# Table of Contents

- **Overarching Goals and Baseline Data Indicators**
- **Racial Equity Strategies for Planning and Implementation Processes**
- **Intercept Framework and Definitions**
- **JIMH Recommendations Roadmap**
- **JIMH Strategic Implementation Framework (SIF)**
- **INTERCEPT -2: PREVENTION**
- **INTERCEPT -1: EARLY INTERVENTION**
- **INTERCEPT 0: HOSPITALS AND CRISIS INTERVENTION**
- **INTERCEPT 1: LAW ENFORCEMENT AND EMERGENCY SERVICES**
- **INTERCEPT 2: COURTS AND INITIAL DETENTION**
- **INTERCEPT 3: JAIL**
- **INTERCEPT 4: REENTRY**
- **INTERCEPT 5: COMMUNITY SUPERVISION**
Overarching Goals and Baseline Data Indicators

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

   **Proposed baseline data indicators:** 1) Current capacity and number of people served in community services; 2) Current number of capacity building efforts and number of agencies involved; and 3) Current level of workforce development resources within the County.

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

   **Proposed baseline data indicators:** 1) Current number of people with serious mental illness in Santa Rita Jail; 2. Number of people with SMI in SRJ over the past 12 months; 3. Number of people with SMI in SRJ in the 12 months prior to Covid-19 Shelter in Place order.

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

   **Proposed baseline data indicators:** 1) Current number of people with mild to moderate mental illness (MMMI), substance use disorders (SUD), or co-occurring disorders (COD) in Santa Rita Jail (SRJ); 2) Number of people with MMMI, SUDs, or COD in SRJ over the past 12 months; 3) Number of people with MMMI, SUD, or COD in SRJ in the 12 months prior to Covid-19 Shelter in Place order.

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

   **Proposed baseline data indicators:** 1) Current number of people with any mental illness (MI), substance use disorders (SUD), or co-occurring disorders (COD) in Santa Rita Jail (SRJ); 2) Number of people with MI, SUD, or COD in SRJ who are currently receiving clinical services in jail; 3) Number of people with MI, SUD, or COD who are successfully linked to community care upon release from jail.

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

   **Proposed baseline data indicator:** 1) Current status on each recommendation.
Racial Equity Strategies for Planning and Implementation Processes

JIMHT’s Commitment to Racial Equity

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

The Justice Involved Mental Health Taskforce (JIMHT) has worked to develop county-wide goals, recommendations, and strategies aimed to reduce the number of people with mental illness entering Alameda County jail. National data demonstrates the vast racial disparities among people who have mental illness or substance use disorders and are involved in the criminal justice system. Given the racial health inequalities in Alameda County, we have a clear opportunity and obligation to close the gaps of health disparities by advancing racial and health equity at each intercept or stage where a person with mental illness, substance use disorder or co-occurring disorders may become entrenched in the criminal justice system. Thus, the JIMHT planning process and the resulting recommendations and strategies put forth by our Strategic Implementation Framework (SIF) have been guided by a racial equity framework.

Equity Principles
JIMHT has adopted the following equity principles to guide this work:

> **Lead** with an equity lens;
> **Honor and Include** the voices of people most impacted;
> **Develop** strategies to alleviate disparities;
> **Address** unintentional consequences when/if they arise.
Racial Equity Strategies

Below we offer strategies for addressing racial inequities during the planning and implementation of the JIMH Strategic Implementation Framework (SIF) in five key areas:

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

I. Racial Equity Strategies (Overarching)

Organizations and departments tasked with carrying out the recommendations should establish and/or strengthen a culture around racial equity through strategies such as:

1. Create a racial equity advisory board for the implementation and accountability phase of the work and establish a training committee for implementation strategies across the board.
2. Safely collecting client data on race, ethnicity, and neighborhood.
3. Develop and maintain multidisciplinary racial equity dashboards that allow for transparency across organizations and are visible to the public.
4. Ensure a process to change practices when racial inequities are discovered.
5. Address stigma related to mental health to reach more people who can take advantage of available resources.
6. Develop strategies and cultural shifts that specifically seek to support African American men who represent the largest population of people who have serious mental illness and the highest need for support in Alameda County jail.
7. Include impacted persons as a part of the design process to better inform support and service provision, implementation of programs.
8. Conduct continuous monitoring of equity and services through focus groups and surveys.
## II. Racial Equity Strategies for Data Collection Processes

Organizations and departments tasked with carrying out recommendations should develop data collection strategies that account for the adverse consequences for the people and populations served through strategies such as:

1. Prioritize data collection on racial and cultural risk factors for behavioral health.
2. Collect and analyze data to assess the need for and location of services while applying a racial equity lens.
3. Ensure all data points include metrics on race, ethnicity, place/location.
4. Ensure demographic information is included in datasets for each baseline data point - data reporting by race across the county’s inventory of programs.
5. Address a comparison of under/over diagnoses across groups as it relates to race – explore assessment tools with a gender and racial equity component.
6. Require data reporting by race as part of grant compliance for organizations providing services.
7. Collect data on present cultural matches of providers and consumers.
8. Consider adding a task to service contracts that requires providers to track performance measures on equity data.
9. Use data to identify and prioritize BIPOC youth, TAY, and families for services.
10. Examine critical policies such as 5150 data by race to understand potential impact on BIPOC people.
11. Examine data relevant to each system such as prosecution in courts, resulting charges, service utilization in comparison to population by ethnicity and race.

## III. Racial Equity Strategies for Service Provision

1. Prioritize hiring BIPOC and formerly incarcerated staff and practitioners with lived experience to provide all services within CBOs, government agencies, and departments (i.e.: jails) to ensure services are culturally responsive.
2. Integrate a racially and culturally aligned peer-based support and staffing model that addresses stigma by hiring providers with lived experience and People of Color.
3. Implement a racial equity assessment *prior* to the start of any program to help establish baseline data measurements and metrics for improvement.
4. Ensure all youth and TAY services: 1) include peer to peer support and 2) are accessible to and inclusive of BIPOC youth and peers who are representative of the community served.
5. Identify best practices for using evidence-based methods and tools that are culturally relevant and eliminate harm especially for BIPOC youth.
6. Utilize tools that are relevant to BIPOC clients being served such as short-term rapid responses and treatments.
7. Utilize social media networks to reach and engage BIPOC populations and notify potential clients of available services.
8. Prioritize provision of trauma-informed services to BIPOC populations.
9. Prioritize providing adequate and beneficial services to communities of color such as ensuring the location of services and facilities meets the needs of and is close to the homes of communities served.

10. Require the support of a culturally competent advocate in all areas to support clients and their families recognizing the need for treatment and support.

IV. Racial Equity Strategies for System Reform

1. Strategize with federal, state, and local level government agencies to center equity in the examination of the economic resource allocation process to determine how people of color are prioritized in the system (i.e.: examining housing resources).

2. Address stigma and inequitable service provision by creating universal programs such as offering mental health screening for all.

3. Assess resources and tools to tailor services to meet the needs of disproportionately affected people more adequately, for instance, those within jails.

4. Expand eligibility criteria for programs (i.e.: AB109) to expand the reach of people who could benefit from available programs.

5. Advocate for programs that interrupt outcomes resulting in disproportionately negative outcomes for People of Color such as a violence prevention intervention or court intervention programs.

V. Racial Equity Strategies for Capacity Building and Professional Development

1. Utilize racial equity toolkits and other resources to assess what it means to implement racial equity in different settings such as CBOs, housing, and other agencies.

2. Provide dynamic training for providers who serve BIPOC adults, youth, children, and families to and people with lived experience to better identify needs related to education, healthcare, behavioral and mental health.

3. Suggested trainings include:
   - Trauma informed, anti-racism and implicit bias trainings,
   - Culturally and linguistically appropriate service (CLAS) and cultural competency trainings
   - Training professionals in working with people with lived experience and BIPOC populations,
   - Mental health training,
   - Self-awareness training for providers and consumers.
   - Cross-trainings should be implemented to avoid overreliance on specialized teams. Cross-trainings should support current and future employees in improving service provision for people with lived experiences and/or a history of incarceration.

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

<table>
<thead>
<tr>
<th>Intercept</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept -2</td>
<td>Prevention</td>
<td>Efforts to reduce the incidence, prevalence, or reoccurrence of behavioral health disorders and promote mental wellness throughout the community.</td>
</tr>
<tr>
<td>Intercept -1</td>
<td>Early Intervention</td>
<td>Community-based programs and services that aim to provide support and care for individuals living with behavioral health needs prior to crisis.</td>
</tr>
<tr>
<td>Intercept 0</td>
<td>Hospitals &amp; Crisis Intervention</td>
<td>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.</td>
</tr>
<tr>
<td>Intercept 1</td>
<td>Law Enforcement and Emergency Services</td>
<td>Point at which the emergency response system is engaged in a behavioral health-related crisis.</td>
</tr>
<tr>
<td>Intercept 2</td>
<td>Initial Detention and Courts</td>
<td>Initial detention in a criminal justice facility such as a city or county jail or their preliminary involvement in the Court System.</td>
</tr>
<tr>
<td>Intercept 3</td>
<td>Jail</td>
<td>Incarceration at a local correctional facility, with a focus on Santa Rita County Jail.</td>
</tr>
<tr>
<td>Intercept 4</td>
<td>Reentry</td>
<td>Services provided for people upon release from local correctional facilities (Santa Rita Jail) as they reenter back into the community after incarceration.</td>
</tr>
<tr>
<td>Intercept 5</td>
<td>Community Supervision</td>
<td>Term of probation or parole including the conditions of supervision and services provided by Probation or Parole Departments.</td>
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</tbody>
</table>

**Supporting Materials:** [Crosswalk Recs ACBH & JIMH, JIMH Phase 1 Summary Report](#)
JIMH Recommendations Roadmap

Intercept -2: Prevention
Rec #1: Greatly expand affordable housing & supportive living
Rec #2: Expand youth prevention & TAY Services
Rec #3: Expand conflict mediation violence prevention programs

Intercept -1: Early Intervention
Rec #4: Expand FSP’s
Rec #5: Expand S150 & 5585 capacity

Intercept 0: Hospitals & Crisis Intervention
Rec #6: Develop more outpatient services for diversion

Intercept 1: Law Enforcement & Emergency Services
Rec #7: Expand non-law enforcement involved crisis response
Rec #8: Expand non-hospitalization crisis & urgent care
Rec #9: Create forensic peer respite
Rec #10: Expand acute care countywide

Intercept 2: Courts & Initial Detention
Rec #11: Create mechanism for families to safely report episodes
Rec #12: Direct IHOT referrals from law enforcement
Rec #13: Expand mental health involvement in law enforcement-involved crisis response
Rec #14: Expand pre-arrest & pre-booking diversion programs

Intercept 3: Jail
Rec #15: Increase funding for collaborative & mental health courts
Rec #16: Strengthen infrastructure for competency restoration & diversion

Intercept 4: Reentry
Rec #17: Expand forensic linkage program at SRJ
Rec #18: Expand discharge planning & care coordination
Rec #19: Create ACT and FACT teams
Rec #20: Design forensic, diversion & reentry services system of care
Rec #21: Re-launch MRT teams
Rec #22: Create adult residential co-occurring forensic treatment facility

Intercept 5: Community Supervision
Rec #23: Increase reentry planning
Rec #24: Continue to integrate innovative rehabilitative programs in community supervision
### INTERCEPT -2: PREVENTION

**Recommendation #1:** Greatly expand affordable housing and supportive living for justice-involved individuals with behavioral health needs including expansion of short-term housing, permanent housing, and board and care housing options. *(Goals 1, 2, 3 & 4)*

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
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<tbody>
<tr>
<td>1. a. Create new short-term housing strategies for justice involved people with behavioral health needs and who need housing including:</td>
</tr>
<tr>
<td>- Automatically enroll every individual on the Coordinated Entry System’s prioritization list for housing</td>
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<tr>
<td>- Assign a housing navigator</td>
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<td>- Have an identified short-term housing plan while awaiting longer term placement</td>
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<tr>
<td>- Provide rapid re-housing services that include short-term rental assistance, housing identification, rent and move-in assistance, and case management support</td>
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<tr>
<td>Champion and Stakeholder Involvement</td>
</tr>
<tr>
<td>Safe Landing Project/Roots</td>
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<tr>
<td>Civilian job - peer within SRJ</td>
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<td>ACCC - HCSA</td>
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<td>ACSSA</td>
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<tr>
<td>ACSO</td>
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<td>ACBH</td>
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<tr>
<td>East Oakland Community Projects/Housing Navigators (EOCP)</td>
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<td>BH Collaborative</td>
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<tr>
<td>BOS</td>
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<tr>
<td>Five Keys</td>
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<tr>
<td>Safer Ground Network</td>
</tr>
<tr>
<td>Smaller places/orgs in the community</td>
</tr>
<tr>
<td>Data Points &amp; Metrics (Baseline and Follow-up)</td>
</tr>
<tr>
<td>Current # of people with behavioral health needs who are unhoused at SRJ</td>
</tr>
<tr>
<td># of available housing navigators and their caseloads</td>
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<tr>
<td>Full inventory # of housing units - including for SMI (including for smaller orgs)</td>
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<tr>
<td>Average cost of housing per person?</td>
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<tr>
<td>Assess interest to expand capacity of smaller orgs/options</td>
</tr>
<tr>
<td>Potential Funding Sources</td>
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<tr>
<td>County general funds (repurposing ACSO SMI incarceration costs.)</td>
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<tr>
<td>Prop 47</td>
</tr>
<tr>
<td>AB109 state funding</td>
</tr>
<tr>
<td>Measure A1?</td>
</tr>
<tr>
<td>Evidence and proven models</td>
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<tr>
<td>Safer Grounds - ACCC</td>
</tr>
<tr>
<td>Strategies/Key Actions</td>
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<tr>
<td>--------------------------------------------------------------------------------------</td>
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</tbody>
</table>
| 1.b. Change housing status of people involved in the criminal justice system to meet eligibility criteria for permanent supportive housing services upon exit from jail and prison and expand assessment and capacity to access a wide range of housing support. | AC IAS Assisted Living  
Alameda Public Health Agency - Housing Initiative  
ACBH Housing Department (now part of HCSA)  
SSA                                                                 | What department sets the eligibility criteria?  
What is the current criteria?  
What is the change in criteria?                                                                                   | Policy change - no costs                                      | Everyone Home Report                                  |
| 1.c. Strengthen and provide supplemental support to Board and Care facilities throughout the County serving individuals with behavioral health needs including:  
- Ensure all Board and Care facilities in the County provide staffing 24 hours/day to provide oversight and support for medication management, assistance with medication refills and nutritional food  
- 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 | CCLD - Community Care Licensing (list of B & C that are out of compliance)  
Psynergy  
Everwell  
Owners of board-and-cares.  
Housing that Heals (CCCounty)  
East Bay Supportive Housing Collaborative (EBSHC)  
ACBH - Head of Housing, (now part of HCSA)  
Acute Care Committee (assigns slots weekly in licensed board-and-cares) | Survey B & C residents & family members to assess their needs, including staffing support and medication that supports wellness  
Find out contact information for local B&C providers  
What legislative efforts are already in the works? | MHSA funding to support rate supplementation  
Consider whether getting an exemption to the IMD exclusion--a county action--could provide funding to support 30 days in a place like Psynergy or Everwell.  
Some of this is policy work - no program cost | Psynergy (Sacramento, Morgan Hill, and Greenfield)  
Housing that Heals Report  
Everwell (Sacramento)  
- Would Everwell consider building a B&C in this county?  
Telecare STEPs (list of good unlicensed board-and-cares)  
Independent Living Association of Alameda County tries to improve |
organizations to open and manage licensed Board and Care facilities with a requirement for the provision of high-quality staff training and supportive services for residents

- Embed Behavioral Health Counselors and Case Managers in unlicensed Board and Care facilities to support medication management and assistance with medication refills.

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. d. Expand Service Hubs to serve as the coordinated entry to supportive housing throughout the County while providing decentralized strategic locations for people, families, and support networks to seek a range of clinical and non-clinical programs.</td>
<td>General Services Agency&lt;br&gt;HCSA&lt;br&gt;Public Health Department&lt;br&gt;ACBH</td>
<td>Currently care is coordinated through the ACCESS phone line, which operates 8:30-5:00 M-F. Residents can call to receive screening and referrals for mental health and substance use treatment and services in Alameda County. There is not currently a physical location where AC residents can seek behavioral health care and supportive services.</td>
<td>Net County Costs (NCC)&lt;br&gt;Departmental partnerships (to achieve cost savings)&lt;br&gt;Medi-Cal Healthier California for All?&lt;br&gt;AB109&lt;br&gt;MHSA</td>
<td>L.A. ATI report (Recommendation #2)</td>
</tr>
</tbody>
</table>
1.e. **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.**

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

<table>
<thead>
<tr>
<th>ACBH</th>
<th>SSI - reduced if you are living with family as opposed to Board &amp; Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSA (e.g. housing services and Parent Engagement Program), Community Development Agency DDE ($ for family if you have a family member with a disability) Cal-Able)</td>
<td>State advocacy for legislation and state budget allocations to mental health Philanthropic partnerships</td>
</tr>
<tr>
<td></td>
<td>Existing housing or shelter voucher money? MHSA funds? NCC? Public/private partnerships? Governor allocated homelessness funding for housing for people with SMI</td>
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<td></td>
<td>L.A. ATI report (Recommendation #18). Other similar programs for those caring for seniors or wounded veterans in other states</td>
</tr>
</tbody>
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## INTERCEPT -2: PREVENTION

### Recommendation #2: Expand youth prevention & transitional age youth (TAY) services. *(Goals 1, 2, 3, & 4)*

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.a. Develop new youth prevention strategies including:</strong></td>
<td>Black Organizing Project&lt;br&gt;CURYJ, Urban Peace Movement, Homies Empowerment, Youth Alive, United Roots, Youth Uprising&lt;br&gt;Alameda Health Consortium (ACBH-HSCA)&lt;br&gt;NAMI - Ending the Silence Peer-based programs&lt;br&gt;TAY Peers&lt;br&gt;MHAB - Children’s Committee</td>
<td>Demographics&lt;br&gt;Needs Assessment for School-based Health Centers&lt;br&gt;How is ACSO currently addressing this with DSAL and youth centers? Focused on unincorporated parts&lt;br&gt;How much $ does the county currently spend on children resources?&lt;br&gt;Identify the number of kids who need trauma informed services</td>
<td>Sending more MHSA $$ to children's system of care&lt;br&gt;Children's Trust</td>
<td>Youth Justice Coalition’s - Chucos Justice Center&lt;br&gt;Yes Teams in LA County</td>
</tr>
<tr>
<td>- Develop a Youth Prevention Program focusing on African American youth</td>
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<tr>
<td>- Develop a menu of early intervention services for children including the expansion of Substance Use Disorder (SUD) services for children</td>
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<tr>
<td>- Expand youth workforce development strategies as part of youth prevention services</td>
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<tr>
<td>- Expand prevention programs for TAY</td>
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</table>

| **2.b. Expand TAY Clinical Treatment and Outreach Services** | ACBH - TAY<br>Alameda Health Consortium<br>Community-based orgs | Need for TAY clinical services<br>Surveys of TAY and their families | Net County Costs<br>Reallocate youth justice $ from probation<br>Reallocate ACSO DSAL funding | |
## INTERCEPT -2: PREVENTION

Recommendation: #3 Create and expand conflict mediation and violence prevention programs, including restorative justice practices and de-escalation services. *(Goals 3 & 4)*

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding/Resources</th>
<th>Evidence &amp; proven models</th>
</tr>
</thead>
</table>
| **3.a. Recruit, train, and compensate, and provide ongoing support for people who are system-impacted and who want to act as community outreach workers to connect vulnerable members of our community with needed job opportunities, mental health services, housing, and other resources.** | Oakland Public Safety Advisory Board  
Oakland Unite Street Outreach | Assess city-based community outreach worker programs across the county:  
- How many are there?  
- Location?  
- What are the common mental health-related needs?  
- What is the cost of each program?  
Are there cities or zip codes where there are higher concentrations of SMI people with unmet needs? | Reallocate funding for vacant ACBH positions to fund community outreach | Adapted from Oakland’s Public Safety Advisory Board  
Coordinate with City of Oakland’s Human Services Department, *street-based outreach workers* to provide incident and “hot spot” specific outreach in high-crime areas at peak need hours |
| **3.b. Design, fund, and gradually roll out a countywide restorative justice diversion initiative that serves people with serious mental illness who cause harm to be diverted away from jail to a developmentally appropriate response that addresses violence differently for youth and TAY.** | Oakland Public Safety Advisory Board  
LA Familia - Diversion and Re-Entry  
Community Works for TAY, expand to include adults | Collaborative courts data  
- How many people are eligible for MH court?  
- How many people graduate?  
- What are the legal consequences?  
Expand eligibility criteria to include more high risk cases, TAY, and adults | Net County Costs  
Reallocate youth justice $$ from probation to support more upstream services | Adapted from Oakland’s Public Safety Advisory Board |
- Invest in community-led spaces (like Restore Oakland and the CTE Hub) to become Restorative Justice Centers, offering on-site RJ conflict resolution, training, wraparound services, and connections to critical services, including housing, jobs or mental health counseling.

- Work with the Restorative Justice Centers to build the community’s capacity to hold RCCs: this includes paying community members and community-based organizations to learn how to hold RCCs and harm circles, and then paying them to use these practices to repair harm.

<table>
<thead>
<tr>
<th>Impact Justice (RJ technical assistance and policy)</th>
<th>District Attorney’s Collaborative Court</th>
<th>How many people does Community Works serve? How many are SMI? Do they have capacity to scale? What resources do they need to scale?</th>
<th>Reallocate ACSO DSAL funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restore Oakland</td>
<td>Restorative Justice for Oakland Youth</td>
<td>What RJ trainings and services are currently offered?</td>
<td>Reallocation of funding from the District Attorney’s Department to expand community-based diversion and accountability</td>
</tr>
<tr>
<td>County School Districts with RJ units</td>
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</table>

Impact Justice, Restorative Justice for Oakland Youth, and County School Districts with RJ units need to be reallocated ACSO DSAL funding to expand community-based diversion and accountability.
INTERCEPT -1: EARLY INTERVENTION

Recommendation #4: Expand Full-Service Partnerships including intensive case management. *(Goals 1 & 2)*

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding/Resources</th>
<th>Evidence &amp; proven Models</th>
</tr>
</thead>
</table>
| 4.a. **Expand FSPs by broadening access and the total number of FSP slots that are available 24/7 and can serve as real diversion from incarceration to serve:**  
  - General population  
  - African American TAY  
  - Justice-involved TAY  
  - Justice-involved adults  
  - LBGTO youth | ACBH  
District Attorney  
Judges  
Individuals Personally Impacted  
Probation  
Child Protective Services (CPS)  
FQHCs  
Trauma-Informed Care CBOs (W. Coast Children’s Clinic)  
Patients' Rights Advocates | # of FSP slots  
utilization of FSP  
needs analysis of types of FSP  
effectiveness of FSP  
Length of FSP waiting list  
Recidivism rates | MHSA |  |
| 4.b. **Assess and strengthen housing support to all forensic-based full-service partnerships (FSP).** | Municipal Governments  
Board of Supervisors Housing Services (ACBH) | Survey of housing needs for FSP consumers  
- currently housed  
- at risk of losing housing  
- currently unhoused  
Housing availability for FSP consumers |  |  |
**INTERCEPT -1: EARLY INTERVENTION**

**Recommendation #5: Expand 5150 & 5585 capacity to place and release countywide. (Goals 1 & 2)**

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
</table>
| **5. a. Decentralize 5150 and 5180 processes.** | ACBH CBOs; Seneca La Clinica AHS Pathways to Wellness Roots Summit | # of people on 5150 hold within the past 12 months  
- by race/ethnicity  
#ACBH pilot program on decentralized 5150s  
- by race/ethnicity  
How many times have CBOs and EMRs called on law enforcement for a 5150 within the past 12 months | Is Medi-Cal billable? | Examine the policies and procedures in Fresno, Solano, and LA Counties that allow clinicians to take certification courses and with approval from the County Behavioral Health Director, are able to write 5150 holds. |
• Ensure linkage between clinics and providers for follow-up services.

• Clinicians at these sites may likely be able use other interventions prior to 5150s.

| St. Rose VA Hospital ER/ED EMS | Reduce # of calls of LE to hospitals to do 5150s
|                               | # times other interventions used instead of 5150
|                               | How many 5150s facilitated by community providers result in incarceration at SRJ vs. 5150s facilitated by law enforcement?
|                               | Use of force data comparison between community provider and law enforcement staff during facilitation of 5150s
|                               | MHAB - data dashboard? |

LA County- training clinicians to do 5150s in various settings - presentation to Alameda County MHAB summer 2020

ACBH embedded clinicians onsite with Probation who can facilitate 5150

### INTERCEPT -1: EARLY INTERVENTION

**Recommendation #6: Develop more outpatient services to serve as diversion options including pre-arrest and pre-booking that is available 24/7. (Goals 1 & 3)**

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
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<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.a. Re-design and Create New Outpatient Service Team(s) Model that shifts from an office-based care model to a trauma informed, forensic focused, and co-occurring treatment model.</td>
<td>CBO’s (Options Recovery Services Horizon Services, Villa Fairmont,</td>
<td># of people needing outpatient services in the County - # of people who have experienced trauma (ACEs) # of consumers requesting outpatient services</td>
<td>Currently in ACBH MHSA plan Medi-Cal Commercial Insurance</td>
<td>Faith-based approaches Reaching Across in Fremont Fairmont Hospital</td>
</tr>
</tbody>
</table>
- Use new model to expand Intensive Outpatient Programs (IOP) to include connections to community-based systems of care for people whose justice system involvement is driven by unmet behavioral health needs.
- Consider a redesign of Glenn Dyer Jail to serve as an expansion site for IOP and other community-based services with established real and perceived independence from ACSO.

<table>
<thead>
<tr>
<th>6.b. Assess and expand accessibility of current Community Health Record (CHR) to enable decentralized cross-functional teams to coordinate behavioral health assessments.</th>
<th>ACBH</th>
<th># of people with multiple assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESS</td>
<td>Status of MOUs and data sharing agreements across entities</td>
<td></td>
</tr>
<tr>
<td>CHCN</td>
<td>Sutter County (shares clinical information across systems)</td>
<td></td>
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<tr>
<td>Health Plans</td>
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<tr>
<td>AC3</td>
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</tbody>
</table>
## INTERCEPT 0: HOSPITALS AND CRISIS INTERVENTION

**Recommendation #7:** Expand non-law enforcement involved crisis response services including crisis response call center, substance-use mobile outreach teams, and other mobile units. *(Goals 1, 2, 3)*

<table>
<thead>
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<th>Strategies/Key Actions</th>
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<th>Evidence and proven models</th>
</tr>
</thead>
</table>
| **7.a. Invest in and expand 24/7 Crisis Services Call Center to Serve as a 911 Alternative.** | ACBH - Peer Navigator Program Training Providers BACS La Familia PEERS APTP MH First MACRO Crisis Support Services Paths Crisis Support Line AB 988 envisions an integrative system National effort for 811 Community Health Center Networks FQHCs ACBH providers Psychiatrist consulting line | Info from Crisis Support Services:  
- What are the unmet needs?  
- How many calls would be coming in outside of the normal hours?  
- Are the multiple call lines in coordination with each other?  
- # OPD 911 data and disposition of calls  
- # calls to psychiatrist consulting line  
Examine Effectiveness of Peer-based services:  
- How many people are hanging up because they are already receiving professional support rather than peer support?  
- Look over evaluations of how the current peer programs are running?  
- How are peer programs alleviating the cost of adding more professionals to the field? | Prop 47 MHSA AB 988 | Unite Us Program (Southern CA) Statewide system in GA and NV La Familia & DA Collab: Peer-based diversion model from jail to services (no data points yet) |
<table>
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<tr>
<th>Strategies/Key Actions</th>
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<th>Evidence and proven models</th>
</tr>
</thead>
</table>
| 7.b. Coordinate and promote public information about mobile units across the County. | MACRO  
APTP MH First  
CATT  
MET  
MCT | CATT data  
Determine needs and level of familiarity with existing services | CRISIS Act | APTP  
CAHOOTS, MACRO, SF mobile unit for kids, Phoenix model  
CATT  
LA County Cares First Promotion |
| • Develop a behavioral health public education and communications campaign.         |                                     |                                               |                           |                           |
| • Ensure information is included on the use and access of crisis and non-crisis mobile units such as CATT, MET, MCT, and MACRO teams. |                                     |                                               |                           |                           |
| 7.c. Establish an online mechanism for the public to gather information.            | ACBH  
Alameda County 211  
AC Sheriff’s Dept.  
AC3 - Community Health Record  
MACRO and CATT  
ACCESS hotline  
Oakland Arts Commission | Online database vs. call center | Combined systems will free up funds from separate providers  
Foundations  
Hospitals  
Managed care plans | Other communities with call centers |
**INTERCEPT 0: HOSPITALS AND CRISIS INTERVENTION**

**Recommendation #8: Expand non-hospitalization crisis and urgent care across the County. (Goals 2 & 3)**

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
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<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
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</thead>
</table>
| 8.a. Expand satellite urgent care and clinic hours and services. | FQHCs  
Municipal Public Safety Committees  
Advocacy orgs  
CBOs (i.e. ABODE)  
ACBH  
Consumers  
FASMI, East Bay Supportive Housing Collaborative  
FSPs  
AC Police  
AC Probation  
Consumers & families  
Cherry Hill  
District Attorney  
Options Recovery Services  
Public Guardian | Service utilization of current urgent care  
What are the current wait times?  
How backlogged are the satellite urgent care clinics now?  
What is the bed utilization/capacity of programs including CRT, CATT, CSU?  
Tri-valley urgent behavioral health center (pilot program) run by Axis community health (FQHC) and others; just opened;  
- Where do they plan to refer people?  
- What transportation do they offer?  
- Number of 5150s?  
- Other evaluation data?  
What is the capacity of current programs and what unmet need is there for long term support?  
Are there waitlist for FSPs, slots in AOT or CC, for hospital beds? If so, what are the numbers? | MHSA  
**Governor’s Mental Health Budget**  
AB109 | Psynergy  
Everwell  
Telecare FSPs  
Options Recovery Services |
| Public Defender | Data on non-governmental crisis response services (e.g., Mental Health First)  
Baseline data on crisis intervention services funded by ACBH (maybe MHSA data?)  
FSPs response rates for people in JG or a CSU  
Data from Level 3 programs, wellness centers  
How many community members need substance-related support? Mental health? Both?  
Find out what it would take to have the Public Guardian start Community Conservatorships for people in Santa Rita |
|---|---|
8.b. **Expand Overnight Mobile Crisis Services and Crisis Calls.**  
- In person, overnight, 7 nights/365 days/year  
- Regional overnight coverage in South County  
City police  
ACSO  
ACBH Mobile Units, (MCT, MET, CATT)  
Oakland Coalition for Police Accountability  
Oakland - MACRO  
IHOT outreach teams  
Sup Districts 1 and 4 - South County  
Who picks up the call? 988? Access? 211?  
Get data from existing overnight services, mobile teams operated by county and city  
Fraction of 911 calls that are police response for MH  
How many crisis response calls do FSPs receive  
Ask MH First how they are doing, who they might need to refer to | Crisis-continuum programs (alternative to law enforcement)  
CAHOOTS (Eugene, Ore)  
Crisis Now - Phoenix, AZ  
[Urban Strategies Council Report on MACRO](#) |
<table>
<thead>
<tr>
<th>City of Fremont-MET</th>
<th>Amber House, Cherry Hill, PES...how many admissions do they get overnight? How many are voluntary and how many are originated by the client? How many are turned away for lack of capacity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local NAMI</td>
<td>Number of jail admissions overnight</td>
</tr>
<tr>
<td>FSPs</td>
<td>Is reducing 5150s really a measure of success?</td>
</tr>
<tr>
<td>ACCESS</td>
<td>As a measure of success, need to also track ultimate outcomes of the SMI—such as how many clients go to other counties, die, or disappear</td>
</tr>
<tr>
<td>Crisis Support Services of Alameda County</td>
<td></td>
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<tr>
<td>Family Education and Resource Center</td>
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<tr>
<td>African American Family Support Group</td>
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<tr>
<td>City Homeless Outreach Units</td>
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<td>MH First in Oakland</td>
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<tr>
<td>Non-police crisis continuum programs</td>
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<tr>
<td>988 call line, CSU, CRT (Amber House)</td>
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</tbody>
</table>
## INTERCEPT 0: HOSPITALS AND CRISIS INTERVENTION

### Recommendation #9: Create forensic-focused peer respite. *(Goals 3 & 4)*

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding/Resources</th>
<th>Evidence and proved Models</th>
</tr>
</thead>
</table>
| **9.a. Develop a (6) bed Forensic-focused Peer Respite program for people leaving Santa Rita Jail, on Probation, or at-risk of becoming involved in the criminal justice system.** | La Familia  
The Wellness Centers (Bonita House, BACS)  
Safe Landing trailer (ROOTs)  
Probation  
ACBH/AFBH  
POCC  
PEERS  
Black Men Speak  
Reaching Across - Peer-run, spiritually-directed MH center in Fremont  
Spiritually-based peer support (Rev. Barbara Meyers, Pastor Horatio Jones)  
Police  
All existing mobile crisis response teams | Needs of people (three types) leaving jail, people on probation, people involved with police.  
How many people are leaving jail with no place to go?  
How many people involved with the collaborative courts have no place to go when they are discharged?  
What fraction of people released from Santa Rita every weekend up at Woodroe CRT, Jay Mahler CRT, JG PES? Or every 14 days or other period.  
CATT team results statistics; how many people in crisis (at risk) could use a respite program?  
Which BH systems do people use within a certain period of discharge from Santa Rita?  
- Discharge data from Tyler  
Estimated number of referrals to BH court | Current designated in ACBH MHSA  
**Governor’s Mental Health Budget** | |
<table>
<thead>
<tr>
<th>Options Recovery Services</th>
<th>Number of people referred and number of people on waiting list for respite facilities after being discharged</th>
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<tbody>
<tr>
<td>Existing re-entry teams, including forensic FSPs, Felton (CORE center)</td>
<td>Number of 5150s per year</td>
</tr>
<tr>
<td>Public Defenders Judge</td>
<td>Number of people who have contact with crisis teams</td>
</tr>
</tbody>
</table>

**INTERCEPT 0: HOSPITALS AND CRISIS INTERVENTION**

**Recommendation #10: Expand acute care capacity county-wide to serve as diversion options. (Goals 1 & 2)**

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proved models</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10.a. Expand Acute Inpatient Treatment (General &amp; Forensic).</strong></td>
<td>Family Groups – FASMI EB Supportive Housing Coalition MI Policy Org Treatment Advocacy Center Physicians Organizing Committee Disability Rights CA ACBH Alameda Health Systems (JG)</td>
<td>Level of unmet acute care needs (California Hospital Association) Data on how lack of one kind of service affects the needs or demands on other services How do costs of repeated hospitalization compare to costs of longer-term care? Reduction of non-monetary costs associated with repeated hospitalization</td>
<td>AB109 MHSA (allowable use of $ to build locked facilities?) General Fund Governor’s Mental Health Budget Waiver for SMI for the Medi-Cal IMD exclusion</td>
<td>Alameda County has about a third of the hospital beds it needs. <a href="https://www.calhospital.org/sites/main/files/file-attachments/psychbeddata.pdf">https://www.calhospital.org/sites/main/files/file-attachments/psychbeddata.pdf</a> Other psych emergency facilities are more welcoming than PES, if only because</td>
</tr>
<tr>
<td>Strategies/Key Actions</td>
<td>Champion and Stakeholder Involvement</td>
<td>Data Points &amp; Metrics (Baseline and Follow-up)</td>
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<td>Evidence and proved models</td>
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<tr>
<td><strong>10.b. Significantly increase the capacity of residential treatment beds countywide:</strong></td>
<td>Glen Dyer as a site Mental Health Associates of AC IHOT Teams EMS/Police MET/CATT Teams CBOs piloted 5150s Unions at JG &amp; Private Hospitals Financial Dept - CAO UCB School of Public Health</td>
<td>Acute Care Coordinating Committee Data --what kind of beds (subacute, board-and-care, etc.) they have the most trouble finding for their clients?</td>
<td>County inventory of unused county property</td>
<td>less crowded: for example Herrick?</td>
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- Crisis Stabilization Unit (CSU; 14-bed)
- 6-Bed Crisis Residential Treatment (CRT) facility
- Ensure there is a diverse capacity for both voluntary and involuntary beds
- Increase the number of voluntary beds at every corner of the County

<table>
<thead>
<tr>
<th>BACS</th>
<th>Telecare</th>
<th>IHOT</th>
<th>Family Advocates</th>
<th>Police Dept</th>
<th>EMS - HCSA</th>
<th>Family organizations as above</th>
<th>Provider groups - various systems of care (such as</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for voluntary beds</td>
<td>Need for involuntary beds</td>
<td>Current number of beds - voluntary and non</td>
<td>Point of intervention - assessment</td>
<td>How to engage people in voluntary services</td>
<td>Decision points model that includes:</td>
<td></td>
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</tbody>
</table>

- MHSA for unlocked beds
- AB109
- General Fund
- Governor’s Mental Health Budget
<p>| | | | |</p>
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<tbody>
<tr>
<td></td>
<td>Ensure open community access for voluntary beds</td>
<td>outpatient treatment programs, FSPs</td>
<td>All locations of services (including homeless support)</td>
</tr>
<tr>
<td></td>
<td>Explore ability for places to take insurance outside of Medi-Cal (private insurance) - for both voluntary and involuntary beds</td>
<td>Homeless service provider groups</td>
<td>Length of stay</td>
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<td></td>
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<td>Location of discharge dispositions</td>
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<tr>
<td><strong>10.c. Establish, expand, enhance, and coordinate database and tools available for real-time bed availability for all justice and health system partners.</strong></td>
<td>IT Department (ITD)</td>
<td>What aggregate data exists in ITD, Social Health Exchange, and ACBH?</td>
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<tr>
<td></td>
<td></td>
<td>Social Health Exchange</td>
<td>Which agency can house the data dashboards?</td>
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<td></td>
<td></td>
<td>Create MOUs between ACBH and criminal justice departments including ACSO, Probation, DA, SSA</td>
<td>What data does the county not have? For example. Waitlists</td>
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<td></td>
<td></td>
<td>CBO providers</td>
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<td>County General Fund</td>
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<td></td>
<td>Public Private Partnership - Chan Zuckerberg Foundation</td>
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<td></td>
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<td></td>
<td>LA County Justice Metrics Frameworks Report</td>
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<tr>
<td>Strategies/Key Actions</td>
<td>Champion and Stakeholder Involvement</td>
<td>Data Points &amp; Metrics (Baseline and Follow-up)</td>
<td>Potential Funding Sources</td>
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</tr>
<tr>
<td>10.d. Further increase capacity of overnight crisis beds countywide with a 12-Bed CRT (MH &amp; SUD).</td>
<td>FSP, Bonita House, Mental Health Provider Groups Cornin and Chrysalis</td>
<td>Need for residential services for co-occurring disorders Number of people with co-occurring disorders have housing and support services? What coordinated care is available?</td>
<td>Original Bonita House dual-diagnosis residence. Examples from other counties?</td>
</tr>
<tr>
<td>10.e. Add trauma-informed services to all acute care such as skills-building groups to engage people in staged-matched interventions.</td>
<td>EBAC - contract with County to make sure trauma informed care /Children's Hospital/ Mental Health Services</td>
<td>How many hospital staff are not able to handle challenging behavior to prevent another episode of trauma? What type of support do they currently have? What do they (staff) think they need? What do patients/family think would work better? Are there skill-building groups that are trauma informed? Do they conduct client/family satisfaction surveys?</td>
<td></td>
</tr>
<tr>
<td>10.f. Add more robust post-hospitalization care and discharge planning that connects people and their families to ongoing resources</td>
<td>Hospitals African American Family Support Group</td>
<td>How many post hospitalization programs are there?</td>
<td>Alameda County could start funding PHP/IOP again -</td>
</tr>
</tbody>
</table>
that includes a diversity of PHP/IOP programs that are both hospital and community based programs.

- Reinstate Alameda County Behavioral Health funding for PHP/IOP services for MediCal SMI patients

• L' Chaim
• HUME Center
• Alameda Health System (Highland/Fairmount)
• Herrick
• Psynergy
• Everwell
• Maurice Fried (re local IOP/PHP)
• Public Guardian

PHP or IOP slots when people leave the hospital?
FSP slots when people leave the hospital?
How many Board and Cares have day programs?
Number of County conservatorships; ability of family members to become conservators

Medicare stretches Medi-Cal dollars.
Community Conservatorship (a post-hospitalization model)
Santa Clara and San Joaquin, SF, Contra Costa Counties (all pay for PHP/IOP)

INTERCEPT 0: HOSPITALS AND CRISIS INTERVENTION

Recommendation #11: Create mechanism for families and others to safely report episodes. *(Goals 1, 2 & 3)*

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
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<th>Evidence and proven models</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.a. Develop a system to direct people to community/city/county/emergency services instead of law enforcement.</td>
<td>211 - Eden IR ACBH -Office of Family Empowerment and POCC FERC AA Family Support Group</td>
<td>POCC or FERC data</td>
<td>Private Foundations Comcast Community PSA’s (Lorna)</td>
<td>911 brochure for Stephanie Lewis adapted from San Mateo County model</td>
</tr>
</tbody>
</table>
- Integrate the capacity for family members or other people to report a missing person.
- Put FERC materials on website
- Develop proactive education about ways to outreach to others and alternative ways to locate SMI family members.

<table>
<thead>
<tr>
<th>HCSA Communication Ministerial Community</th>
<th>AA Wellness Group</th>
<th>Law Enforcement</th>
<th>Family Members</th>
<th>Crisis Teams</th>
</tr>
</thead>
</table>

African American Chamber of Commerce - donated services

Social media i.e. Next Door
Develop PSAs AB1424 or 1421 flyer
COVID I & G model - ACBH
Public Billboards
# RECOMMENDATION #12: Direct In-Home Outreach Team (IHOT) Referrals from Law Enforcement throughout The County.

## (Goal 4)

### Strategies/Key Actions

<table>
<thead>
<tr>
<th>Champion and Stakeholder Involvement</th>
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<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.a. <strong>Explore Forensic IHOT Expansion.</strong></td>
<td>IHOT Referrals 2018 309 2019 298 2020 316 2020 Referral Sources: Family 33.22% MHSP 25.95% Police 14.87% # of clients referred and number linked to outpatient treatment # of crisis episodes and length of hospitalization stay # of people linked to service # of people stayed with a team # of certified peers on IHOT</td>
<td>MHSA? Upcoming Peer Certification AB 109 Prop 47 Community Based Foundations</td>
<td>Intercept Zero - People Inc/ USA</td>
</tr>
</tbody>
</table>

- Include current IHOT team participants in the discussion-Advisory
- Participate in the monthly learning collaborative (AOT, IHOT, Families)
- Include Certification Peers on IHOT teams
### INTERCEPT 1: LAW ENFORCEMENT AND EMERGENCY SERVICES

#### RECOMMENDATION #13: Expand mental health involvement in law enforcement-involved crisis response. *(Goals 1, 2, & 3)*

<table>
<thead>
<tr>
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<th>Evidence and proven models</th>
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</thead>
<tbody>
<tr>
<td><strong>12.a. Expand CATT Program to include 6 New Teams.</strong></td>
<td>Law Enforcement Agencies</td>
<td>Public Consulting Group QA/effectiveness data of CATT Program.</td>
<td>MHSA</td>
<td>Reference ACBH RDA report &amp; recommendations to see if there are overlapping strategies and recommendations</td>
</tr>
<tr>
<td>• Create an additional CATT access point through a 24/7 crisis mobile hotline that is accessible and separate from 911</td>
<td>Oakland (MACRO)</td>
<td></td>
<td>City Law Enforcement Measure A</td>
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<td></td>
<td>Family Urgent Response-FURS(SSA)</td>
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<td></td>
<td>ACBH(Mobile Teams)</td>
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<td>Other Cities</td>
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<td>MH First</td>
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<tr>
<td><strong>12.b. Develop a coordination and accountability system among various mobile crisis units with a continuous assessment of effectiveness and improvements.</strong></td>
<td>Law Enforcement Agencies ac</td>
<td>Existing Data</td>
<td>Measure A</td>
<td>Ask Las Vegas, NYC, Atlanta, SF if/how they coordinate among different mobile units</td>
</tr>
<tr>
<td>• line up based on severity</td>
<td>Oakland (MACRO)</td>
<td>• Yellowfin Data (demographics, location of calls, disposition)</td>
<td>MHSA</td>
<td></td>
</tr>
<tr>
<td>• hours of operation</td>
<td>Family Urgent Response-FURS(SSA)</td>
<td>• MCT - arrest disposition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• line up to have 24 hour coverage across the county</td>
<td>ACBH(Mobile Teams)</td>
<td></td>
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</tr>
<tr>
<td>• develop a decision tree that includes compilation of all models</td>
<td>Other Cities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MH First</td>
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</tbody>
</table>
- include diversion options
- include coordination with FSPs
- include availability of services including housing and medication clinics

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models (can include costs)</th>
</tr>
</thead>
</table>
| **12.c. Embed clinicians in more Law Enforcement locations.**  
- Create a Mobile Evaluation Team in Fremont | Law Enforcement Agencies  
Oakland (MACRO)  
Family Urgent Response-FURS(SSA)  
ACBH(Mobile Teams)  
Other Cities  
MH First  
Fremont PD  
Hayward PD | Data from MET Teams:  
- Demographics  
- Time savings for calls  
- Location of calls | Community Services & Support (MHSA)  
General Funds  
City Law Enforcement  
Fremont PD | Freemont PD / Washington Hospitals collaboration |

| **12.d. Develop (2) Substance Use Mobile Outreach Teams that:**  
- Include SUD outreach to Homeless communities | Law Enforcement Agencies  
Oakland (MACRO)  
Family Urgent Response-FURS(SSA) | What are the current numbers primary SUD (PD, JGH/PES  
What data is JGH collecting as primary SUD and secondary as MH?  
Law enforcement data: | Drug MediCal  
SAMSHA  
State Crisis Act & city funds | Jay Mahler expansion  
Harm reduction based models  
“Punks with Lunch” |
- Consider establishing a 5170 (alcohol) and 5343 (drugs) designated facility.
- Conduct pilot program at Cherry Hill for both 5170 and 5343 instead of going to jail.

| ACBH (Mobile Teams-CATT, MET, MCT) | - How many 911/crisis calls are related to substance use?  
- How are calls currently dispositioned?  
Id and analyze existing services to determine if they provide substance use disorder services?  
Is 5170 receiving center needed to advance this strategy?  
**For 5150 pilot:**  
Number of people pre-pilot go to jail for SUD related behaviors or offenses  
Number of people go to Cherry Hill instead of jail during the pilot  
Number of people go to treatment after Cherry Hill  
Number of people go home and not on to jail |
| MH First APTP  
ACBH - SUD and perhaps contracted CBO  
Cherry Hill law enforcement agencies  
SUD service provider network (Options, Telecare, La Familia)  
Falck  
Probation (embedded clinicians) | Medical Administrative Activities (MAA)  
MHSA  
2nd chance grant?  
BSCC (parole?) | ORS (housing)  
MI, AK, AR, CO, CT, DE, DC – all have some level of 5170 |

### INTERCEPT 1: LAW ENFORCEMENT AND EMERGENCY SERVICES

**Recommendation #14:** Develop and expand pre-arrest & pre-booking diversion programs. *(Goals 2 & 3)*

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
</table>
14.a. 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.

- Assess current contracts to identify gaps in services
- Build upon untapped services to fill gaps in services
- Cross-train teams to monopolize on current services and resources

<table>
<thead>
<tr>
<th>CARES Navigation Center - peer and clinician led model</th>
<th>Data points related to keeping people out of the courts and out of the jail</th>
</tr>
</thead>
<tbody>
<tr>
<td>DA</td>
<td>racial demographics</td>
</tr>
<tr>
<td>La Familia</td>
<td># people served</td>
</tr>
<tr>
<td></td>
<td>recidivism data</td>
</tr>
<tr>
<td></td>
<td>successful service connections</td>
</tr>
<tr>
<td></td>
<td>successful service engagement</td>
</tr>
<tr>
<td></td>
<td>Fully electronic system from referral to reporting</td>
</tr>
<tr>
<td></td>
<td>Hope to reduce # of 5150s</td>
</tr>
</tbody>
</table>

BSCC grant - 3 yr. grant, 2 years left

Variation of The Living Room/LEAD model - traditionally been hospital diversion - this is set up as a true jail diversion model
## INTERCEPT 2: COURTS AND INITIAL DETENTION

**Recommendation #15: Increase funding for collaborative courts/mental health courts as a pre-trial diversion option. (Goals 1 & 4)**

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
</table>
| 15.a. Sustain current Collaborative Courts and expand Behavioral Health Court in the 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, and number of court days in which it is held. | Private Attorney - Ref. DA workbook  
National Association for Drug Court Professionals  
SAMSHA  
Judge Manley (State & Alameda advocate)  
Collaborative Courts Justice Advisory Cmte.  
Charles Smiley  
ACBH  
Probation/Parole  
Veteran’s Administration  
District Attorney  
Public Defender  
Social Services Agency | **Standard group of data to compare to statewide data points:**  
- Eligibility criteria  
- # served & # capacity (eligibility vs. use)  
- How much does it cost per ppt?  
- Time spent in jail while awaiting collaborative court determinations  
- N and % of Collaborative Court participants with a history of MH Tx in Alameda County  
- N and % of Collaborative Court participants assessed with MH symptoms.  
- N and % of Collaborative Court participants classified as high utilizers of MH svcs.  
- N and % of Collaborative Court participants with lifetime, past year, and during Court participation utilizing AFBH services (N of episodes) | Social Services  
AB109  
MHSA  
General County Funds  
State Drug Treatment Funds  
Veterans Administration  
Philanthropic Foundations  
Pre-Trial Pilot funded through 12/31/21 (w/Probation?) | Department of Justice Key Components of Treatment Courts  
National Association of Drug Court Professionals (NADCP) Best-Practice Standards, Vol 1 & 2  
Report on Collaborative Courts with links to evidence-based strategies and data  
Judicial Council  
Validation of Risk/Need |
| ACSO | - N and % of Collaborative Court participants with lifetime, past year, and during Court psychiatric hospitalizations (N of days).  
- # of participants looking at race w/ equity metrics  
**Sustainability Budget:**  
1 yr. target = $1,370,000 local $ to cover grants ending/programs closing:  
- Parole Reentry Court funding currently cut to unsustainable level (CDCR Reentry funding)  
- $500,000 annual PRCS Reentry Court funding (AB109) ends May 2022  
- $120,000 annual Veterans Treatment Court federal grant funding ends December 2022  
- $500,000 in annual Family Treatment Court federal grant funding ends September 2023  
- $500,000 in annual Drug Court federal grant funding ends September 2023  
- Aim to sustain $1M annual from ACBH | Assessment Tool (VPRAI)  
Pre-Trial Diversion-The Overlooked Evidence Based Practice  
https://www.uscourts.gov  
Nat’l Assoc of Pretrial Services Agencies  
Centre for Justice and Reconciliation  
Pretrial diversion the over-looked evidence based practice  
NIC- Evidence-Based Decision Making: A Guide for Pretrial |
<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.b. Bridge Collaborative Courts and Behavioral Health Court to CBOs who have contracts to provide services and case management.</td>
<td>ACBH DA/PD Probation Parole CBO’s</td>
<td>MH status among Collaborative Court participants in FFY 2018-19 N and % of Collaborative Court participants linked to ongoing county behavioral health svcs at the appropriate level of care. Number of and utilization rates for criminal thinking groups in SUD programs # of high utilizers for MH services who are also involved in SUD services</td>
<td>CDCR Parole AB109</td>
<td>MRT - Moral Recognition Therapy (costs approx. $600 per clinician to become certified as a facilitator) - evidence-based service for high risk/high need collaborative court clients Thinking for a Change</td>
</tr>
<tr>
<td>15.c. Provide education to the public and other key stakeholder groups on Collaborative Courts/Behavioral Health Court eligibility criteria.</td>
<td>CBOs Sheriff’s Department Public Defenders Collaborative Team Office Probation officers OCCS</td>
<td>Number of agencies and people trained Number of hits on website and app</td>
<td>Federal drug court grants</td>
<td>Flyers @ Vet Court</td>
</tr>
</tbody>
</table>
**INTERCEPT 2: COURTS AND INITIAL DETENTION**

**Recommendation #16: Strengthen Infrastructure for Competency Restoration and Diversion Outside of Jail. (Goals 2 & 3)**

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and Proven Models</th>
</tr>
</thead>
</table>
| 16.a. Increase the capacity of residential treatment beds to support competency restoration and diversion. | AFBH  
Probation  
Diversion pilot  
FASMI  
Existing Alameda County PHFs: Heritage (Kaiser side of Gladman), part of Willow Rock Telecare  
Crestwood (builders) | How often is coordination of care held by one entity happening?  
What are PHFs in other systems?  
What’s the difference between a PHF and an MHRC (like Villa)  
Is a PHF something we need in our County?  
County need & gaps  
Census #  
California Hospital Association data | AB109  
Governor’s Mental Health Budget  
MHSA (if we can get the state to interpret it right)  
General Fund  
ACBH? (County’s reserve for capital investment)  
Federal infrastructure $(County | Many existing PHFs are 16 beds.  
Psychiatric hospital needs assessment  
San Mateo County  
Villa Fairmont is the best example in this county.  
A. M. Delta Psychiatric Transitions in Merced County, a 98-bed MHRC, gets good reviews |
<table>
<thead>
<tr>
<th>County inventory of unused county property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver for SMI for the Medi-Cal IMD exclusion—(allows Medi-Cal to subsidize stays in psychiatric institutions with more than 16 beds.)</td>
</tr>
<tr>
<td>Behavioral health infrastructure</td>
</tr>
</tbody>
</table>
## INTERCEPT 3: JAIL

### Recommendation #17: Expand forensic linkage program at Santa Rita Jail. *(Goal 4)*

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics <em>(Baseline and Follow-up)</em></th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
</table>
| 17.a. **Immediately upon entrance into the jail, identify individuals across the board with mental illness (mild, moderate and severe) to identify as quickly as possible, the most appropriate setting - including non-jail settings - for rendering mental health services and treatment, and the paths to provide them.** | ACSO- records dept ACBH/AFBH (Sharing information btw the two) ACBH w/ MHAB? Peers, hiring formerly incarcerated people for programs inside jail ROOTS: Navigators program expand inside jail ALL of Us or None Underground Scholars Oakland Unite | Data on tracking people who have mild to moderate mental illness  
- # of people  
- what are their needs  
- what are their charges  
CDCR classifications of mental illness (federal court - under the receiver)  
Triple CMS  
EOP  
Clarify what programs and services are currently provide in the jail  
Measure staffing needs related to transport/escorts for people within the jail so more people can have access to services | **MHSA- ACBH has already designated in current MHSA plan**  
General fund - AFBH positions within the jail  
ACBH federal CSAMI grant to provide a culturally relevant screening, assessment, and coordinated care planning for African American men with co-occurring disorders at SRJ  
Wellpath (ACSO funded) - quick screening  
Telecare - screening for overnight shifts | APA Guidelines  
Criminal Justice Needs Guidelines  
**Managing the SMI in Corrections publication**  
**Mental Health and Second Chances-RWJ**  
CDCR model |
- Train all jail staff on best practices with people with mental illness including least restrictive
- Holds, avoiding force, and use of de-escalation
- Expand capacity for access to jail programs for people in various housing units within the jail

<table>
<thead>
<tr>
<th>17.b. <strong>Develop and ensure AFBH - FSP linkage while in jail to ensure warm hand-off at time release.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Coordinate the AFBH discharge planning with community FSP providers prior to release – including Bay Area Community Services (BACS) - LIFT - Lasting Independence Forensic Team, Telecare - JAMHR, Forensic FSP for TAY</td>
</tr>
<tr>
<td>AFBH</td>
</tr>
<tr>
<td>CBOs providing FSP</td>
</tr>
<tr>
<td>ACSO</td>
</tr>
<tr>
<td>Probation</td>
</tr>
</tbody>
</table>

- ACSO seeking grant funding for staff training
- DA's office seeking a grant to expand CIT training for law enforcement officers refresher for existing staff and intro training for new officers

<table>
<thead>
<tr>
<th>17.c. <strong>Address stigma around mental health/mental illness inside jail by increasing peer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire peers in the new AFBH positions</td>
</tr>
<tr>
<td>Peer Support Program</td>
</tr>
</tbody>
</table>

- AFBH funding for early/initial outreach and engagement, discharge planning for linkage to FSP prior to release
- Medi-Cal waiver? Connection of people in jail to Medi-Cal services upon release
- Declining to charge people with lower level offenses/diversion so that community Medi-Cal funding can be used instead
**mentors and counselors in the jail.**

- Hire peer support counselors who may be able to help individuals engage in services
- Address clearance issues to hire formerly incarcerated people for programs inside the jail
- Utilize tablets to provide peer support

ACPD has a position through the Reentry Hiring Program (peer mentor) who is cleared to go into the jail

ACSO exploring ways to hire people through the Reentry Hiring Program (jobs for formerly incarcerated people in AC government agencies)

Black Men Speak (Forensic Peer Specialist training)

NAMI Connection support group for consumers (nationally vetted program)

NAMI Peer to Peer - 8 week education program on illness management (nationally vetted)

MoD® (Mentor on Discharge®) NAMI ACS Program

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**INTERCEPT 3: JAIL**

**Recommendation #18: Expand discharge planning and care coordination with community providers in jail prior to release. (Goal 4)**

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.a. Expanding discharge planning teams within the jail to include mental health specialist and clinicians.</td>
<td>AFBH Family Advocates</td>
<td>Understand how and for who discharge planning is happening? - People who have sentences or release dates vs. those that don’t</td>
<td>New AFBH positions at SRJ</td>
<td></td>
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</tbody>
</table>
• Define more clearly who is in charge of discharge planning and who is involved.

• Develop a mechanism for family involvement and input into discharge planning.

<table>
<thead>
<tr>
<th>18.b. Expand coordination of reentry providers with in-reach into the jails prior to people's release.</th>
</tr>
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<tbody>
<tr>
<td>• Arrange for more community providers (behavioral health, housing, and others) to have access to and opportunities to connect with potential clients prior to release from jail that carries over post-release.</td>
</tr>
<tr>
<td>• Strengthen coordination of in jail discharge services with Safe Landings Project in SRJ parking lot.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
</tbody>
</table>

| AFBH  
Interfaith Coalition Justice in our Jails  
Community Based Provider partnerships  
ACSO - release information  
AC Probation  
Peers  
Public Defender  
Legal Aid Providers | Numbers/ practice of discharges at night (when community providers are not open) | AB109 | CDCR model tele-health model |
- Explore options to provide people with a cell phone upon release.
- Explore use of Skype or other video-based technology to link people in jail to community providers before release.

<table>
<thead>
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<th>Evidence and proven models</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.c. Coordinate medication management between jail behavioral health providers and community providers.</strong></td>
<td>ACSO</td>
<td>Medications across all healthcare needs</td>
<td>CDCR portal - coordinated with ACBH to transfer information and confirmation</td>
<td></td>
</tr>
<tr>
<td>- Coordinate medication needs across BH and primary healthcare</td>
<td>AFBH</td>
<td></td>
<td>TCMP - CDCR Release Program</td>
<td></td>
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<tr>
<td></td>
<td>Interfaith Coalition for Justice in our Jails</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider groups</td>
<td></td>
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</tr>
<tr>
<td><strong>18.d. Consider expanding Community Conservatorship to people in Santa Rita Jail to provide housing, medication management, a strong level of support (already available to people in Villa Fairmont and JG).</strong></td>
<td>NAMI &amp; Others: family advocacy group</td>
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<td></td>
<td>ROOTS; trained navigators formerly incarcerated</td>
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<td></td>
<td>Family support/coordination</td>
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<td></td>
<td>Family Education and Resource Center</td>
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</tbody>
</table>
**INTERCEPT 4: REENTRY**

**Recommendation #19: Expand high fidelity Assertive Community Treatment (ACT) a high intensity treatment and case management model & Forensic Assertive Community Treatment (FACT) Teams. (Goals 1 & 4)**

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding/Resources</th>
<th>Evidence &amp; proven Models</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.a. Increase the outreach &amp; streamline service delivery for ACT and FACT teams.</td>
<td>ACBH Recently incarcerated people CBOs</td>
<td>What is the unmet need? Un-siloing of services is part of need How many people are currently utilizing ACT and FACT?</td>
<td>General Fund AB109 MHSA - ACT funder Medi-Cal</td>
<td>Pathways/CDCR portal model other ACT-like Telecare/ AOT/CC programs</td>
</tr>
</tbody>
</table>
## INTERCEPT 4: REENTRY

**Recommendation #20: Design forensic, diversion, & re-entry services system of care. (Goals 1, 2, 3 & 4)**

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
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<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
</table>
| **20.a. Re-design organizational forensic services including:** | Family members  
Probation clients  
Courts  
community advocates  
College healthcare services  
County Operators | Effectiveness of ACCESS  
Need: information & outreach.  
Two systems that could help connect the silo environment for resources:  
1. BHL Demo Available at: [https://behavioralhealthlink.com/saas/](https://behavioralhealthlink.com/saas/)  
2. Unite Us- community network information sessions to learn about the platform, identify areas of alignment and collaboration, and participate in a discussion are available at: [Access the schedule of events and register today!](#) | Current funding sources?  
Unite Us? | Arizona Access Model  
Georgia Crisis & Access Line  
Unite Us system is being implemented statewide.  
Up Next program for foster youth  
Drexel University - Train the Trainer POCC Model (The Art of Facilitating Self-Determination) |
| **20.b. Complete quality review of Youth and Adult/Older Adult Forensic Programs.** | Families  
ACBH  
CBO | Need demographic data by age | Veteran’s (Older)  
TAY funding for youth  
AB109 funding | NIH Aging with Mental Disorders in the Criminal Justice System- A content Analysis of the |
<table>
<thead>
<tr>
<th>Youth justice groups for the Youth programs</th>
<th>Consumers i.e. High utilizers’ Family organizations</th>
<th>High utilizer standard definition Establish dataset to collect information by definition</th>
<th>Current funding?</th>
<th>Empirical literature 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20.c. Prioritize the care of high utilizers of county behavioral health and forensic services to ensure that they are connected to appropriate treatment and facilities.</strong></td>
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<td></td>
<td></td>
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</tbody>
</table>

**INTERCEPT 4: REENTRY**

**Recommendation #21: Re-launch (2) Multi-disciplinary Re-Entry Teams (MRTs). (Goal 4)**

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
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<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>21.a. Create Forensics Re-entry Teams.</strong></td>
<td>AFBH &amp; ACBH People released from prison to Alameda County. Law enforcement Probation Parole Felton Institute, Roots, La Familia, BOSS, BACs + other CBOs</td>
<td>Number of SMI/co-occurring persons being released from SRJ. Need would be every one of those persons to get care from these teams.</td>
<td>General Fund AB 109 Medi-Cal</td>
<td></td>
</tr>
</tbody>
</table>
21.b. Provide comprehensive services including behavioral health treatment, case management, housing and employment support and linkages to services, life skills, and educational support.

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Capacity for teams to help people leaving jail and prison?</th>
<th>Number of people with SMI/co-occurring being released from SRJ, prisons</th>
<th>What are the unmet needs of formerly incarcerated people from SRJ / Prison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parole</td>
<td>Formerly incarcerated people and orgs they’re in (CURYJ, All of Us or None, Urban Peace Movement, Root and Rebound, etc.)</td>
<td>Inventory of current services/providers</td>
<td>Identify overlap/ duplication</td>
</tr>
</tbody>
</table>

**INTERCEPT 4: REENTRY**

**Recommendation #22: Create an adult residential co-occurring forensic treatment facility with direct linkage from Santa Rita Jail. (Goals 3 & 4)**

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
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<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
</table>
| 22.a. Create a Co-Occurring (MH & SUD Treatment) Residential 10-bed. | NAMI, FASMI, Bonita House | Continuity of care  
Consistent case management  
length of stay  
After care past 21  
Any experience of Bonita House with forensic discharges | Medi-Cal  
Substance abuse treatment block grants  
Drug Medi-Cal  
Governor’s Mental Health Budget  
SAMHSA | NAMI program |

| 22.b. Facilitate releases of SMI and SUD population from SRJ. | Courts DA, Public Health | My Court data |  | Louisville, Kentucky Discharge Planning |
**INTERCEPT 4: REENTRY**

**Recommendation #23:** Increase reentry planning programs to ensure a seamless system of care and support after release.  
*(Goal 4)*

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
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<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
</table>
| 23.a. **Use a comprehensive reentry planning assessment** that includes behavioral health/health, housing, family/loved ones, custodial responsibilities, employment, and reentry goals. | ACSO (Inmate Services)  
AFBH - Risk and Needs assessment on intake  
Probation  
Community Based Organizations  
Social Worker in Public Defender’s Office  
Mindfulness Course Pilot at SRJ (Mind Body Awareness)  
- graduates helped to facilitate future cohorts - grant funded (Dept Homeland Security)  
David Panish-ACBH signing people up for benefits, offering $500 cash benefits  
Legal Aid Providers | Referrals tracking -Probation  
ACBH access to charge, conviction data to measure impact of services across the board and its impact on reincarceration?  
Access to reentry services  
- pre-trial  
- sentenced  
- awaiting transfer to CDCR  
Identify what are the current resources, where are they currently going  
AB109 Evaluation Program by RDA (recidivism data points)  
Client engagement data | 2nd chance act grant - for ACSO reentry position/facility  
AB 109 Allocation - $ already set aside for CBT  
New AFBH positions at SRJ | Probation model - community service provider connecting through a pod or come into the Transition Center to meet with clients - are gathering data on referrals. Risk Need Responsivity (RNR) Model.  
Reentry Health Policy Project: Meeting the Serious Health and Behavioral Needs of Prison and Jail Inmates Returning to the Community  
Mindfulness Course Pilot Evaluation Report  
David Panish model |
with people to facilitate reentry planning
- AFBH space
- Probation space
- Create peer support in Transition Center
- Allow computer access

- Add services to obtain California ID, Social Security card, birth certificate, employment, housing, government benefits, etc.,

| 23.b. **Link more people to comprehensive community services prior to release.** | Felton Institute - Center for Reentry Excellence (CORE), Forensic Triage Program
American Jobs Center-Linked with AC Workforce Investment B and La Familia
Individualized Placement and Support
Operation My Hometown (ACSO, Probation, DA, BOSS, La Familia, BACS, PACT, American Jobs Center) | AB109 ACBH
MHSA
Insurance carriers, both public and private
Federal 2nd Chance Act Grants | MoD®
Operation My Hometown |
# INTERCEPT 5: COMMUNITY SUPERVISION

**Recommendation #24:** Continue to integrate innovation and rehabilitative programs for people who are on community supervision. *(Goal 4)*

<table>
<thead>
<tr>
<th>Strategies/Key Actions</th>
<th>Champion and Stakeholder Involvement</th>
<th>Data Points &amp; Metrics (Baseline and Follow-up)</th>
<th>Potential Funding Sources</th>
<th>Evidence and proven models</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.a. Increase Peer Mentors and Navigators on Probation staff to increase Diversion.</td>
<td>CBO’s Probation Parole</td>
<td>Current Probation Contracts/Service Providers: What data are they collecting toward referred, # provided, outcome, costs?</td>
<td>AB109 BSCC grants <a href="https://www.bssc.ca.gov/s_argrant/">https://www.bssc.ca.gov/s_argrant/</a></td>
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<tr>
<td>24.b. Change the culture of probation and parole practices from detention to diversion through continued training on evidence-based community supervision practices.</td>
<td>Probation Parole</td>
<td>Data on total populations currently served, outcome data Information on training provided - # of trainings - types of trainings - # of probation staff attending (total) - # of probation staff attending (by position, DPO, administrator, etc.) Services provided through probation</td>
<td>AB109 General Fund</td>
<td>Risk Need Responsivity (RNR) model. <a href="https://www.bssc.ca.gov/s_argrant/">Dosage-based Probation</a></td>
</tr>
<tr>
<td>24.c. Integrate the Pathways Model from CDCR into Probation to reduce recidivism and increase diversion.</td>
<td>Probation CDCR</td>
<td>Evaluation Data collection</td>
<td>Second Chance Act Grant Funding</td>
<td></td>
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</tbody>
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