Community Health & Justice Project

Blueprint

December 2022

OnTrack
PROGRAM RESOURCES

BEHAVIORAL HEALTH
Justice Intervention Services

LPC
CONSULTING

Highlights

With funding from a Behavioral Health Justice Intervention Services (BHJIS) grant, ONTRACK Program Resource's Community Health and Justice Project (CHJP) intends to transform the way Sacramento's criminal justice, behavioral health and community stakeholders work together to improve collective outcomes for Blacks/African Americans, especially those experiencing mental illness who are involved with the criminal justice system.

Collaborative Framework

ONTRACK facilitated a collaborative process, building a **framework for change,** including a Steering Committee comprised of 50% agency/professionals and 50% Black community members with lived experience who were compensated for their participation as subject matter experts in the decision-making process. The Steering Committee selected Crisis, Respite, and Community Service (Intercept 0); Jail/Court (Intercept 3); and Re-Entry (Intercept 4) as the CHJP areas of focus, establishing three workgroups focused on each area that met 4-5 times to **identify a specific problem statement** and possible **recommendations** that the CHJP was uniquely positioned to address.

Identified Issue Areas

Crisis, Respite, and Community Service | The problem is that there are not enough culturally responsive prevention services for Black/African American people with a combination of criminal justice interactions and mental health needs and there are numerous systemic barriers to services that do exist. Recommendations include increasing transparency about available services, expanding culturally appropriate services and clinical workforce, and engaging community on 911 dispatch resources.

Jail/Courts | The problem is a significant increase in the intersection of criminal justice, mental health, racial disparity, and unhoused. Individuals are released pre-arraignment and post-arraignment[1] without a safe and supported discharge plan. More coordinated support and immediate access to appropriate intervention is necessary. Limited resources and expansion of services need to be addressed. Communication gaps and barriers exist and need to be overcome.

After generations of systemic and structural racism, Blacks/African Americans are over-represented within the jail population. Compounding this profound disparity, there exists a lack of data disaggregated by race/ethnicity at different decision points. Recommendations include connecting to services pre-release, increasing non-custody options for law enforcement responding to mental health crisis, and establishing a release receiving center.

Identified Issue Areas (continued)

Re-Entry | The problem is that currently there is not a bridge that allows for a Safe Reentry into the community. A bridge that includes a warm embrace by person(s) and/or organization who can ensure that returnees are connected to culturally responsive MH/behavioral health programs for African Americans. Specifically, the re-entry system does not currently have experienced men and women working with newly released returnees to link, and motivationally sustain, their connection to effective community services. Recommendations include supporting families and communities to receive returnees and funding culturally specific wraparound services and (in)credible messengers to support re-entry.

Everyone involved in the CHJP acknowledged the complexity and importance of the issues, and that no one group can solve the problems alone. It will take a multi-agency, public/private, and community-driven collective process to address these systemic issues. The recommendations identified as most impactful increase access to services, improve the cultural appropriateness of services, improve communication and relationships between community and law enforcement, and prioritize the support of peer specialists and other credible messengers with lived experience.

No one group can solve the problems alone

Looking Forward

This planning phase is an important and commendable collective accomplishment for Sacramento, but it is just the beginning. The next phase of the CHJP will focus on strategies, interventions, and processes to identify data gaps and institutionalize shared measures, policy alignments, and creating funding streams to sustain the long-term transformation of how Sacramento responds to the disparities and inequities in the criminal justice, behavioral health, and related social economic and health problems. The CHJP is ready to establish and launch a **"care first" Collective Impact Action Plan** with Black/African American community and multidisciplinary stakeholders. Objectives will include identifying long-term **strategies** related to the recommendations in this Blueprint, identifying "care first" **interventions**, developing a **capacity building** plan, launching a CHJP **media campaign**, and building the infrastructure for **financing** long-term systems change strategies and interventions. ONTRACK is honored to be partners in providing support to this movement and will actively seek funds to sustain the CHJP and through innovative, collaborative, and traditional fund development.

Community Health and Justice Project (CHJP)

With funding from a one-year Behavioral Health Justice Intervention Services (BHJIS) grant, ONTRACK Program Resource's Community Health and Justice Project (CHJP) intends **to transform the way Sacramento's criminal justice, behavioral health and community stakeholders work together to improve collective outcomes for Blacks/African Americans**, especially those experiencing mental illness who are involved with the criminal justice system.

CHJP leveraged and built upon ONTRACK's MHSOAC Sacramento Black Community Criminal Justice + Mental Health Real Talk event[2] that occurred in Fall 2021. ONTRACK facilitated the collaborative CHJP process, building a **framework for change,** including a Steering Committee comprised of 50% agency/professionals and 50% Black community members with lived experience who were compensated for their participation as subject matter experts in the decision-making process. See Attachment 1 for a full list of CHJP Steering Committee and Workgroup members.

The CHJP Steering Committee collectively developed a set of **values** and **critical elements for building trust** to guide development of this systems transformation plan (Blueprint). See Attachment 2 for a detailed matrix of critical elements for building trust in the CHJP process.

The following sections of this Blueprint describe the CHJP philosophy, model, and focus problem, along with consensus reached by each Workgroup and the Steering Committee, overall. The Blueprint concludes with a summary of recommended solutions and potential next steps to continue the CHJP momentum.

CHJP VALUES
- Contribution by all
- Empowerment and restoration of dignity for formerly incarcerated
- Measurable change
- Accountability for services that support success for those leaving system
- Collaboration
- Honoring lived experience
- Equitable representation and decision making for formerly incarcerated and those representing systems
- Kindness
- Transparency
- Commitment
- Respect for community knowledge
- Keeping people of African descent out of the system
- Humanity
- Acknowledgement of historical context

BUILDING TRUST
- Accountability
- Shared Power
- Transparency
- Historical Context
- Diversification of Staff
- Collaboration
- Commitment

Shared Definitions

Equity: Racial equity is realized when race can no longer be used to predict life outcomes, and outcomes for all groups are improved.

Collective Impact: A network of community members, organizations, and institutions that **advance equity** by learning together, aligning, and integrating their actions to achieve population and systems-level change.

Key Collective Impact Elements:
Common Agenda, Shared Measurement, Mutually Reinforcing Activities, Continuous Communication, Backbone Support

CHJP Model

Sacramento Black/African American residents are disproportionately over-represented in the Sacramento criminal justice system. According to the O'Connell Report, **stark racial disparities persist in the Sacramento County Jail**: Black people represent 39% of the current jail population (up from 31% in 2016), but account for only 34% of those booked in 2021 and just 11% of the county's general population. In contrast, White people comprise 63% of the county population and about 36% of jail admissions.[3] The Community Health and Justice Project (CHJP) was initially designed to address the de-criminalization of people with mental health and substance use disorders (MH/SUD) and increase community supports to prevent and treat MH/SUD crisis.

The Steering Committee acknowledged that the issue extends beyond just disproportionality to all outcomes and is too complex to simply be resolved with new programs. The revised goal to improve collective outcomes for Blacks/African Americans requires **a systems transformation in the way Sacramento's criminal justice, behavioral health and community stakeholders work together**. Neither the community nor one single agency can make the change themselves: the power of collective impact rests at CHJP's foundation.

Community expertise and wisdom was respected, appreciated, and acted upon throughout CHJP, especially within the Steering Committee and Workgroup structure. The Steering Committee collectively developed, and regularly reviewed, a shared approach for working together grounded in key questions:

> Which issue, at the intersections of criminal justice and behavioral health, can people at this table have an impact on?
>
> What is this group uniquely positioned to do collectively at the intersections of criminal justice and behavioral health?

CHJP **technical assistance and trainings** enhance culturally responsive, trauma informed, and empower behavioral health and criminal justice-related services for the Black population in Sacramento. ONTRACK provided technical assistance to the Steering Committee, with particular emphasis on supporting full and robust participation by community representatives. Early on, a community member acknowledged feeling lost and uncertain about their contribution to the group, so ONTRACK provided additional technical assistance for community members to have a space to ask questions and receive context. While all Steering Committee members were invited to this "For Us By Us" technical assistance, these sessions were predominantly to empower and train community members to share their community wisdom in the Steering Committee meetings. ONTRACK also scheduled check-in meetings with each agency partner to reinforce the importance of their representation and commitment to regular attendance at meetings. The Steering Committee's identified need for shared understanding of intergenerational trauma and historical racism was addressed in an August training. Additional trainings will be scheduled in 2023.

To gather **community and agency feedback**, ONTRACK coordinated and facilitated three community focus groups in October with 30 Black/African American residents of Sacramento County, ages 18+, with lived experience with criminal justice and mental health and/or substance use, and eight key informant interviews with agency decision makers. All three groups expressed many similar concerns about the lack of culturally responsive services. Community members felt frustration and disrespect in the face of racism, stigmatization, and cultural incompetence among law enforcement and behavioral health providers. The frustration, anger, and sadness about the lack of services that could help access mental health support was palpable in the focus groups and emerged in agency stakeholder interviews. Agencies acknowledged the need to do better and affirmed a desire to partner with community members.

See Attachments **7** and **8** for full summaries of the focus groups and interviews

To raise **awareness**, ONTRACK distributed a project announcement press release in April, and CHJP Facilitator Adele James, was interviewed by KCRA Channel 3 in October. Community outreach and stigma reduction awareness via trusted community sources are planned for early 2023. Every component of the CHJP project worked together towards the goal to **"transform the way Sacramento's criminal justice, behavioral health and community stakeholders work together to improve collective outcomes for Blacks/African Americans."**

CHJP Timeline
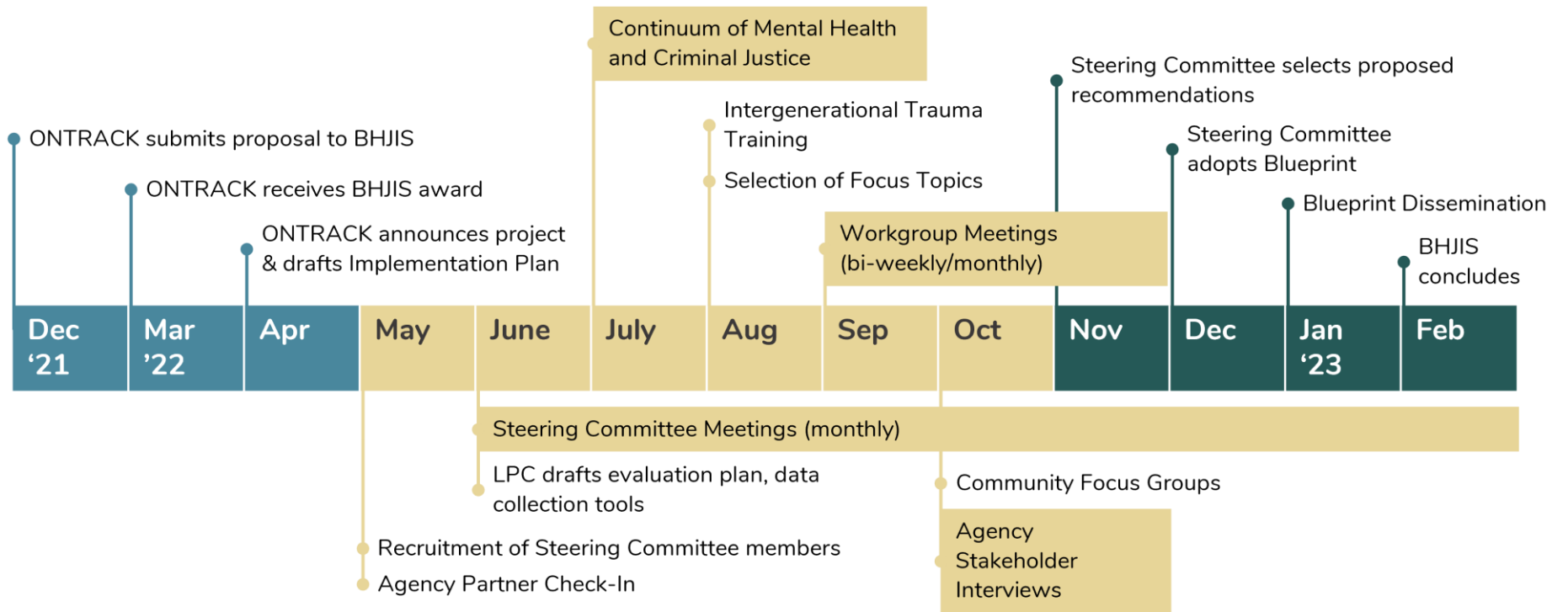
CHJP Problem Definition

A common understanding of the problem the group is trying to solve is critical to creating any change. Often this involves establishing boundaries for what issues, players, and systems the group will engage with, and which are outside its scope. The problem definition is built on a shared understanding of the root causes of the issue at hand.

As described on page 1, the purpose and vision of CHJP was to leverage momentum from the successful and impactful 2021 Real Talk Call and Response process. Prior to the first CHJP meeting, the project evaluator, LPC Consulting Associates, Inc. developed a **"Real Talk to Hard Data"** or "continuum" to initially help serve as a bridge document to help identify focus issue(s)/strategies, and eventually, data to measure change. (See Attachment 3). The foundation/inspiration for the continuum was SAMHSA's Sequential Intercept Model, or SIM,[4] which "details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system." Feedback from the Steering Committee in July 2022 shifted the continuum to align directly with the Sacramento County SIM document.[5]

The continuum sparked discussions about which areas/strategies members were most passionate about and where they thought the Steering Committee was uniquely positioned to address. In August 2022, the Steering Committee selected Crisis, Respite, and Community Service (Intercept 0); Jail/Court (Intercept 3); and Re-Entry (Intercept 4) as the CHJP areas of focus.

Each Workgroup focused on one area, meeting 4-5 times to identify: the problem the workgroup will focus on; data that substantiates the problem and where can it be found; opportunities for cross pollination; data sharing; any data gaps that exist; major initiatives & policy that might be a match for group to address, and finally propose solution(s) and recommendation(s), summarized in the following three pages. Where possible, the CHJP Backbone ONTRACK and project consultant team (See Attachment 1) gathered primary and secondary data to support each workgroup, but the lack of disaggregated data plagued each of the Workgroups. A Sacramento County Board of Supervisors workshop focused on the Mays Consent Decree,[6] including a 200+ page agenda packet[7] providing important data points of interest to the CHJP. Excerpts from the O'Connell Sacramento County Jail Study Report[8] (pages 16-17) are included for each Workgroup.

Real Talk to Hard Data Continuum

0 Crisis, Respite, & Community Service

1 Law Enforcement & Co-Responders

2 Initial Detention / Initial Court Hearings

3 Jail / Court

4 Re-Entry

5 Community Corrections / Supports

Crisis, Respite, and Community Service Workgroup (Intercept 0)

The Crisis, Respite, and Community Service Workgroup focused on opportunities to divert people into local crisis care services, including alternatives to contacting law enforcement in response to people experiencing crisis. Intercept 0 connects people with treatment or services instead of arresting or charging them with a crime.

Problem

There are not enough culturally responsive prevention services for Black/African American people with a combination of criminal justice interactions and mental health needs and there are numerous systemic barriers to services that do exist.

Current Landscape

While there are several crisis and respite providers throughout Sacramento County, criteria requiring a diagnosis of Severe Mental Illness (SMI) limits the number of people who can receive services. The new 988[9] crisis lifeline is an option for non-law enforcement response, but more community awareness is needed, including that the crisis line is staffed by Wellspace Health. The Wellness Crisis Call Center will respond to 988 referrals as of December.

Community & Agency Input

The most helpful community mental health or support services prioritize urgency, care, and accountability, meeting people where they are. A safe space is needed to heal intergenerational trauma and Post-Incarceration Syndrome. While community members emphasized non-law enforcement response, agency stakeholders identified dispatching joint law enforcement/behavioral health teams as the safest option when law enforcement does respond to a mental health crisis.

Crisis, Respite, and Community Service Workgroup (continued)

Identified Data Gaps

The Workgroup identified the lack of a comprehensive list of crisis and respite services and how to access them as critical. In addition, service data, including who requests and who receives services, by race/ethnicity, is not available.

O'Connell Report Data

The jails increasingly house people with mental health conditions: 27% of the people in jail received mental health services for a serious mental illness (SMI) diagnosis in 2021, up from 20% in 2019. An additional 37% were identified as having a non-SMI mental health diagnosis. The largest driver of new crime entries for people with serious mental illness was crimes against persons, followed by warrants and property crimes. The average length of stay for this group expanded from 38 days in 2019 to 85 days in 2021, which is partly due to longer wait time for State Hospital beds.

Proposed Solutions/Recommendations

The Workgroup identified 23 potential solutions/recommendations (See Attachment 4) From this extensive list, the Steering Committee agreed upon the following recommendations:

1 Increase transparency about what crisis and respite services exist and how to access them.

2 Expand culturally appropriate treatment and services options for Black people with or without a diagnosis for serious mental illness (SMI).

3 Increase the workforce with training Black individuals with lived criminal justice and mental health experience as peer specialists.

4 Approve community-based responses for Dispatch to refer and complete warm-handoff in 911 calls.

Jail/Courts (Intercept 3)

The Jails/Courts Workgroup focused on diversion to community-based services through jail or court processes and programs after a person has been booked into jail. Intercept 3 includes services that prevent the worsening of a person's illness during their stay in jail, which the workgroup expanded to also include release services.

Problem

There is a significant increase in the intersection of criminal justice, mental health, racial disparity, and unhoused. Individuals are released pre-arraignment and post-arraignment[10] without a safe and supported discharge plan. More coordinated support and immediate access to appropriate intervention is necessary. Limited resources and expansion of services need to be addressed. Communication gaps and barriers exist and need to be overcome.

After generations of systemic and structural racism, Blacks/African Americans are over-represented within the jail population. Compounding this profound disparity, there exists a lack of data disaggregated by race/ethnicity at different decision points.

Current Landscape

Many services are underfunded or underutilized. The Collaborative Courts and pretrial supports are positive but do not have enough capacity to meet the need. The Workgroup hopes the Jail Diversion Treatment and Resource Center (JDTRC) can provide post-release services, and the expansion of CalAIM[11] Justice-Involved Capacity Building Program[12] will increase access.

Community & Agency Input

There is a perceived lack of urgency, particularly for Black people. Time spent in jail "creates even more of a mental problem" and is "a detriment to a person's psyche." Many are released at night without connection to services, but do not trust a county system to assess and label them because the potential consequences outweigh potential support.

Jail/Courts (continued)

Identified Data Gaps

The disaggregation of data by race/ethnicity is a key data gap, including release time, pre-release planning, residential treatment referrals, referral outcomes, wait times for in-custody assessments, and referrals to full-service partnerships.

O'Connell Report Data
Most people booked into jail are released within a few days: 55% of people who entered the jail in 2021 were released in 3 days or less. 20% of the people with short stays are released without being housed in less than 1 day, and the remaining 35% are released at or before arraignment (day 3 or so). Of those not released within 3 days, but eventually released pretrial through bail or own recognizance, the average length of stay is 11 days.

Proposed Recommendations

The Workgroup identified 24 potential recommendations (See Attachment 5) From this extensive list, the Steering Committee agreed upon the following recommendations:

1 Prioritize connecting individuals to services prior to release, including appropriate transportation.

2 Establish infrastructure for law enforcement/first responders to provide a 15-minute drop-off for persons in mental health crisis for treatment, rather than booking into the County jail (e.g., The Restoration Center in San Antonio, TX).

3 Fund and staff a 24/7 receiving center upon release that serves as a safe waiting station and transportation depot to transport persons to treatment center, home, or other safe destination.

Re-Entry/Aftercare (Intercept 4)

The Re-Entry/Aftercare Workgroup focused on support for reentry back into the community after jail to reduce further justice involvement of people with mental and substance use disorders. Intercept 4 involves reentry coordinators, peer support staff, or community in-reach into jail in order to link people with proper mental health and substance use treatment services.

Problem

Currently there is not a bridge that allows for a Safe Reentry into the community. A bridge that includes a warm embrace by person(s) and/or organization who can ensure that returnees are connected to culturally responsive MH/behavioral health programs for African Americans. Specifically, the re-entry system does not currently have experienced men and women working with newly released returnees to link, and motivationally sustain, their connection to effective community services.

Current Landscape

Many re-entry services are available, both through the County and community services, such as the Exodus Project[13] but do not have capacity to meet the demand. The CalAIM[14] Justice-Involved Capacity Building Program[15] may be a potential support for returnees and their families.

Community & Agency Input

Many people felt responsible for their own reentry success or addressing behavioral health issues. Connecting people to needed services quickly and following up is critical. The lack of money, a job, or medications limits access to supports needed for successful re-entry, but people may not be ready for help when first released.

Identified Data Gaps

The lack of release data, pre-release discharge planning, and referrals made, disaggregated by race/ethnicity is a key data gap. Returnees need a guide to community-based supports, similar to Probation's Reentry Programs Guide.[16]

O'Connell Report Data

Readmission to jail is a driver of the jail population. In the cohort of 30,000 unique individuals released from jail in calendar year 2016, 56% were readmitted to jail by 2020 on nearly 7000 new bookings over 4 years. Of individuals returning to jail, most re-bookings happened within 1 year of release from jail and those most likely to be readmitted were Black, male, and over 35 years old. 60% of the re-bookings were for felonies, but of those felonies 50% were for non-compliance around warrants and technical probation violations. On any given day, nearly 70% of the jail is made of people that have been in before, with nearly 500 people who have been admitted to Sacramento County jail more than 10 times since 2016.

Proposed Recommendations

The Workgroup identified nine potential recommendations (See Attachment 6). From this extensive list, the Steering Committee agreed upon the following:

1 Use available funding to support families on how to prepare for receiving folks back to the community for sustainably safe reentry.

2 Use available funding for culturally-specific wraparound services (i.e., AB109 Realignment funds).

3 Use funding for (In)credible messengers: 1. person(s) who have been system impacted; 2. formerly systems involved; 3. and/or have a practical knowledge of the street/community and the system)

Collective Consensus

In November 2022, the Steering Committee reviewed and discussed the three problem statements and 56 recommended solutions proposed by the three Workgroups to identify shared recommendations to transform the way Sacramento's criminal justice, behavioral health and community stakeholders work together to improve collective outcomes for Blacks/African Americans. The following 11 recommendations are not meant to be an exhaustive list of what needs to be done, but simply a list of the most impactful recommendations for systems transformation.

Crisis, Respite and Community Services	• Increase transparency about what crisis and respite services exist and how to access them. • Increase the workforce with training Black individuals with lived criminal justice and mental health experience as peer specialists. • Approve community-based responses for Dispatch to refer and complete warm-handoff in 911 calls. • Reduce barriers to getting timely services and support, i.e., appointments, assessments, or treatment.
Jails/Courts	• Prioritize connecting individuals to services prior to release, including appropriate transportation. • Fund and staff a 24/7 receiving center upon release that serves as a safe waiting station and transportation depot to transport persons to treatment center, home, or other safe destination. • Expand pretrial support services with Public Defender, including increased staffing and contracts with community-based organizations and peer specialists to assess needs of individuals in custody and provide social worker support upon discharge. • Expand mental health diversion and collaborative courts, to include enhanced funding for Behavioral Health Services, the Offices of the Public Defender/Indigent Panel, District Attorney, Probation and community-based treatment agencies.
Aftercare Support and Community Integration	• Connect returnees to culturally responsive community orgs. before and after release. • Use available funding for culturally specific wrap around services (i.e., AB109 Realignment funds). • Use funding for (In)credible messengers: 1. person(s) who have been system impacted; 2. formerly systems involved; 3. and/or have a practical knowledge of the street/community and the system).

Looking Forward

Celebrating Accomplishments

ONTRACK Program Resources (ONTRACK) applauds the exceptional work of Sacramento's Black community members, public, private and nonprofit agencies and concerned citizens who have remained highly engaged and committed to Sacramento's groundbreaking *Community Health Justice Project* (CHJP). The work and the conversations are not easy. The ambition is bold, timely and essential. This level of change is a **long-term** commitment and can only be accomplished through shared/redistributed power in order to sustain real systems change.

Initial funding from Behavioral Health Justice Intervention Services (BHJIS) was designed to support the initial planning period. The **collaborative** work of the CHJP Steering Committee accomplished the important milestones: sustaining engagement of public and community partners, development of a Blueprint, or common agenda, and a substantial list of identified recommendations that will provide a framework for determining specific strategies and interventions.

The CHJP followed its initial design to utilize a **data driven** approach throughout activities. However, it became apparent early in the process that quantitative systems data, especially disaggregated by race/ethnicity, was going to be even more of a challenge than anticipated. While Sacramento County released several public reports related to the Mays Consent Decree[17] during a September 2022 Board of Supervisors workshop,[18] the vast majority of publicly released data was not readily available by race/ethnicity.

Despite the willingness of many agency Steering Committee members to share available data, the breadth of each Workgroup focus area limited the ability to identify specific data points to request until the focus narrowed. Looking forward, the list of identified recommendations will provide a framework for specific data requests to develop related strategies and interventions.

This planning phase is an important and commendable collective accomplishment for Sacramento, but it is just the beginning. The next phase of the CHJP will focus on **strategies**, **interventions,** and processes to identify data gaps and institutionalize shared measures, policy alignments, and creating funding streams to sustain the long-term transformation of how Sacramento responds to the disparities and inequities in the criminal justice, behavioral health, and related social economic and health problems. The CHJP is ready to act.

Action Planning

Goal: To establish and launch the CHJP "care first" Collective Impact **Action Plan** with Black/African American community and multidisciplinary stakeholders.

Objectives:

1 Identify long-term **strategies** related to the groundwork recommendations of the CHJP Steering committee and community stakeholders.

2 Identify "care first" **interventions** – conditions, processes, practices, policies, programs - that impact long-term strategies that are actionable and measurable.

3 Develop a **capacity building** plan to support collective knowledge and skill building, including orientations for new CHJP participants/partners.

4 Launch the CHJP **media campaign** to educate and transform social "mental models" to support systems change.

5 Build the infrastructure for **financing** long-term systems change strategies and interventions.

Long-term outcomes

- Increased ability to navigate mental health, substance use services, and justice systems
- Reduction of arrest and re-incarceration
- Reduction in unhoused Black/African Americans
- Increased natural community supports and family involvement

ONTRACK is honored to be partners in providing support to this movement and will actively seek funds to sustain the CHJP and through innovative, collaborative, and traditional fund development.

Definitions

Strategy: A strategy is a long-term plan on what to do to achieve a certain goal; a plan of action or approach designed to achieve a major or overall aim.

Intervention: An action that interferes with the outcome or course, especially of a condition or process (as to prevent harm or improve functioning. Interventions may include educational programs, new or stronger policies, improvements in the environment, or a change promotion campaign.

FSG Reimagining Systems Change, Water of Systems Change, John Kania, Mark Kramer, Peter Senge June 2018

Attachment 1: CHJP Partners

ONTRACK's [Soul Space Alliance of Community Partners](#) supports the Community Health and Justice Project (CHJP) to transform the way Sacramento's criminal justice, behavioral health and community stakeholders work together to improve collective outcomes for Blacks/African Americans. The CHJP included a Steering Committee and Workgroup structure uniquely designed to consist of an equal number of Sacramento Black community stakeholders with lived experience with criminal justice and/or behavioral health issues and local agency partners. This structure helped to equalize power between both groups, empowering community members to participate as equal partners, not a lone voice in a group of agency staff.

Steering Committee Members

Community Representatives

Name	Affiliation
Jael Barnes	Decarcerate Sacramento
Raphael Calix	Real Talk Panelist | Anti-Recidivism Coalition
Zuri K Colbert	Community Lead Advocacy Program
Rodney Davis (Brother Abdoul)	Community Member
Donetta Jefferson (Miss Dee)	Real Talk Panelist
John Jackson	Community Member
Niki Jones	Decarcerate Sacramento
Tamara Lacey	Real Talk Panelist
Ryan McClinton	Real Talk Panelist | Public Health Advocates
Leslie Napper	CA Disability Rights
Carlos Simpson	Juvenile Life Coach

Agency Representatives

Name	Affiliation	Designate
Nina Acosta	Forensic Behavioral Health Services	
James Barnes	Sacramento County Sheriff's Department	Frank Fermer
Judge Lawrence Brown	Sacramento Collaborative Courts	
James Cooper	Sacramento County Sherriff's Department	Michael Ziegler
Thien Ho	Sacramento District Attorney's Office	Rochelle Beardsley
Patrick Kennedy	Board of Supervisors	Keaton Riley
Tiffanie Leon-Synnott	Sacramento Public Defender's Office	
Kathy Lester	Sacramento Police Department	
Kelly F. Rivas	City of Sacramento Mayor's Office	
Alondra Thompson	Behavioral Health Services	
Yvette Woolfolk	Sacramento Collaborative Courts	
Marlon Yarber	Sacramento County Probation Department	LeAnn McCluskey
Catherine York	Sacramento County Criminal Justice Planning & Coordination	

Workgroup Members

Steering Committee members were asked to participate in at least one Workgroup in order to delve deeper into specific areas along the continuum of mental health and criminal justice. Several non-Steering Committee members occasionally or regularly participated in Workgroup meetings.

Asantewaa Boykin, Anti-Police Terror Project (APTP)
Genelle Cazares, El Hogar
Cherissa Chew, Sacramento County Probation Department
Antonia Dawa, Department of Rehabilitation
Christie Gonzales, Wellspace Health
Chevist Johnson, UCDH Injury and Violence Prevention
Tanesha Travis, Sac Steps Forward

Special Thanks to the Anti-Recidivism Coalition for hosting and helping to recruit for the October 2022 African American Focus Group.

Backbone Partners

ONTRACK Staff, including Madalynn Rucker, Lilyane Glamben, Will Walker, PhD, and Paul Moore, as well as partners/consultants Adele James; Michele Darling, PhD; and Junious Wilson, provided backbone support for the Community Health and Justice Project.

Attachment 2: Critical Elements for Building Trust in the CHJP Process

Accountability	Ground actions in evidence/data	Address need for wraparound services for people getting out, people who are mentally ill, mentally ill incarcerated	Action, not just talk	Transformation from problem identification to problem solving
Shared Power	Recognition of historical power dynamics and how to subvert so that power is equitably distributed across community members as well	Listening space for people who hold power to hear from community about what's really going on	Engagement of community in interview process for PD hirings	Not just evidence-based practices but also consideration of promising and community-based practices in service provision
Transparency	Transparency around process for obtaining police reports	Transparency & accountability for agencies	Define what mean when setting goals. What does accountability and transparency mean when actualized?	
Historical Context	Undoing replication of white supremacy in systems by starting with acknowledging harm and then identifying antidotes/strategies to counter	Not just looking at symptoms but also root cause analysis so not putting "band aids on bullet wounds"		
Diversification of Staff	Investments to ensure more representation of people of African descent as officers, mental health services providers	Law enforcement assisting with recruitment to ensure representation of folks who look like community		
Collaboration	Probation considered as part of the solution, a partner in ensuring folks don't return to system	Investment that supports connections to bring people into services, to improve services and consumer trust in services that they would want to connect to		
Commitment	Staying committed and working through challenges			

Attachment 3: Continuum of Justice Involvement

Sacramento's Criminal "Justice" Systems
From Real Talk to Hard Data

ONTRACK Program Resources' Community Health and Justice Project (CHJP)'s goal is to transform the way Sacramento's criminal justice, behavioral health and community stakeholders work together to improve collective outcomes for Blacks/African Americans. To help ground the project launch, this document graphically presents different points of contact, aligning with the Sequential Intercept Model[i] in Sacramento's criminal "justice" systems, discussed during the *Sacramento Black Community Mental Health + Criminal "Justice" Real Talk* event held on November 17 and 18, 2021 and *Workshop Exploring the Collective Impact Approach For Improving Criminal Law and Mental Health Outcomes in Black Communities* follow-up session on December 2, 2021. Below are a sample of Real Talk issues and questions, along with possible data measures that, when disaggregated by race/ethnicity, can help understand current conditions and identify data-driven strategies and solutions.

0	1	2	3	4	5
Crisis, Respite, & Community Service	Law Enforcement & Co-Responders	Initial Detention / Initial Court Hearings	Jail / Court	Re-Entry	Community Corrections / Supports

Crisis, Respite, and Community Services

0

Real Talk

"The community has long been demanding a **911 police-free alternative, specifically for mental health crisis response**, like the County is doing and the City of Sacramento has done with Department of Community Response. My question is, why are police continuously asking for this money and continuing to expand mental health crisis response and conflict in direct conflict, contrary to what community members have been demanding from police-free mental health crisis response?"

"Having **culturally competent therapists** in our communities to serve as we need them, not just having people with badges come with guns. That's not a good way to do it."

Possible Data Measures

- # of crisis and support lines in operation (phone and text)
- # of calls within a set time frame; type of caller (family member, law enforcement, self, etc.)
- Type of call or service requested (need related to mental illness, suicidality, substance use, or detoxification); Type of outcome (e.g., referral to emergency service, community provider follow-up scheduled, stabilized with no further follow-up)
- # of CBOs under contract for prevention services; referrals to County services: Mental Health Access Team, Community Support Team, Mental Health Urgent Care Clinic, etc.
- # and % of individuals presenting at ED with a primary or secondary diagnosis related to mental or substance use disorders or impairments (specific diagnosis codes may be needed)
- # of crisis centers, by type (crisis stabilization facility, 23-hour mental health observation unit, respite center, etc.): # of chairs, beds, or spaces per center; # of individuals presenting with mental or substance use disorders or impairments; % admitted; % of people with prior justice involvement

Law Enforcement & Co-Responders

1

Real Talk

"How many times does a person have to be arrested for the agency to realize that there is a mental health issue? Are there policies and procedures in place for this? **Are there alternatives, other than jail?**"

"**Officers building that rapport with undeserved communities** is a start. Getting to know the people in the neighborhoods they patrol so they can better understand what's truly happening when they get a call."

Possible Data Measures[ii]

- # of dispatchers that are trained in cultural competency, by agency
- # of calls with primary concern related to mental illness or substance use, with disposition
- # and % of officers that are trained in culturally competency, by agency
- # of cases (including calls to law enforcement and encounters in the field by law enforcement) where mental health or substance use is or becomes primary concern

0	1	2	3	4	5
Crisis, Respite, & Community Service	Law Enforcement & Co-Responders	Initial Detention / Initial Court Hearings	Jail / Court	Re-Entry	Community Corrections / Supports

Initial Detention/Initial Court Hearings

2

Real Talk

"With almost 2/3 of the people in our jails in need of mental health support, why is the process at the time of law enforcement response to arrest instead of offering support in that moment? What is law enforcement doing to transition the labor force away from punitive functions and toward roles of intervention, care, and restoration?"

"I'm a person that has been arrested in a full-blown mental health crisis in complete psychosis by Sac PD. And then I had the sheriff's department release me at 3am, still in full blown psychosis. And so, these are the types of behaviors that we need to see change differently. That's fully within the Sheriff Department's control to not release somebody into the dark at 3am. Thank God my friends were there."

Possible Data Measures

- # of cases (including calls to law enforcement and encounters in the field by law enforcement) where mental health or substance use is or becomes primary concern
- # and % of dispositions, by type (arrest, by type of charge; transportation to services by law enforcement; referral to EMS; stabilized in community, etc.)
- Average # of intakes and bookings per day; average # of releases per day
- Type of BH screening conducted (if applicable, specify name of screening tool) and at what point in the intake or booking process
- # of individuals screened for mental or substance use problems upon intake; % screening positive
- # of individuals provided more in-depth assessment for mental or substance use disorders
- # of individuals flagged for follow-up; % provided follow-up mental health / substance use related services

Jails/Court

3

Real Talk

"How does one get selected to participate in the Collaborative Court program and how there is assurance of racial equity, or at least equality?"

"How do we increase the number of cases that are eligible for Mental Health Court?"

"When a person, whether they're on parole, or whether they have a history of breaking the law, when they come into the county jail have something in place to be able to receive them in such a way that they are receiving the mental health the treatment that they need, instead of being pushed aside and thrown into the jail system that doesn't have the capacity to care and to identify care for them and identify their needs. And I didn't see that in the Sacramento County Jail."

"In my opinion quality treatment should begin in jail instead of waiting more than a year in jail to go to a state hospital before receiving appropriate treatment."

Possible Data Measures

- # of initial hearings annually for people identified as having a mental or substance use disorder
- Rate of referrals to community-based services, including pretrial services, at initial hearings for this population, by agency initiating or requesting the referral (e.g., public defenders' office, prosecutor's office, judge)
- Rate of diversion to community-based services at initial hearings, as indicated by active engagement with service provider, by agency initiating or requesting the diversion (e.g., public defenders' office, prosecutor's office, judge)
- Type of pretrial services available and capacity of specialized mental health or substance use pretrial caseloads
- # of referrals to each treatment court; % of referrals accepted.
- Current capacity of each court
- # and % of individuals with a history of or currently experiencing a mental or substance use disorder (either self-reported or confirmed through health records)
- Average length of incarceration among people with mental illness versus the general population
- # of individuals connected to supportive services and programming (faith-based groups, employment training, education, etc.)
- # and % of individuals receiving facility-based behavioral health treatment services
- # of individuals placed or continued on medication-assisted treatment

0	1	2	3	4	5
Crisis, Respite, & Community Service	Law Enforcement & Co-Responders	Initial Detention / Initial Court Hearings	Jail / Court	Re-Entry	Community Corrections / Supports

Re-Entry

4

Real Talk

"We're talking about people go in and coming out of prison worse than when they came in in terms of their mental health. **We're talking about Post Traumatic Stress Disorder**."

"We need to recognize that **community-based treatment and community-based supports**, like the public defender's pre-trial program, and other community-based reentry and support programs **are far more effective**."

Possible Data Measures

- # and % of persons receiving assessment(s) to shape reentry plan
- # and % of persons with mental or substance use disorders released annually
- # and % of persons released with psychotropic medications
- # of days of psychotropic medication or prescription coverage in possession upon release
- # of persons released with health insurance coverage (reactivated Medicaid, private insurance, etc.)
- Rate of linkage to reentry services

Community Corrections/Community Supports

5

Real Talk

"Instead of punitive punishment in parole leading the way, **it needs to have a hard shift to "How do I keep you home, healthy connected to support systems and making good decisions?** Violating for an 8-day period completely disrupts healing and restoration for someone returning home."

"Engagement is a huge thing. If you don't engage somebody that no matter what you're trying to give them a lot of times it's not impactful, because there's no engagement. They're the ones that have been through it, are the ones that can engage the community that needs to be served, so **utilizing individuals with lived experience [with] a lot the community-based organizations to help get those services and those resources across**."

Possible Data Measures

- # and % of persons being served by community corrections with identified mental or substance use disorders
- # of hours of mental health and substance use training of community corrections officers (both with and without specialized caseloads)
- # of CBO partners funded to provide community supports
- # and % of persons being served by CBO partners with identified mental or substance use disorders
- # of CBO staff (clinical & non-clinical) with specialized culturally competent training
- # of hours of culturally competent mental health training of CBO staff
- # and % of persons served by CBOs with improved mental health/reduced risk

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[i] Adapted from the Sequential Intercept Model (SIM). https://www.samhsa.gov/criminal-juvenile-justice/sim-overview See also https://dce.saccounty.gov/Public-Safety-and-Justice/CriminalJusticeCabinet/Documents/SacramentoAdultSIM-WorkingDraft.pdf

[ii] Source: SAMHSA (2019) Data Collection Across the Sequential Intercept Model (SIM): Essential Measures. Retrieved May 12, 2022. https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-data.pdf
Graphic inspired by Policy Research Associates, Inc.'s Sequential Intercept Model

OnTrack PROGRAM RESOURCES

BEHAVIORAL HEALTH Justice Intervention Services

Attachment 4: Crisis, Respite & Community Services Workgroup Solutions

1. Increase transparency about what crisis and respite services exist and how to access them.
2. Simplify and clarify referral processes to crisis/ respite services.
3. Expand culturally appropriate treatment and services options for Black people with or without a diagnosis for serious mental illness (SMI).
4. Increase cultural responsiveness including increasing number of Black/African American staff.
5. Increase the workforce with training Black individuals with lived criminal justice and mental health experience as peer specialists.
6. Approve community-based responses for Dispatch to refer and complete warm-handoff in 911 calls.
7. Increase public awareness and knowledge of the new 988 as a non-law enforcement emergency call-in option, especially in Black-focused media.
8. Fund enhanced client centered cross-systems navigational and advocacy &/or mediation services.
9. Identify and enhance opportunities for linkage to community-based programs operated by Black/African American staff.
10. Increase funding to community-based programs operated by Black/African American staff and approved by a community-driven process as "for us by us."
11. Reduce logistical challenges including opening convenient locations and providing funded transportation.
12. Increase the number of Prevention, Intervention and Respite services staff who can talk and explain to patients and family members the process of accessing services and hearing why they are experiencing challenges in accessing services.
13. Document barriers to access and present to solution-oriented bodies like this, and Boards and Commissions to ensure those barriers are addressed and corrected to create ease of access.
14. Include community-based resources in case management to ensure a warm handoff intake process is in place for clients needing services beyond County expertise or bandwidth.
15. Increase public awareness and knowledge, while reducing stigma, of how to access range of available local mental health services through: The County, Federally Qualified Health Centers (FQHCs), Community-based mental health services, and private medical service providers
16. Reduce barriers to getting timely services and support, i.e., appointments, assessments, or treatment.
17. Improve access to culturally appropriate diagnosis for Black people.
18. Increase public awareness and knowledge of how loved ones and advocates can effectively assist with system navigation and where they can go for support if having difficulty accessing services.
19. Encourage each provider to sign the appropriate releases at initial or early contact so that loved ones or advocates can be included in the treatment process.
20. Provide support with Medi-Cal and other insurance paperwork that requires intensive documentation and household information.
21. Restore less restrictive criteria in order to access BHS Therapeutic Services Focused on the Black and African American Community (formerly African American Trauma Informed Culturally Responsive Treatment (TICRT)).
22. Address segment of population that doesn't trust "the system" and therefore avoids diagnosis/treatment through culturally appropriate inquiry, engagement and education.
23. Disclose that utilizing county services creates a movement history that follows individuals throughout system.

Attachment 5: Jail/Court Workgroup Recommendations

1. Prioritize connecting individuals to services prior to release, including appropriate transportation.
2. Stop releasing individuals with unresolved mental health needs during the night when there are no linkages to services, transportation, housing, etc. available (or make linkages available during those times.)
3. Establish infrastructure for law enforcement/first responders to provide a 15-minute drop-off for persons in mental health crisis for treatment, rather than booking into the County jail (e.g., The Restoration Center in San Antonio, TX*).
4. Financially and procedurally support deflection programs, including reinstating Crisis Stabilization Units (CSUs), crisis respite centers, and other community-based options.
5. Fund and staff a 24/7 receiving center upon release that serves as a safe waiting station and transportation depot to transport persons to treatment center, home, or other safe destination.
6. Expand pretrial support services with Public Defender, including increased staffing and contracts with community-based organizations and peer specialists to assess needs of individuals in custody and provide social worker support upon discharge.
7. Expand mental health diversion and collaborative courts, to include enhanced funding for Behavioral Health Services, the Offices of the Public Defender/Indigent Panel, District Attorney, Probation and community-based treatment agencies.
8. Maximize utilization of the Jail Diversion Treatment and Resource Center (JDTRC), consistent with grant funding in order to engage clients for mental health diversion services and supports early on, to prevent incarceration and support public safety.
9. Financially support community-based peer-led jail release support efforts on an ongoing basis, e.g., volunteer RV in front of jail with supportive resources during COVID mass releases, organized by Decarcerate Sacramento and Mental Health First.
10. Require all publicly released data be disaggregated by race/ethnicity.
11. Track pre-release discharge planning, by race & ethnicity.
12. Report residential treatment services referrals quarterly, by race/ethnicity.
13. Report service referral outcomes quarterly, by race/ethnicity.
14. Increase number of clinicians, interns, and peer specialists able to complete assessments to reduce wait time.
15. Increase number of Black/African American clinicians and professionals, including peer specialists.
16. Prioritize cultural competence/humility in recruitment and ongoing education for current employees, especially regarding accurate and culturally competent diagnosis of Blacks/African Americans.
17. Increase capacity of mental health full-service partnership (i.e., number of people served).
18. Increase number of County contracts to "trusted messenger" community-based organizations (CBOs), including addressing contracting technical requirements, e.g., organizations must have 45 days of working capital or a full financial audit in the preceding 24 months.
19. Reduce client private identifiable data collection by trusted messenger CBOs, required under County contracts.
20. Encourage Probation and community-based organizations to enter into contract to provide culturally responsive and trauma informed mental health services.
21. Resume law enforcement referrals and consultation phone line to Sacramento County Mental Health Treatment Center (SCMHTC), including access from the County jail.
22. Increase capacity at Sacramento County Mental Health Treatment Center (SCMHTC) and other county and community mental health providers to serve more people with sub-acute and acute mental health needs.
23. Escalate priority of staffing the Mental Health Urgent Care Center in order to fulfill expansion to be open 24/7.
24. Expand Crisis Receiving for Behavioral Health (CRBH, formerly Substance Use Respite & Engagement (SURE) Program) and increase access to the CRBH by allowing walk-ins, not just referrals.

Attachment 6: Re-Entry/Aftercare Workgroup Recommendations

1. Increase accountability and evaluation of current MH services to ensure culturally responsiveness for African Americans available inside, and outside.
2. Connect returnees to culturally responsive community organizations, before and after release.
3. Educate the sheriff and correctional health staff on what resources are available inside and out.
4. Increase effective culturally responsive aftercare supportive services in the community.
5. Use available funding to support families on how to prepare for receiving folks back to the community for sustainably safe reentry.
6. Use available funding for Culturally specific wrap around services (i.e., AB109 Realignment funds)
7. Use funding for (In)credible messengers: 1. person(s) who have been system impacted; 2. formerly systems involved; 3. and/or have a practical knowledge of the street/community and the system)
8. Develop culturally appropriate communication strategies to educate community members/families concerning CAL AIM provisions for returnees as they reenter communities.
9. Track pre-release discharge planning and referral sources by race/ethnicity.

Attachment 7: Community Focus Group Summary

**Community
Health
&
Justice
Project**

Community Focus Group Summary

November 2022

OnTrack
PROGRAM RESOURCES

BEHAVIORAL HEALTH
Justice Intervention Services

CHJP Community Focus Group Highlights

As part of the Community Health and Justice Project (CHJP), ONTRACK Program Resources coordinated and facilitated three community focus groups in October 2022 with 30 Black/African American residents of Sacramento County, ages 18+, with lived experience with criminal justice and mental health and/or substance use.

Support Services | Community members expressed many of the same concerns as the CHJP Steering Committee about the lack of culturally responsive services for Black/African Americans; many struggled to identify specific programs or agencies when asked about helpful services for Black/African American Sacramentans. The most helpful community mental health or support services prioritized urgency, care, and accountability, meeting people where they are.

Safe Space | Community members feel frustration and disrespect in the face of racism, stigmatization, and cultural incompetence among law enforcement and behavioral health providers. A safe space is needed to learn from past experiences and family history to heal intergenerational trauma and Post-Incarceration Syndrome.

Law Enforcement | Agency staff, including law enforcement officers, need training and to "do the work" to make interactions more positive and successful. Not calling law enforcement in the first place is the best way to prevent interaction with law enforcement during a mental health crisis.

Jail Services | Services in the Main Jail are limited due to a lack of urgency, particularly for Black people. Time spent in the Main Jail was described as "creating even more of a mental problem" and "more of a detriment to a person's psyche." Most community members were released during the night, and very few were connected to services when they were released.

Re-Entry Supports | Several people felt solely responsible for their own success re-entering society or addressing substance use and mental health issues. The lack of money, a job, and/or needed medications at release limits the ability to access services and support needed for successful re-entry. Directly connecting people to organizations seeking to hire people with lived experience reinforces their valued expertise and provides opportunities to "do it right" when they get out.

Summary | The frustration, anger, and sadness about the lack of services that could help Black Sacramentans with criminal justice experience needing – and not accessing – mental health support was palpable in all three of the focus groups.

Recommendations | Community members suggested 30 recommendations for systems change across the continuum of criminal justice and mental health.

Background

As part of the Community Health and Justice Project (CHJP), ONTRACK Program Resources organized and facilitated three community focus groups in October 2022 to gather insight toward the goal to transform the way Sacramento's criminal justice, behavioral health and community stakeholders work together to improve collective outcomes for Black/African Americans. Two focus groups, separated by gender, were held virtually on Zoom to provide privacy and reduce the need for transportation. The third focus group, open to all genders, was held in person at the Anti-Recidivism Coalition in Sacramento.

A total of 30 Black/African American adult residents of Sacramento County with lived experience with criminal justice and mental health and/or substance use participated and received a stipend as a subject matter expert. ONTRACK staff played a key role in recruitment of community members through a wide distribution of flyers and palm cards (See Attachment A). In addition, ONTRACK asked lived experience expert Steering Committee members to recruit community members and received a stipend for every participant they recruited. ONTRACK also approached the Anti-Recidivism Coalition to host an in-person session to which their clients were invited. While most community members heard about the focus group through word of mouth, social media posts, or partner agencies, a few community members were recruited directly by Steering Committee members.

The questions asked community members to share about their recent experience with being pulled over, detained, arrested, in custody, in the jail, probation, parole, etc. while needing mental health or drug-related support in Sacramento. The dynamic conversations followed a protocol developed by CHJP partner LPC Consulting Associates, Inc. (See Attachment B) but were flexible enough to allow community members to share their stories and ideas.

In addition to sharing their lived expertise, several community members who shared current challenges during the focus group were connected to services during or immediately after the focus group. LPC analyzed transcripts to identify common themes, recommendations, and key quotations.[1]

> We want real change. For our people and for the corruption that is in the justice system. ...It could also be an opportunity for job development for those folks coming out of the criminal justice system who might have mental health challenges. Yes. Because they know the reality of folks who have those experiences, and that would discourage if you get a job doing what you love, that can discourage people from reoffending and committing crimes, then getting off their meds if they're actually thinking that they're making an effective change in the community for our people.

Findings

0	1	2	3	4	5
Crisis, Respite, & Community Service	Law Enforcement & Co-Responders	Initial Detention / Initial Court Hearings	Jail / Court	Re-Entry	Community Corrections / Supports

The Community Health and Justice Project (CHJP) Steering Committee collaboratively identified Crisis/Respite Care (0); Jail and Courts (3); and Re-Entry (4) as intercepts of key interest. In addition to questions designed to inform the three Workgroups, additional questions touched lightly on other intercepts including Law Enforcement and Co-Responders (1); Initial Detention/ Initial Court Hearings (2); and Community Corrections/ Supports (5). Systems change recommendations suggested by community members beginning on page 9 are organized by all six intercepts.

> We have a system that, again, that's antiquated. That's not equally dispensed. And the services that we do get are limited and poorly administered. That's where we begin.

General Experience with Community Services in Sacramento

Most community members had used mental health and/or substance use community services in Sacramento. The **most helpful community mental health or support services prioritized urgency, care, and accountability**. A few community members described community services that helped them remain stable, including a partial hospitalization program or periodic wellness checks, but positive services were often already established and ongoing. For new needs, there was a theme across the three focus groups that there was a lack of urgency for same day support and/or needed medications.

Community services need to meet people where they are, and not assume that someone will be able to act on a referral, either due to lack of transportation, inability to function, or sheer exhaustion. Several people experienced bouncing from referral to referral, never actually receiving the needed services. One person summed their experience up that "Black folks have a hard time getting actual mental health services" and often feel they need to just take care of themselves.

> It's hard to find some place to take your family member or anyone that you have that's struggling with mental illness… anywhere 24 hours a day, seven days a week. …. The mental ward, the mental health, they're full…You have to wait on a bed. How do you wait on a bed when somebody's having a mental, a mental illness or a mental breakdown? How do you wait on a bed then when they send their counselors to follow up with you? ….You have to see a counselor before they'll even give you medicine. What do you mean? But the counselor's booked out for a month or two, so what do you do?

> What we lack is the inside of self. Growing up, I was never taught what feelings were, I was never able to understand what I felt. It was always shut up, be cool, put some dirt on it, whatever. When I had to start doing my introspective and seeing self, I had to start identifying what feelings I had in order to understand the thoughts that I was having... If you're taught as young before we get wounded and hurt, how to express and identify our feelings. Then we're able to express those in a healthy manner and not really take it out on anybody.

A focus on individual efforts and feeling the need to "delve into myself and find out what was going on with me, and then create, correct my behaviors" was a common thread across all three focus groups. There was a common desire to do "inner work," which many felt was not supported or encouraged growing up. A key component of culturally relevant mental health services is acknowledging and addressing the stigma of seeking help, while developing coping mechanisms that align with the individual's and community's worldview. Community members frequently referenced needing a **safe space to learn from their past experiences and family history to heal intergenerational trauma and Post-Incarceration Syndrome**.[2]

Despite a frequent focus on what they – as individuals – can do, several focus groups returned to the problems of an overburdened system where "we as people of color are not privileged or have access to the same services that other individuals have." For the adage to "pull yourself up by your bootstraps" to work, "you gotta have some boots. I don't have no boots." This individualistic and one-sided focus ignores power imbalances and the systemic history of law enforcement mistreating Black/African American people, and the need for real systemic change.

Intersection of Mental Health Services and Law Enforcement

The desire for inner work described in the previous section translated from the individuals' own lives to interactions with law enforcement. **There was a common thread of the need for training and for agency staff, including law enforcement officers to "do the work" to make interactions between Black community members and law enforcement more positive and successful**.

> [I would tell decisionmakers] that people make a difference. Being able to have that introspective of self so that you'll be empathetic to the next person if their training is whatever their training is. But, you still believe whatever else that speaks on insight of their childhood trauma so they can understand what they're doing. They'll have an empathetic stance on whoever they come in contact with. And if they spend more time in the public, then they can get to know the young ones as they're growing up and be able to relate.

As part of the focus group recruitment criteria, every participant had some experience with mental health impacting interactions with law enforcement, either for themselves or a family member, and almost every person in the focus groups told a story of a negative experience with law enforcement in Sacramento, mostly with the Sheriff's Department. While many people also told stories of negative interactions with law enforcement officers in other jurisdictions, there was a common perception that law enforcement officers know people are having mental health issues, but just do not care enough to adjust their behaviors.

> [The Sheriff Officer] just put me in a predicament where it was like impossible to get out of. And it just kept fumbling because he knew I was unwell and instead of asking me if I was okay, he like pressed me so that I could get more violations on the on the ticket.

Community members shared their **feelings of frustration and disrespect in the face of racism, stigmatization, and cultural incompetence among law enforcement and behavioral health providers**. Several people shared feeling like law enforcement do not engage in community policing and are "terrified to come where we live," unless they are coming to make an arrest. One participant mentioned

> Let's get back to community and see what, what you guys can do about stop patrolling us, like start getting to know us better.

that community policing that previously occurred in Oak Park is not continuing under the new leadership structure. This gap in community safety and support is being filled by local churches and other non-profit organizations. There was a common theme of feeling criminalized and dehumanized by law enforcement, not seen as a human being.

In addition to law enforcement officers needing additional training about interacting with community members, the focus groups highlighted the need for dispatchers to receive training about the impact they have on the state of mind of how officers respond to a call, and whether mental health support is warranted.

> Don't underestimate the importance that the dispatcher has. They set the tone to how the officer is gonna respond to any particular crime.

Although several community members mentioned police being called during a crisis, **the most common suggestion to prevent interaction with law enforcement during a mental health crisis was to not call the law enforcement in the first place**. Many people described the need for non-law enforcement response services at the heart of safely supporting family, friends, and community members in crisis, although no one specifically mentioned 988.[3] They frequently repeated that people do not always need to call the police when around someone having a "breakdown" or other mental health issues, which may require community training about what to do instead, including de-escalation community trainings in different communities for people to call them before they call the police. In addition to community

support for non-law enforcement options, the community needs additional mental health experts; people from the community that know and understand people from the community that have problems.

> Speaking [as] somebody that lives in Oak Park, we need more mental health workers in Oak Park. We need more mental health peer workers in Meadowview. We need them in Del Paso Heights. You need them downtown. We need more people out here walking these streets instead of police patrolling these streets.

Services in the Sacramento County Jail

The CHJP Jail/Court Workgroup identified the **conditions in the Sacramento County Main Jail** as a key problem area. To include more community expertise, community members were asked about their experience in the Sacramento County Jail.

Most community members had some interaction with the Sacramento County Jail, either from their own personal experience or the experiences of their friends or family. **Many people were not able to access the services they needed while they were in the Main Jail, mostly due to a lack of urgency, particularly for Black people.** If someone

> If you were a person of color, you weren't getting services like that period, you know, but a whole lot of white girls could get services right away.

didn't go to jail with their medication or they don't have a record of the medications that someone takes, they have to go through an assessment with County Jail workers to get started on medications, which can take weeks. Even if someone's diagnosis and medications are in their file, it can take several days to get medications.

Several community members shared that they could not access needed services because "they didn't believe me at all" or "they think you were faking the process to get medication so you could go to sleep, or you could calm down." One participant shared that jail staff accused her of lying and, and that she didn't "look like a mental health patient," questioning if she actually needed the medication. Another participant had "drug-seeking behavior" noted in his file, even though he did not ask for sleep medication or narcotics. There seemed to be a lot of inconsistency of medication support. One woman shared, "if a

> They pass out a lot of pills, but they have to, they, they want you medicated. 'Cuz… the suicide rate there when I was there was so high.

family member called, called them and let 'em know that you have a mental health issue, they will help you," but a male community member shared his experience of being intentionally heavily medicated while in the Sacramento County Jail.

Several community members in the men's focus group shared that their stay in the Sacramento County Main Jail was worse than in a California State Prison. One shared: "I finally told my, my attorney, forget it, I don't care. I need to get to prison. I would rather do extra year in prison than have to spend another minute in place. It's that bad." **Time spent in Sacramento County Jail was described as "creating even more of a mental problem" and "more of a detriment to a person's psyche."**

In addition to conditions within the Sacramento County Jail, the CHJP Jail/Court Workgroup identified releases without connection to services as an important problem to address. Reflecting most of the discussions within the Workgroup, **most people were released during the night, and very few were connected to services when they were released**.

> No program, like I said, I had pretty much to do it on my own. I was, like I said, when I got out, I walked home and I basically, I was actually homeless for the first five days. ...I slept at a park...and the only thing I had at, when I had got in, I had a phone, but it wasn't turned on. So what I had to do was, I, you know, how McDonald's and Taco Bell, they have wifi. I had to use ... free wifi in order to Google jobs and stuff like that. I was doing a bunch of Craigslist gigs and everything.

Re-Entry or Aftercare

In addition to the problem of few people reported being connected to services while in custody and/or at the time of release identified by the Jail/Court Workgroup, the Re-Entry/Aftercare Workgroup identified the first few days after release as critical for connection and preventing recidivism. Unfortunately, most community members did not receive services or linkages during this critical period, either. Most did not even know where to start when they were released. In addition, many community members were challenged by lack of availability of services, both right at release and in the first few months.

> I wish there was more...information out there... If you look at the jail cell when you're in there, there's hundreds of bail bond numbers, but there's no number to call someone that can [help when you] get out.

> There's nothing, there's no appointment available right then when you need it. A lot of times it's over 30 days to get an appointment. 30 to 60 days to even get an appointment to get in anywhere. So, by that time you are, were already, you know, statistically back to doing whatever you were doing to get you back to the jail.

Family and friends needed supports, but like the previous conversations about community services, several people expressed feelings that **they were solely responsible for their own success re-entering society or addressing substance use and mental health issues**. Sometimes, people may want help and may try to reach out to get help, but "by the time the point comes up [they] are manic and....can't get any help because now [they] are all the way in left field." **The lack of money, a job, and/or needed medications at release limited their ability to access services and supports needed for successful re-entry.**

Overall, there is a lack of immediate services to provide urgently needed support right after release and provide ongoing, positive support. While probation officers and parole agents[4] may provide information about programs – including recruiting at least one of the focus group participants – several community members expressed feeling like their parole agent was "basically waiting for you to violate" and "they have no or very little incentive to correct the people that they actually are capitalized on." Another participant shared, "they don't care. They see us as a burden. And, and their only, uh, role is to wait for

us to slip, to put us back inside." And, when probation officers or parole agents attend community events like a job fair, they are often wearing uniforms and badges, and are armed, re-traumatizing attendees just trying to improve their lives.

> I mean...at the event last week that [other participant] went to, how many probation officers were walking around there with their guns and their badges? You know, every time I saw one on the [corner of] my eye, I'm like, Oh shit. Uh oh. Ok. I'm right. They were everywhere. They were, they were like four deep walking around like, you know, they were walking on the tier at, at some kind of facility. It was not a good show. … It was a reentry program. There were a lot of great vendors. It was nice, but there were, but the probation officers didn't need to come like that. They should have covered up, came in civilian outfits 'cuz their presence I, I think was kinda contradictory.

A common theme in the focus groups was the importance of finding employment quickly after release to help provide stability and financial resources, which made the triggers experienced at the job fair even more harmful. Several people described the importance of hiring people with lived experiences to provide peer support, which benefits everyone. **Directly connecting people to organizations seeking to hire people with lived experience reinforces their valued expertise and opportunities to "do it right" when they get out**.

Programs such as record expungement, or direct access to employment may make the difference between successful re-entry and recidivism. In addition to supportive employment opportunities, a few community members shared other specific services that were helpful, including El Hogar Community Services as "helping me with housing and my medication and giving me rides and stuff." Other community members mentioned the Anti-Recidivism Coalition (host of one focus group) and the Exodus Project as especially helpful for supporting re-entry.

> So, it feels good to be able to get out and, and have someone say, You know what? I want you. And you know, times have changed. Having a number behind you doesn't always mean it's the end of the day or the end of the week, or end of our lives like it was back in the old days. I would not probably have the job without some of those you know, some of those experiences.

Conclusion

> There is a need. I definitely think that there is a need there, but I guess my big question is what is a great service for Black people in Sacramento?

Overall, **community members expressed many of the same concerns as CHJP Steering Committee about the lack of culturally responsive services for Black/African Americans. When asked about helpful services for Black/African American Sacramentans, many struggled to identify specific programs or agencies.**

Even people who are connected to services in Sacramento could not "point out from anybody that I've heard in the streets that is working for them, honestly." And even if there are services available, they are not supportive, healing, or affordable. **The frustration, anger, and sadness about the lack of services that could help Black Sacramentans with criminal justice experience needing – and not accessing – mental health support was palpable in all three of the focus groups.**

> I feel like when there are people that look like us and that have experiences that we have experienced, especially in my family with trauma and other people can understand that, that I think that bringing out a different group of people, not the police always to try to handle the situation would potentially be a, a better tactic than calling the police at this moment. ...I don't trust the police. I don't trust the sheriff. I don't, I don't trust very many people in power right now because...I see a shift in a power trip. Yes. And an outward racism that is blatant now.

Recommendations

During the focus group conversations, community members provided 30 recommendations for systems change, presented here to enhance and inform the Workgroups and for consideration by the CHJP Steering Committee.

Crisis, Respite, and Community Service (Intercept 0)

- Provide funding for "more people like us out there doing the work."
- Establish programs for youth to get the information they need to make good decisions.
- Increase and fund services "for us, by us Black people."
- Increase and fund culturally sensitive and easy access to services.
- Fund high school at-risk counselors to identify red flags and disrupt the playground to prison pipeline and address issues instead of just suspending and expelling students back into the streets every time, never addressing the issue.
- Re-establish high school Regional Occupation Programs (ROP) to teach young people not just get a job, but to learn a career, something to establish themselves, to keep them on the right path: life skills, financial stability, preparation, financial literacy.

Law Enforcement & Co-Responders (Intercept 1)

- Establish alternatives to calling the police. Hire mental health experts, people from the community that know people from the community that have problems.
- Hire peer specialists. You need somebody trained someone who's been through trauma and a little bit of everything to be able to deescalate a situation or have real compassion.
- Offer de-escalation community events in different communities for people to call them before they call the police.
- Assign a mental health specialist to every Police Department and Sheriff team.
- Expand specialized mental health team to be available for calls 24 hours (not just 8-5).
- Change mental health team outfits from uniforms and badges to t-shirts.

- Train law enforcement officers and dispatchers on certain questions they need to ask so they can determine who is experiencing like a manic episode or mentally ill; so, they will be able to identify certain things when they pull up on the scene of a crime or incident.
- Restart community policing in to get to know community members as people.

Initial Detention/Initial Court (Intercept 2)

- "Stop locking us up."
- Post an information phone number in the holding tank (near the bail bond numbers) to call someone that can help when they are released.

Jail/Courts (Intercept 3)

- Have a mental health services program come out to the jails and do sign ups on-site.
- Prioritize providing Cognitive Behavioral Therapy (CBT) instead of medication.
- Clarify the separation between the Public Defender's Office and the District Attorney's Office to address a perceived conflict of interest and "incentive to get you to take a deal so they can get to the next one."

Re-Entry (Intercept 4)

- Establish a direct referral system upon release.
- When law enforcement officers attend re-entry events, have them dress in civilian clothes.
- In addition to connecting via correspondence, have folks go into jail to visit and try to hold seminars of sorts, address concerns and offer resources that are available while they're there.
- Have a pre-release list for people that are going to be released and mandate that they get a packet of resources – in their preferred language – when they're released.
- Give brochures of flyers with this information to the juvenile justice wards or the adult inmates prior to them leaving.
- Conduct a justice-focused training where community members can come and voice their opinion to Probation Department.
- Provide more training to probation officers on re-entry, including mental health.
- Conduct a training for probation officers to learn about community organizations (like ARC, Exodus, or El Hogar) that provide those resources to help.

Community Corrections/Community (Intercept 5)

- Hire individuals that really care about rehabilitation.
- Establish a buddy system between a probation officer and an outside entity that has never worked for the system that can assist that parole officer with that individual to help them get what they need. Somebody who knows how to individually assess the situation, the individual, and deal with it from an unbiased standpoint.

Attachment A: Focus Group Recruitment Flyers

Appendix B: Focus Group Protocol

Hello and welcome. We are here tonight as part of the Community Health and Justice Project. Our goal is to transform the way Sacramento's criminal justice, behavioral health and community stakeholders work together to improve collective outcomes for Black/African Americans.

So, we are meeting with community members to hear more about your experiences **along the continuum of criminal justice, specifically the interaction with mental health**. We also will talk with agency staff at other times.

I'll ask questions to help guide the conversation, but please don't let that limit you. Also, you don't have to respond directly to me – if someone else says something that you want to build off of, that's great. The goal is to have a conversation that's focused on your experience.

We will record the focus group – just so we have a record of everything when we sit down to summarize the conversation. We will make sure that the notes and findings are de-identified so your confidentiality will be protected. Does anyone have questions before we start?

Let's start off with **a little bit about you**. Can you share your first name and how you found out about the focus group tonight?

We'd like to start with your **general experience with community services** in Sacramento.

1. Overall, what community mental health or support services have been most helpful to you and why?
2. What hasn't been helpful and why? (*Probe for: What would have made your experience with community services better?*)

Let's talk a little more about the intersection of mental health services and law enforcement.

3. How has mental health impacted your interactions with law enforcement?
4. Given that you've had an interaction with law enforcement regarding mental health, what do you think would have helped prevent you from interacting with law enforcement (police, courts, etc) in the first place? (*Probe for community services or resources, 911 vs 988*)

Let's talk about services in the Sacramento County Jail, either from your personal experience or the experiences of your friends or family.

5. Who here was not able to access services or treatment in jail? What was it that you didn't or couldn't get in jail?
6. Show of hands: How many of you were released during the day? at night? after midnight? How many of you were linked to services?

Now, moving to re-entry or aftercare...

7. Thinking about those first few days, how many of you got what you needed when you were released from jail? Did anything make it hard to get the services you needed?

Finally, to conclude, let's look forward...

8. In general, what would help to let Black Sacramentans with criminal justice experience know about services and resources that could help them with mental health services?

Since we have a little bit of extra time.... [only if there's time at the end]

9. In general, how easy or hard is it to get the help you need in Sacramento?
10. In general, what would help people get the help they need?
11. Is there anything else that you would like to share?

References

[1] Quotes may be edited for clarity (e.g. remove the ums and ahs and filler terms), but words were not changed or paraphrased within quotes.

[2] Gorski, T. T. (2001). Post incarceration syndrome. Addiction Exchange, 3(4).

[3] https://www.988california.org/

[4] While questions focused specifically on experiences in the Sacramento County Main Jail, several people also shared their experiences re-entering the community from State Prison.

Attachment 8: Agency Stakeholder Key Informant Interview Summary

Community Health & Justice Project

Agency Stakeholder Interview Summary

November 2022

CHJP Stakeholder Interview Highlights

As part of the Community Health and Justice Project (CHJP), ONTRACK Program Resources coordinated and LPC Consulting Associates, Inc. (LPC) facilitated key informant interviews in October and November 2022 with eight (8) agency stakeholders.

Support Services | Agency stakeholders expressed many of the same concerns as the CHJP Steering Committee and community focus group participants about the lack of culturally responsive services for Black/African Americans. The most helpful community mental health or support service providers were already known and trusted in the Black community.

Relationships | Programs offered by CBOs already embedded in the Black/African American community were highlighted as the most helpful: "staff look like them and have the same experiences and are able to relate on a very real, personal basis. That brings quality to the relationship, helps them develop trust and they're able to make connections with those other resources that are available."

Law Enforcement | Agency stakeholders acknowledged that calling law enforcement for incidents where mental health is a factor is dangerous and is not the safest option for anyone involved. Law enforcement acknowledges that they are not experts in mental health and prefer when clinicians are available to respond (e.g., Mobile Crisis Team), and want expanded numbers and availability of participating clinicians. Almost every agency stakeholder cited the need for alternatives to calling 911, which would mean no law enforcement involvement at all.

Jail Services | Agency stakeholders acknowledged the high proportion of people who are released during the night, and the lack of connection to services when released as a main challenge. In particular, the lack of discharge planning for "quick releases" is a "missed opportunity" to meet the person's needs. Interviewees weighed the benefits and challenges in assessing everyone as they leave the Main Jail, knowing that many people will not trust a county system to assess and potentially label them because the potential consequences outweigh potential support.

Re-Entry Supports | Agency stakeholders acknowledged the need to address basic needs for successful re-entry, including housing and employment. In addition, establishing regular follow-up is critical to encouraging success, as people may not be ready for help when first released, but may be receptive to services after repeated attempts. Connecting people to needed services quickly is critical to their successful re-entry into society.

Summary | Agency stakeholders acknowledged the need for county agencies, law enforcement, and community-based agencies to collaborate and partner to provide the most comprehensive, culturally responsive, and trusted services possible. No one agency or group can do the work alone, and agencies want to partner with community: "hey folks, I'm not your enemy in this, we have to think of how to work together."

Recommendations | Agency stakeholders suggested 29 recommendations for systems change across the continuum of criminal justice and mental health.

Background

As part of the Community Health and Justice Project (CHJP), ONTRACK Program Resources organized key informant interviews, facilitated by LPC Consulting Associates, Inc., in November 2022 to gather insight toward the goal to transform the way Sacramento's criminal justice, behavioral health and community stakeholders work together to improve collective outcomes for Black/African Americans. Interviewees represented a purposive sample of decision makers and providers of essential components of criminal justice release-related behavioral health services.

A total of 11 agency stakeholders were invited to participate, and eight (8) completed an approximately one-hour interview via Zoom. Each interviewee had professional experience at the intersection of mental health and criminal justice, either through positions in public agencies, law enforcement, or community-based organizations. While not part of the recruitment or questions, three of the eight interviewees voluntarily disclosed experience with mental health and/or criminal justice, either personally or with close friends and family.

> I would tell [Black people in Sacramento experiencing mental illness who are involved with the criminal justice system] that there are people who are dedicated to helping them figure it out… Just go, ask the questions, seek the assistance and we'll figure it out together. We don't know everything, but we'll walk with you upon this journey. I know re-entry can feel really lonely, overwhelming, so just connect with someone who's going to be committed to you. We're not going to leave you hanging, you're not going to fall through the cracks. You don't have to do this by yourself.

The questions asked agency stakeholders to share their perspectives along the continuum of criminal justice interactions; specifically, crisis, respite, and community service; the jail/court; and re-entry/aftercare. The dynamic conversations followed a protocol developed by LPC, in collaboration with ONTRACK, (See Attachment A) but were flexible enough to allow interviewees to share their stories and ideas. Interviews were not recorded; LPC staff typed real-time transcripts during the interviews. LPC analyzed transcripts to identify common themes, recommendations, and key quotations.[1]

> I believe our collective safety is a community responsibility. If you want to build healthy communities, have healthy families, we need to stop the cycle of violence and provide the proper paths for people to be successful. [Law enforcement] can't do it alone, city or county can't do it alone, and communities can't do it alone. We've got to get past the level of anger in our society and look for real solutions.

Findings

0	1	2	3	4	5
Crisis, Respite, & Community Service	Law Enforcement & Co-Responders	Initial Detention / Initial Court Hearings	Jail / Court	Re-Entry	Community Corrections / Supports

The Community Health and Justice Project (CHJP) Steering Committee collaboratively identified Crisis/Respite Care (0); Jail and Courts (3); and Re-Entry (4) as Sequential Intercept Model[2] intercepts of key interest. In addition to questions designed to inform the three Workgroups, additional questions touched lightly on other intercepts including Law Enforcement and Co-Responders (1); Initial Detention/ Initial Court Hearings (2); and Community Corrections/ Supports (5). Systems change recommendations suggested by agency stakeholders beginning on page 8 are organized by all six intercepts.

> There is a narrative within the media and among some of our elected folks that they want Behavioral Health to get in there and "fix them." Treatment is not possible without engagement of the individual; that's the subject of the treatment. That's why you see things like Care Court coming up; they think there's some magic way to get someone involved with services. One of the things we ask of our community is if you already have a relationship with them, help be the cultural broker. We can't just be the car mechanic; you can't just drop somebody off and we fix them. We need somebody that already has a relationship with them and can continue to connect and reinforce the message that our team is trying to create. When [a] clinician shows up, that is somebody completely unknown to them. If you already have a relationship with them, it's much more effective to do the introduction and support.

General Experience with Community Services in Sacramento

Most agency stakeholders described helpful programs as collaborations between Sacramento County agencies and community-based organizations (CBOs). **The most helpful community mental health or support service providers were already known and trusted in the Black community.** A few agency stakeholders described the importance of full-service or wraparound services that address whole person needs, including mental, physical, emotional, and spiritual. Several interviewees highlighted programs offered by CBOs already embedded in the Black/African American community: "staff look like them and have the same experiences and are able to relate on a very real, personal basis. That brings quality to the relationship, helps them develop trust and

> A lot of people, if you're not connected to a community organization that does [mental health services], people don't even know where to start, what number to call, where to go, who to ask. So, I think a lot of it is just getting the knowledge, information out there as far as what are the first steps to get connected to support. … We use the [Sacramento County Mental Health] Access Team a lot, we call the Access line and then just trying to connect to benefits, like human assistance, and they can usually point us in the right direction. But I think training to these organizations would be helpful. …I consider us a middleman between the people that need support, and the support.

they're able to make connections with those other resources that are available." This familiarity and trust both help relieve some of the stigma and fear of county- or law enforcement-provided services, but there are still challenges for CBOs. One interviewee summed up their organization's experience that "when we provide mental health services, you [still] have to fight the stigma" and help people know who to call, who they can trust to provide needed supports. Several agency stakeholders mentioned specific community-based programs as trusted groups, including the Anti-Recidivism Coalition, Black Child Legacy Campaign's Community Incubator Leads, El Hogar, Exodus Project, Hope Cooperative (aka TLCS), Neighborhood Wellness Foundation, River Oak, Rose Family Empowerment Center, and Wellspace Health.

Sacramento County is working on developing a Wellness Crisis Response Team. Clinicians, peers, and law enforcement would not get involved unless they absolutely had to be because of safety risk. … The intention is to provide a listening ear, triage the severity of the situation at hand, de-escalate when the individual is already linked with services. If they're not linked, then link them. The call is intended to try and de-escalate. When that's not possible, they would dispatch a response team and again try to triage, de-escalate, help the person find resources that might help them in that situation. And when that's not possible, help them get to inpatient care as needed.

Several agency stakeholders also shared examples of promising Sacramento County initiatives. One program, Trauma-Informed Culturally Responsive Therapy (TI-CRT), funds Black clinicians to provide short-term, individual clinical services to the entire Black/African American community, described by one interviewee as "a low-barrier way to get some therapy in the moment." In addition, the Trauma Informed Wellness Program (TIWP) responds to community demands of the Sacramento County Mental Health Services Steering Committee for resources specifically for the Black/African American community. The Community Support Team is a follow-up service by peers and clinicians within 24-48 hours of a call. Finally, the Sacramento County Mobile Crisis Team (described in the next section) addresses calls related to mental health concerns, in partnership with law enforcement.

The Crisis, Respite, and Community Service intercept focuses on prevention and identifying opportunities to divert people into local crisis care services, including alternatives to contacting law enforcement in response to people experiencing crisis. Several interviewees shared a prevention-focused vision for mitigating how mental health impacts interactions that Black community members have with law enforcement: "If I'm truly thinking big picture, it's getting upstream before the incident occurs. Like we say in the juvenile system, preventing someone from coming to our attention. Providing supports within the community, giving families, parents, schools the resources. It's a call 988 before you call 911 if your loved one is having a mental health episode. A consideration for the alternative to address the behavior."

Intersection of Mental Health Services and Law Enforcement

Within the Black community, in general, I think there's kind of an agreement that we're not going to call the police. Even when police assistance would be very helpful, even in my own family. I've had times where it was like, we could really use some help right now but we're absolutely not calling the police. Calling for help puts us much more at risk than what we're dealing with. … So even when there are mental health incidents that need to be addressed, we'll figure it out ourselves, because [calling for help] is not even an option.

Several interviewees acknowledged the challenges of law enforcement responding to calls where mental health is a factor. Multiple interviewees described this situation as "unfair" for both the officer and the person experiencing the crisis. Another interviewee shared that in the example where "one person is acting outside their norm, maybe not taking medication but there's no indications of violent crime or other danger," police officers will often be the first to tell you, "Send someone else, we're not the experts in those things." As one interviewee shared, "every case is different, but there are certain basic [law enforcement] training concepts, certain de-escalation concepts that still apply, but every situation will be a little different."

In addition to law enforcement officers acknowledging that they are not the best trained to address mental health issues during calls, a few interviewees mentioned the importance of 911 dispatchers in "triaging emergency" to include mental health supports, or not. "What's the call? What's relayed to the dispatcher? Do they have an understanding or training of the event, then what is relayed to the officer dispatched to the scene? Typically calls are, 'Hey I need help. Send someone.' Again, it's like they're showing up with hammers and treating these issues as if they're all nails."

The County is designing these cards that law enforcement officers carry with them in their packet; it's laminated. We're finding even law enforcement don't even know the primary resources to offer, even different county departments don't even know all of that.

If people are in crisis, they can be very dangerous, it doesn't mean they're bad people. It doesn't mean you can talk them out of what they're experiencing. My biggest issue is that we can't let people get to that level of crisis where they are a significant danger to themselves and others. I think a lot of that is preventable. Lots of times law enforcement is put in a situation where they have limited choices because they need to protect people. From a 30,000-foot view, why wasn't that person prevented from reaching that level of crisis?

Several interviewees specifically praised the Mobile Crisis Team, where law enforcement and mental health clinicians respond jointly to calls where mental health is a concern but lamented the limited number and availability of clinicians. Almost every agency stakeholder cited **the need for alternatives to calling 911, which would mean no law enforcement involvement at all**. Like in the community focus groups, only one person specifically mentioned 988.[3]

> I know there is that program that combines law enforcement with mental health professionals…where mental health therapists are riding along and go out with law enforcement officers. Even when I try to use it personally, there's so few of those mental health workers, they're like we can be there in three hours or they work 9-5, they're off. 9-5 is not usually when a lot of situations happen, later than that usually. …So, it's a great program, I think people would use it more often. The mental health professionals that came out were great, you can tell they were trained to handle situations like that. They weren't escalating; they weren't trying to be hands on. But it was so difficult to even get to that point. So, if that program were expanded upon, I feel like Black people would try to use that.

Services in the Sacramento County Jail

> When people are going to these [mental health] wings [in the Main Jail], it shows up in your paperwork to the courts. So, when they go to court, they're like, "ok I see you have some mental health issues." It's like, "no no, don't give me more time or not consider me for release because I spent time on the mental health wing." That fear right there is like, "I'll struggle because I can't risk them thinking I'm unstable or a danger to the community because I asked for help or support. I'm just going to keep it to myself, deal with it myself because I can't risk anything associated with this mental health support." **The potential consequences outweigh potential support.**

The CHJP Jail/Court Workgroup identified the **conditions in the Sacramento County Main Jail** as a key problem area. To include more expertise and ideas, agency stakeholders were asked about their experience working with and in the Sacramento County Main Jail.

Some agency stakeholder interviewees had less direct experience with conditions and services within the Main Jail and referred questions regarding the jail to the Mays Consent Decree,[4] which "highlights what's available and what's not." While most interviewees did not to go into a lot of detail, there was a recognition and acknowledgment there are a lot of improvements that need to be made, and many systemic barriers to those improvements.

In addition to conditions within the Sacramento County Main Jail, the CHJP Jail/Court Workgroup identified releases without connection to services as an important problem to address. Reflecting most of the discussions within the Workgroup, **agency stakeholders acknowledged the high proportion of people who are released during the night, and the lack of connection to services when released.** One challenge is the timing of release hearings – sometimes the timing of the court paperwork leaves no choice but to release people at night.

Several agency stakeholders acknowledged that discharge planning is limited to people who are in the Mail Jail for a length of time, and even then, connection is challenging because "you don't know when they're getting released." In addition, "quick releases," or people released within a few hours, were described by one interviewee as a missed opportunity for prevention: "take that person [who is released after a few hours], what is contributing to the fact that they haven't been introduced to treatment, are they homeless, do they have employment? We are kicking this can down the road, not even down the road, up the street a little because they're very likely to come back [to jail], and we've done very little to address those issues." Facilitating connection to organizations while in custody could support re-entry.

> We hear stories about people that are released in the middle of the night when light rail isn't running anymore. A lot of times they're homeless for that first night. I don't know how often it happens; I just know that it happens. They have nowhere to go, and often sleep on the street that first night.

Re-Entry or Aftercare

The Re-Entry/Aftercare Workgroup identified the first few days after release as critical for connection and preventing recidivism. Several agency stakeholders described the challenges connecting people to services during the first few days after release. One of the biggest challenges mentioned was housing: "a lot of folks are unhoused and lose all their belongings when they're arrested, so they're starting over." And even with stable housing, "the fact of the matter is that individuals released from the [Main] Jail are typically not that interested in being found, nor showing up, so we have a dramatically high no-show rate. It's still so important for those few that ultimately end up connecting with us that we're there for them when they're ready."

> One thing I do know is sometimes individuals are not ready for help at that particular hour [of release], but the next day they might be. Those first few days are very important and that's going to require following up and following through with community, neighborhood based, perhaps some county social service organizations.

> What also happens is that sometimes individuals who are on medication are released without prescriptions to continue medications or any connection to a primary care physician to continue to get their needs met. So, what we see happen with people…is that they're released and for three weeks they're still doing ok because the medication is coming out of their system, and then a month and a half later, their behaviors are completely different.

Agency stakeholders acknowledged that **county agencies, law enforcement, and community-based agencies need to collaborate and partner to provide the most comprehensive, culturally responsive, and trusted services possible.** "We think people are going to do this on their own, but we forget that people need help. You have to be open to others having a role in that connection to treatment." The burden cannot just be on the client to make the connection to services and ask for the support they need. "My message is always like, 'hey folks, I'm not your enemy in this, we have to think of how to work together.'"

A common theme in the interviews was the difficulty in accessing services, either due to waiting lists, difficulty contacting provider staff, services not being accessible, not knowing how to contact agencies, or not having a cell phone or means of contacting providers. Even though there is supposedly "no wrong door" to services, very long spans of time before any calls are returned limits the ability to receive support in a timely fashion. **Connecting people to needed services quickly is critical to their successful re-entry into society**. As one person stated: "a couple months [on a waiting list] is like years when you're re-entering society and need support."

Several interviewees mentioned the value of Parole and Community Team (PACT Team) model, meetings required for people coming home from prison to connect them with services and resources and share information. A similar model could support people returning to community from the Sacramento County Jail. Several interviewees mentioned the Exodus Project, specifically, as providing similar supportive release services. In general, interviewees highlighted programs that address risk behaviors and provide employment services, such as helping coach around developing a resume, interview skills, and how to dress to go to an interview as critical supports to help sustain successful re-entry.

> As a practitioner [many] years, you get numb to the failure, you expect it, but have to continue to offer whatever it is. It might be the eighth time someone's left the program and got arrested again but that eighth time might be the time someone has said, "I'm done and tired, I've got people in my family and children I've not connected with and now is the time to make the change."

Conclusion

> We know we can do better, and we want [the community's] help in defining what that looks like. We really want the community to help design what the community knows they need without bureaucracy involved.

Overall, **agency stakeholders expressed many of the same concerns as CHJP Steering Committee about the lack of culturally responsive services for Black/African Americans. When asked about helpful services for Black/African American Sacramentans, many identified already established community-based organizations (CBOs) and county/CBO partnerships.**

Agency stakeholders acknowledged the need for county agencies, law enforcement, and community-based agencies to collaborate and partner to provide the most comprehensive, culturally responsive, and trusted services possible. No one agency or group can do the work alone, and agencies know they do not have the answers. They want to partner with community and want to remedy the justified pain and distrust between law enforcement and the Black/African American community in Sacramento.

> We're standing on a beach with six-foot waves and have to link arms to walk into those waves. What happens is we lock up, link arms and then some people turn and look and see nothing's changed? ... I think this is an opportunity to look at it as a whole community. They're ready, they just need to know where we're going.

Recommendations

During the interview conversations, agency stakeholders provided 29 recommendations for systems change, presented here to inform the Workgroups and for consideration by the CHJP Steering Committee. One overall recommendation was to focus on a statewide, public/private approach, rather than just focusing on influencing the Sacramento County Board of Supervisors to generate change.

Crisis, Respite, and Community Service (Intercept 0)

- Increase public awareness to get the knowledge and information out there as far as what the first steps are to get connected to support.
- Create a QR code for people to opt in with minimal personal information to receive texts about counseling centers, warming/cooling centers, free meals, etc.
- Finalize policy for 911 dispatchers when to dispatch (a) law enforcement only, (b) law enforcement + clinician, or (c) non-law enforcement response, as well as thoroughly train dispatchers on the triage and dispatch personnel process.
- Encourage statewide legislation related to 988 to include sufficient funding and capacity to address a full range of services.
- Train community organizations who serve as "middlemen" between people that need the support and the support about available resources.
- Utilize credible messengers to share messaging within the Black community.
- Work with clergy and churches to help with messaging around mental health services.
- Increase the presence of peer specialists in community, including people with diverse backgrounds that already have lived experience.
- Expand mobile crisis response for the full population, not just Medi-Cal beneficiaries.
- Encourage private providers to step up and meet the behavioral health needs of their beneficiaries.
- Address the lack of available and affordable housing in Sacramento: homelessness is not just a behavioral health problem.
- Address the Behavioral Health workforce crisis by increasing salaries to recruit clinicians to fill long-open vacancies.
- Reduce bureaucratic barriers for community organizations to apply for funding (e.g., increase flexibility, make application process easier).

Law Enforcement & Co-Responders (Intercept 1)

- Encourage trusting relationships between law enforcement and county agencies.
- Support community to "give the new Sheriff a chance, as hard as that might be because it's colored with the history and the pain, but you have to give the sheriff and undersheriff a chance to think about how to do things better."
- Develop and distribute laminated pocket cards for law enforcement to know resources to offer.

- Establish a mandated follow-up response the next day to check-in after a law enforcement encounter (e.g., Community Support Team).
- Re-open "drop-off" services for Law Enforcement to take people who need mental health services to the Sacramento Mental Health Treatment Center instead of to the emergency department or to the Main Jail for booking.

Initial Detention/Initial Court (Intercept 2)

- From a more systemic level, look at how we punish people in general: "We arrest people for far too many crimes."

Jail/Courts (Intercept 3)

- Address capacity issues and staffing issues, including the construction and layout of the jail, to provide more training and improve mental health services provided in the Main Jail.
- Schedule release hearings in the morning so paperwork can be processed for a daytime release.
- Release people during normal business hours, not at midnight on a weekend. If it's 3:00 in the afternoon, [service providers] can arrange pickup.
- Conduct behavioral health risk assessments as people are released to triage needed supports.
- Establish a service center for people coming out of jail. Have a place outside of the jail where people can literally walk to the place, there's a telephone, someone there that can help link you to housing resources, and someone that can give you clothes.

Re-Entry (Intercept 4)

- Explore the possibility of a booking release process, parallel to the booking intake process to connect people to services upon release.
- Consider whether the Jail Detention Treatment Center (JDTRC) can provide release services: "let's get you over there and get you connected to services."
- Use a Parole and Community Team (PACT Team) meeting model for people coming home to connect people to services and resources.

Community Corrections/Community (Intercept 5)

- Establish partnerships or contracts for community-based organizations to work with Probation to provide post-release services. If they are not officers, that could be viewed as advantageous because then they see, "hey, it's the community helping me."
- Develop more specialized expertise related to forensic behavioral health (e.g., community justice full-service partnership program) to address the unique needs of people with prior experience with the criminal justice system.
- Develop intensive placement services and support, specifically focused on employment.

Appendix A: Interview Protocol

Hello –Thank you for agreeing to participate in this interview. We are here as part of the Community Health and Justice Project, whose goal is to transform the way Sacramento's criminal justice, behavioral health and community stakeholders work together to improve collective outcomes for Blacks/African Americans.

We are meeting with you, as an Agency Stakeholder, and we are also meeting with community members to hear more about different experiences along the continuum of criminal justice interactions; specifically, crisis, respite, and community service; the jail/court; and re-entry.

I'll be posing questions to help guide the conversation, but please don't let that constrain you. We will be taking notes on the conversation and when we summarize the conversation, we will make sure that everything is de-identified so your confidentiality will be protected. You have the option at any point to say "off the record" and we will stop typing.

As we go through the following questions, remember that we're specifically talking about Black people in Sacramento experiencing mental illness who are involved with the criminal justice system. You may not have firsthand knowledge of some of the following areas, but please share what you do know. If there is anything you are not familiar with, we can skip the question.

We'd like to start with a few questions about **community services in Sacramento**.

1. Overall, what community mental health or support services have you seen are the most helpful to Black community members and why?
2. What do you think hasn't been helpful to Black people experiencing mental illness who are involved with the criminal justice system, and why?

Let's talk a little more about the **intersection of mental health services and law enforcement**.

3. In your experience, how does mental health impact interactions that Black community members have with law enforcement?
4. In general, what do you think would help prevent Black people experiencing mental illness from interacting with law enforcement (police, courts, etc.) in the first place? (Probe for community services or resources, 911 dispatch)

Let's talk about **services in the Sacramento County Jail**, from your agency's role or your interactions with jail services.

5. Based on your knowledge and understanding, what mental health services are available in Sacramento County jail? What are the reasons that people in custody access services?
6. From what you know, what happens when people are released from jail? (*Probe: Do people have plans before they're released? Do they have someone there to meet them? What time of day?*)

Now, moving to **re-entry or aftercare**…

7. Thinking about those first few days, what do you think Black people with mental health issues who are involved with the criminal justice system need when they are released from jail?

Finally, to conclude, **let's look forward**…

8. In general, what would help to let Black Sacramentans with criminal justice experience know about services and resources that could help them with mental health services?
9. In general, how easy or hard is it for Black people experiencing mental illness who are involved with the criminal justice system to get the help they need in Sacramento? In general, what would help people get the help they need?
10. Is there anything else that you would like to share?
11. If the community was sitting here, what would you like them to know?

References

[1] Quotes may be edited for clarity (e.g. remove the ums and ahs and filler terms), but words were not changed or paraphrased within quotes.

[2] Sacramento County Adult Sequential Intercept Model. (September 2022 Working Draft) https://dce.saccounty.gov/Public-Safety-and-Justice/CriminalJusticeCabinet/Documents/SacramentoAdultSIM-WorkingDraft.pdf

[3] https://www.988california.org/

[4] September 14, 2022 Sacramento County Board of Supervisors Meeting Agenda Packet

Attachment 9: CHJP Data Sources

Primary Data Sources

2021 Real Talk & Call to Action transcripts, chat

Participant observations at Steering Committee and Workgroup meetings, CHJP training

Community Focus Groups (3 groups, 30 participants)

Key Informant Interviews (8)

Secondary Data Sources Reviewed

Carey Group (2020). _Sacramento County Consultant Report on Jail Alternatives_.

City of Sacramento _Dispatch Data_ (2022)

Council of State Governments Justice Center (2021) _Using Your Data for Behavioral health Diversion Workshop Manual_.

Sacramento County Board of Supervisors Mays Consent Decree _Workshop Materials_– September 14, 2022

- Class Counsel Letter to Board of Supervisors re: Mays Consent Decree
- Nacht and Lewis Main Jail Capacity Report
- O'Connell Sacramento Jail Study
- Still Sacramento County Peer Review Report
- Mays Consent Decree Workshop
- Powerpoint: Criminal Justice System Reforms and Issues

Sacramento County, Public Safety and Justice Agency (2022) _Jail Population Reduction Plan_

McBride, Fiona (2022) IN(JUSTICE) in SACRAMENTO: A Case for Change and Accountability

Blueprint Citations

[1] For more information regarding legal terminology, please see Sacramento Superior Court's Legal Glossaries.
https://www.saccourt.ca.gov/general/legal-glossaries/legal-glossaries.aspx

[2] www.getontrack.org/realtalk

[3] O'Connell, Kevin (May 2022). *Sacramento Jail Study,* https://dce.saccounty.gov/Public-Safety-and-Justice/Documents/Reports_Resources/O%27Connell_SacramentoJailStudy.pdf

[4] Sequential Intercept Model (SIM). https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

[5] Sacramento County Adult Sequential Intercept Model. (September 2022 Working Draft) https://dce.saccounty.gov/Public-Safety-and-Justice/CriminalJusticeCabinet/Documents/SacramentoAdultSIM-WorkingDraft.pdf

[6] County Jail Class Action Lawsuit Agreement Reached (2019) https://www.saccounty.gov/news/latest-news/Pages/County-Jail-Class-Action-Lawsuit-Agreement-Reached.aspx

[7] September 14, 2022 Sacramento County Board of Supervisors Meeting Agenda Packet.

[8] O'Connell, Kevin (May 2022). *Sacramento Jail Study,* https://dce.saccounty.gov/Public-Safety-and-Justice/Documents/Reports_Resources/O%27Connell_SacramentoJailStudy.pdf pages 16-17

[9] https://www.988california.org/

[10] For more information regarding legal terminology, please see Sacramento Superior Court's Legal Glossaries.
https://www.saccourt.ca.gov/general/legal-glossaries/legal-glossaries.aspx

[11] https://www.dhcs.ca.gov/calaim#initiatives

[12] https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-PATH.pdf

[13] https://www.scd.org/catholic-charities-and-social-concerns/exodus-project

[14] https://www.dhcs.ca.gov/calaim#initiatives

[15] https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-PATH.pdf

[16] https://www.sacsheriff.com/documents/rccc/Reentry%20Programs%20Guide%20-%20%20Version%20Revision%2010%2020.pdf

[17] County Jail Class Action Lawsuit Agreement Reached (2019) https://www.saccounty.gov/news/latest-news/Pages/County-Jail-Class-Action-Lawsuit-Agreement-Reached.aspx

[18] September 14, 2022 Sacramento County Board of Supervisors Meeting Agenda Packet.