

OCTOBER 2020

RECOMMENDATIONS FOR JAIL DIVERSION STRATEGIES AND COMMUNITY SERVICES

PHASE I: EXECUTIVE SUMMARY



Justice Involved
Mental Health
Taskforce

Acknowledgments

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

JIMHT Steering Committee Members

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

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Patricia Fontana	Co-Founder	Voices of Mothers & Others
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Steve O'Brien	Chief Medical Officer	Alameda Alliance for Health
Tash Nguyen*	Representative	Decarcerate Alameda County

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

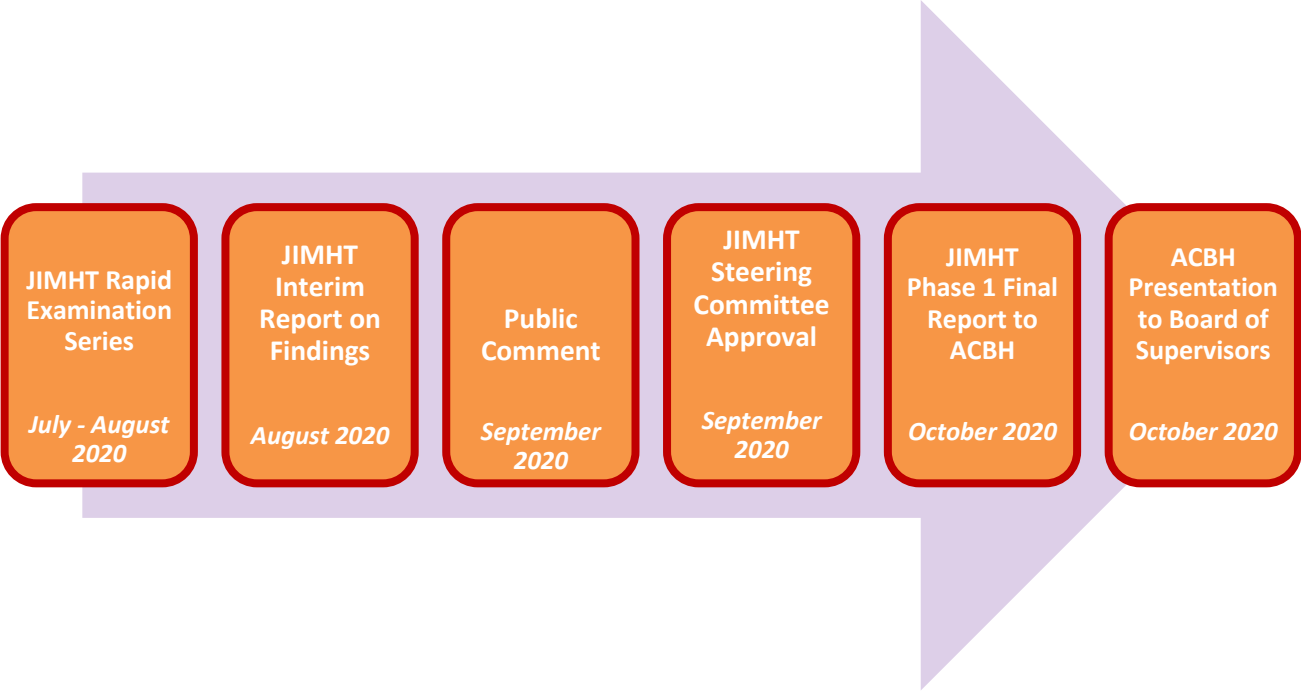
Executive Summary

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.

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 <ul style="list-style-type: none"> > 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 <ul style="list-style-type: none"> > 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 <ul style="list-style-type: none"> > 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 <ul style="list-style-type: none"> > Include restorative justice practices and de-escalation services. 	Short term
 Stage -1: Early Intervention		
#19	Strengthen and fund comprehensive community-based behavioral health services <ul style="list-style-type: none"> > Make community-based behavioral health services more appealing and accessible to people with criminal records. 	Long Term

	<ul style="list-style-type: none"> > 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 <ul style="list-style-type: none"> > 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 <ul style="list-style-type: none"> > 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 <ul style="list-style-type: none"> > 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 <ul style="list-style-type: none"> > 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 <ul style="list-style-type: none"> > 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 <ul style="list-style-type: none"> > Develop a coordination system among various mobile crisis units. 	Short term

	<ul style="list-style-type: none"> > 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 <ul style="list-style-type: none"> > 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 <ul style="list-style-type: none"> > 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
III Stage 3: Jail		
#59	Expand discharge/care coordination in jail <ul style="list-style-type: none"> > 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
IV Stage 4: Reentry		
#62	Increase reentry planning programs <ul style="list-style-type: none"> > 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) <ul style="list-style-type: none"> > Provide comprehensive services including behavioral health treatment, case management, housing and employment support, and linkages to services, life skills, and educational support. 	Short term

Full Set of Recommendations

Utilizing the Rapid Examination Framework, a **cumulative set of 72 recommendations** were identified to provide a **comprehensive roadmap toward transformative change** across all systems involved in the intersection between behavioral health services and criminal justice involvement. The full set of recommendations along with other materials from the Rapid Examination process including session notes, agendas, presentations, and proposals from community groups can be found on the JIMHT website at www.acjusticeinvolvedmh.com.

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.*



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