Multnomah County SJC Logic Model for Strategy 1: Reduce Racial and Ethnic Disparities (RED) by using a Community Engagement systems change framework

Contextual Conditions	Inputs/Resources	Activities	Outputs	Outcomes	Impacts
• Political will, budget, and climate will impact the level of community engagement and subsequent RED impact across the criminal justice system. • Potential risks include: Unintentional harm caused to community members if process is not carried out in a trauma-informed manner, inability to take action on community recommendations, slow timelines, distrust and previously damaged relationship with criminal justice agencies. • All criminal justice partners are committed to the journey of community engagement. To ensure authentic engagement, goals and outcomes must be co-created after engagement begins.	• Experience of county departments with community engagement. • Expertise of county departments implementing the Juvenile Detention Alternatives Initiative (JDAI). • Equity & Empowerment Lens • Staff: (a) Program Manager (50%), (b) Project Coordinator (50%) (c) 2 Community Health Workers, (d) contracted professional evaluator, (d) contracted IT developer for data enhancement. • Other resources: (a) facilitation and supplies for training, (b) participant stipends, supplies, and facilitation for focus groups. • Committed partnerships between all criminal justice agencies and several community-based non-profit organizations (including existing members of the SJC Operations Team and others TBD as engagement develops).	• Assess strengths and opportunities for community engagement amongst criminal justice leaders. • Convene RED work group. • Provide Equity & Empowerment Lens training to policy-makers. • Provide anti-racism training for policy makers and criminal justice system staff • Conduct ongoing evaluation. Community Engagement • Hire community health workers with lived experience. • Develop partnerships with high need neighborhoods most impacted by RED (Portsmouth/New Columbia & Rockwood/Centennial). • Conduct engagement activities, including meetings, focus groups, and interviews. Dashboard • Create MOU for use of a RED dashboard. • Develop system for RED data collection and monitoring enhancement with community input. • Conduct detailed RED criminal justice system analysis. • Identify additional data needed for RED analysis within 6 months. • Address additional data needs and requests for data related to RED within 36 months. • Create Disparities Dashboard and Alert system.	• Number of participating criminal justice and partner agencies. • Number of policy-makers trained on the equity and empowerment lens. • Number (TBD) of criminal justice system staff receiving anti-racism training. • Performance management and evaluation plan. Community Engagement • Engage 100 community members and partners in 18 months and 200 community members in 36 months through focus groups, interviews, and engagement events. • Conduct 12 community meetings, 12 focus groups, and 3 small group meetings in the first 12 months, 45 events within 24 months. • Identify 20 and implement 5 co-created (internal partners and community) strategies to reduce RED in 36 months. • Ongoing and meaningful citizen involvement by at least 10 individuals in criminal justice planning and policy discussions within 36 months • Develop a replicable criminal justice system model of community engagement. Dashboard • Criminal justice partners adopt MOU on use of Dashboard, which will be implemented within 2 years. • Criminal justice agency analysts will make recommendations to policy-makers on ways to create uniform race/ethnicity data collection in 12 months. • Uniform race/ethnicity data collection process implemented in 36 months. • Uniform system standards for collecting and reporting race and ethnicity. • Number of action plans created and implemented to target RED alerts.	• 85% of criminal justice leaders complete Equity & Empowerment Lens training in 18 months. • 75% increased of knowledge of equity, bias, worldview, power, etc., by criminal justice leaders participating in training within 24 months, as demonstrated by pre/post test. • 70% of criminal justice system partners participating will incorporate reduction of RED into the mission of their department within 36 months. • 85% of staff from criminal justice agencies participating in the SJC demonstrate an increased understanding of RED. • When the dashboard indicates action is needed, action plans will be developed 75% of the time within 90 days. This practice will start within 36 months. • 60% of engaged community participants will indicate a deeper sense of trust of the justice system and that their participation is valued, as indicated by pre/post test and qualitative interview. • 70% of criminal justice partners will adopt specific policies and strategies to reduce RED in 36 months.	Data on RED will be monitored monthly once data collection, strategies, and dashboard are developed. Specific impact measures will be developed to monitor changes at each decision point.

Multnomah County SJC Logic Model for Strategy 2: Improve community corrections practice to reduce Racial & Ethnic Disparities (RED)

Contextual Conditions	Inputs/Resources	Activities	Outputs	Outcomes	Impacts
• The Community Corrections agency, the Department of Community Justice (DCJ), is a national leader in effective and progressive practices. DCJ leadership is motivated by the SJC RED analysis, which produced a comprehensive RRI report. The SJC planning period motivated DCJ to focus on ways to improve RED. • Political will and climate can impact implementation success and trajectory. • The Community Healing Initiative (CHI), has proven successful in Juvenile Justice by providing culturally-responsive, community-based, family-focused services and support to juveniles and families to avoid further justice system involvement. • HEAT (Habilitation, Empowerment Accountability Therapy) uses a culturally-responsive, holistic treatment model to treat young African American males, ages 18-29. HEAT has been endorsed by the Bureau of Justice Assistance.	• Committed partnerships between DCJ and culturally-responsive service providers, multi-sector collaboration, diverse stakeholders • Staff: (a) probation/parole officer, (b) data technician, (c) program manager (25%), (d) project coordinator (25%) • Training: (a) trauma-informed care theory, (b) HEAT, (c) Adult Community Healing Initiative (CHI) model, (d) focus group facilitation/transcription. • Ongoing evaluation and assessment by DCJ research unit.	• Existing (in-kind) DCJ staff and management will work with existing community providers to enhance continuum of culturally-responsive sanction alternatives, programs, and services. • Identify offender groups to be targeted for alternative sanctions and supports. • Assess existing programs and make expansions as appropriate. • Implement new programming and services. • Implement training programs for DCJ Staff, including anti-racism training. • Integration of the Equity & Empowerment Lens and information gathered via assessment into sanctioning decisions. • DCJ research unit will track and report on progress measures and project outcomes. • To complement Strategy 1, DCJ decision-points will be included in the RED dashboard. • Use successful implementation of Juvenile Detention Alternatives Initiative in juvenile system as a roadmap to grow alternative responses for adult under community corrections supervision.	• Contracts with culturally-responsive, community-based agencies. • Revised DCJ sanction grid tool. • Number of trainings provided and individuals trained. • Program plan and related curriculum modeled after existing culturally-responsive approaches developed in the local juvenile justice system. • Quarterly data and progress reports. • RED dashboard, including alert system and plan to address alerts.	• Development of an Adult Community Healing Initiative (CHI) Model for the adult community supervision caseload within 24 months. • Reduction of DCJ jail bed sanctioning by 15% within 36 months. • Reduction of RED in DCJ sanctioning practices by 10% within 36 months.	Reduction of 60 jail beds per day, or 21,900 annually. 5.24% reduction in average daily population.

Multnomah County SJC Logic Model for Strategy 3: Rapid identification, trial, and care coordination of forensic the behavioral health population

Contextual Conditions	Inputs/Resources	Activities	Outputs	Outcomes	Impacts

• A recent mental health jail study indicated African Americans with mental health problems are held longer in the jail.
• Ten years of Corrections Grand Jury reports indicate many inmates in Multnomah County's jail suffer from mental health and addictions (behavioral health) problems.
• Behavioral and justice professionals indicate an acute lack of non-jail/non-criminal justice system services, supports, treatment, and placement for individuals with behavioral health problems.
• Portland, Oregon currently has a very low (3%) vacancy rate, which adds additional housing pressure on the forensic population. County and City leaders are working diligently to create long-term housing improvements.*
• The Aid & Assist Evaluation process, which determines if a defendant can aid and assist in their own defense, is lengthy. The State of Oregon is involved as the state hospital evaluates many defendants about an hour outside Multnomah County. The County and State have been working together for some time to decrease the lengths of stay for those inmates needing evaluation, and additional local psychiatric evaluations was determined to be a viable solution.
 	
*More information on A Home for Everyone initiative: https://multco.us/housing-and-homelessness/partners-fighting-homelessness
	• Personnel: (a) corrections health nurses to conduct rapid triage and screening, (b) case manager to assist with follow up assessment and placements, (c) contracted forensic psychiatric evaluators, (d) evaluation support, (e) program manager (25%), (f) project coordinator (25%).
	• Committed partnerships: criminal justice, behavioral health, community treatment/services partners, and existing councils/boards which include members of the peer community and lived behavioral health and criminal justice experiences.
	• The SJC Data Team includes the Multnomah County Sheriff's Office, the Multnomah County Health Department (which oversees corrections health), and the Local Public Safety Coordinating Council. All these agencies have robust research and evaluation units, which will assist with ongoing evaluation.
		• Conduct an assessment of enhanced data and privacy practices
		Behavioral Health Screening at booking:
		• Add a 24/7 nurse's station to the front door of the booking facility.
		The nurse will:
		  o Administer the Brief Jail Mental Health Screening (and addictions supplement),
		  o Provide medical clearance for individuals who should be diverted to the medical or psychiatric emergency service, and
		  o Perform breathalyzer, when clinically indicated.
		The case manager will:
		  o Collect information on identified inmate, and
		  o Coordinate care for individuals who may be released to community-based treatment, as well as those needing treatment or services while in custody.
		• Train law enforcement agencies and other partners on change in booking practice.
		• Implement an early notification process in the jail for individuals with severe behavioral health concerns.
		• More rapidly link individuals to community-based treatment and services.
		• Engage peer and behavioral health boards and advisories with the LPSCC Mental Health subcommittee to provide input and help oversee the strategy.
		Aid & Assist Process Improvement
		• Develop and implement a vetting process to identify a pool of local forensic psychiatric evaluators.
		• Develop a process for more rapid court processing of Aid & Assist concerns.
			• Data collection regarding inmates of color who could be released to community-based, culturally-responsive treatment and services, but are held due to lack of capacity.
			• Identify gaps in community-based, culturally responsive treatment and services.
			• Process flow documentation and evaluation plan.
			• Sustainability plan
			Behavioral Health Screening
			• Number of individuals screened.
			• Number of screens positive for behavioral health problems.
			• Number of individuals not accepted into the jail due to identified medical or behavioral health problems.
			• Number of individuals of color (specifically African American) identified for treatment services.
			• Number of follow-up assessments conducted with individuals identified through behavioral health screening.
			• Number of referrals to treatment (inside and outside the jail).
			• Number of referrals to culturally-responsive services.
			Aid & Assist process improvement
			• Number of rapid evaluations conducted by local evaluators.
			• Number of jail notifications and aid and assist alerts sent from clinicians to court partners.
			• Mental health flag, defense attorney alert procedure, court order (.365) alert procedure.
			• Project management plan, partner agreement.
			• Standardized .365 evaluation templates.
			• Pool of local evaluators.
				• Reduce average jail day use of individuals with behavioral health problems by 20% in 36 months.
				Behavioral Health Screening
				• Decrease average length of stay for individuals with behavioral health problems by 20% in 24 months.
				• Increase county contracts dedicated to providing services to forensic behavioral health population by 5% in 24 months.
				Aid & Assist Process Improvement
				• Reduce average time to conduct evaluation and determination from 30 days to 7 days in 6 months.
				• Reduce average length of jail stay for individuals involved in the Aid & Assist process by 15% in 24 months.
					• Reduce overall average daily population by at least 2.5% or 10,000 jail beds per year.
					• Enhanced system of care and continuum of treatment and services for the forensic behavioral health population, resulting in 50% of identified individuals will access treatment or services in 36 months.
					• Reduce recidivism rate of individuals, particularly those of color, indentified and referred to treatment and services by 20% in 36 months.