recommendations. This process lays a roadmap for transforming our community behavioral health service system and implementing dynamic diversion strategies to keep people with mental illness and substance use disorders out of our jails.

The work to create 72 cumulative recommendations, prioritize 17 of these recommendations as vital starting points, and identify 5 foundational principles to guide this work with integrity are critical accomplishments completed during Phase 1 of this work. Some of the recommendations proposed can be implemented immediately without new resources or legislative changes, while others may take much longer and require significant resources, policy changes, program development, and culture shifts. To fully realize the implementation and monitor the progress of both the 17 priority recommendations and the full set of 72 cumulative recommendations, it will require a rigorous second phase for this work.

As an established table with buy-in and representation from each key government agency needed to make system-level change and with positions dedicated to family members and individuals with lived experience, JIMHT is in a unique position to carry the critical work of Phase 2 forward. The following is a set of recommended next steps within Phase 2 for JIMHT, its Steering Committee, and Workgroups to monitor the movement and implementation of a plan to fully realize the cumulative set of recommendations:

- *Revisit the composition and structure of JIMHT to permanently add more community-driven seats and to consider governance under the Brown-Act;*
- *Create a full implementation plan with quantifiable measures of success developed for each recommendation;*
- *Secure critical information to ensure data-driven decision making;*
- *Continue to make quarterly presentations to the Board of Supervisors Joint Public Safety and Health Committee and the Alameda County Mental Health Advisory Board;*
- *Work with additional County partners beyond Alameda County Behavioral Health to secure their commitment and resources toward implementing recommendations involving their departments.*

JIMHI Justice Involved Mental Health Taskforce