

## Color Key

-  Behavioral Health
-  District Attorney
-  Housing and Community Development
-  Sheriff's Office
-  Social Services Agency
-  Office of Homeless Care & Coordination
-  Public Defender
-  Probation Department

# Intercept -2: Prevention

## JIMH Recommendations

- Greatly expand and implement Housing First supportive living models and affordable family-based housing options.
- Expand behavioral health services and educational programs in schools.
- Create more training and employment programs and provide livable-wage employment opportunities for people with behavioral health needs
- Address social determinants of health.
- Ensure quality healthcare for all.
- Develop a behavioral health public education and communications campaign.
- Establish an online mechanism for the public to gather information.
- Increase Engagement of the faith community.
- Work to pass Prop 15: Schools and Communities First
- Create or expand conflict mediation or violence prevention work.

## What has been implemented

Regional Approach to South & East County Services  
→NEW: Axis Community Health Pilot (Pleasanton, East Cty)  
→NEW: Washington Hospital (Fremont, South Cty)

Design Forensic, Diversion, & Re-Entry Services System of Care  
Create Director of Forensic, Diversion, & Re-Entry Services Position

ACBH Health Equity Division Created

Fund affordable housing & focus on building housing for extremely low income and special needs populations.

From federal COVID-relief funding, HCD has awarded \$120 million in Emergency Rental Assistance to extremely and very low-income households.

Deputy Sheriff's Activity League (DSAL) Projects in Eden Area:

- Circular Food Economy (with ALL IN Alameda County)
- Dig Deep Farms
- Food Recovery
- Food as Medicine (with Alameda County Health Care Alliance and federal GUSNIP grant funding)
- Food Hub
- Re-Entry Internships @ Dig Deep Farms
- Free recreational health & fitness programs
- Eden Area Business Collective
- Mural Projects

PD Brendon Woods chaired the Process and Evaluation Workgroup which advocated for people to be enrolled in healthcare before leaving custody, prior to CALAIM making it a requirement.

Grant Funded: Alameda County Young Adult Opioid Initiative

Community engagement and family-centered events to increase resources and positive community connections for ACPD clients\*

Health service access at the Center of Reentry Excellence (CORE)\*

# Intercept -1: Early Intervention

## JIMH Recommendations

- **Strengthen and fund a comprehensive system of community-based behavioral health services.**
- Create and expand Service Hubs throughout the County.
- **Expand intensive case management and Full-Service Partnerships (FSP) throughout the County.**
- Increase the number of dual diagnosis programs.
- Provide support for families.
- Target Middle schools for early intervention.
- Increase the amount, affordability, and quality of licensed Board and Care facilities throughout the County.
- Expand services to individuals with serious and non-serious mental illness who are living in independent housing or unhoused situations.
- Fix the ACCESS portal
- **Expand non-crisis mobile units.**
- Establish, expand, enhance, and coordinate the database and tools available for real time bed availability for all justice and health system partners
- Support meaningful exchange of information and clarity between service provider, participant, and family/caregiver to improve care and health outcomes.
- Scale-up and support the implementation of innovative community-based strategies,
- Create incentives such as tax credits, stipends, vouchers, motel conversions, or partial pay options that contribute to or offset the cost to family members and caregivers for housing loved ones with behavioral health needs within their home or in the community.
- Expand the IHOT (In-Home Outreach Team) program.

## What has been implemented

Expand 5150 & 5585 capacity to place/release countywide (Pilot)

Initiate Feasibility Study to explore Capital Expansion for Acute Inpatient Treatment

Expand 24/hour Crisis Services Call Center\*

—NEW: ACCESS Outpatient System Referrals & Admissions Redesign Initiative\*

Youth & Family Services Bureau (YFSB) Behavioral Health Unit (BHU) has 13 LCSW, MFT, and Substance Abuse Specialist @ 4 locations. Programs include:

- Juvenile Diversion for youth who have been arrested for minor offenses.
- Mental Health Outpatient Clinic
- Mental Health Services at REACH Ashland Youth Center

Opportunity Accelerator project will develop and implement an early identification system for upstream interventions, including housing supports and other social services and will assist in developing a "Prevention Hub"\*

Multiple projects under state's Community Care Expansion program, >\$41m awarded in Alameda County. This will increase the total board & care portfolio and additional supportive housing units with enhanced medical support. Semi-annual RFP to expand B&C contractors and beds. \*


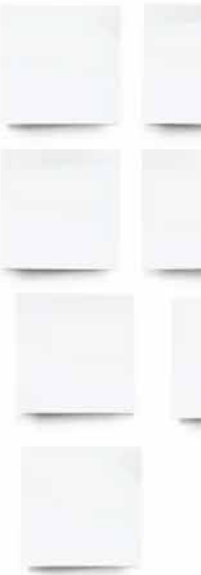
Proposed a Rapid Response Team that would provide a dedicated Street Health team with an LCSW and Community Health Outreach Workers, plus housing/shelter navigation and psychiatric supervision.\*

Family Reunification providers offer parenting classes, reunification supports, barrier removal/stability support, healthy relationship workshops

Peer to Peer MH with the intention of peer-led mental health support groups in key spaces\*

ACPD intends to modify AB109 BH contracts to include client outreach, MH workshops, and psychoeducation in key spaces including ACPD offices\*

# Intercept 0: Hospitals and Crisis Intervention

JIMH Recommendations	What has been implemented	Implementation Timeline
<ul style="list-style-type: none"> <li>Expanded capacity at acute facilities such as John George Psychiatric Hospital(JGPH) or add additional sites.</li> <li>Create More sub-acute locked facilities such as Villa Fairmont.</li> <li>Ensure that all hospital and crisis intervention services for people with behavioral health needs are linked to long term support and resources.</li> <li>Review and work with the State of California to change the 5150 process.</li> <li>Develop more diversion options that are available 24/7.</li> <li>Explore how to expand bed capacity so that 5170 can be fully implemented throughout Alameda County.</li> <li>Authorize a medication mandate within the community.</li> <li>Explore setting up an early warning system between dispatch and behavioral health providers.</li> <li>Implement The Living Room model throughout Alameda County.</li> </ul>	<p>Expand Crisis Services*</p> <p>Significantly increase the capacity of residential treatment beds countywide*</p> <p>Expand Satellite Urgent Care Clinic Hours &amp; Services*</p> <p>C.A.R.E.S. Navigation Center opened in Feb 2021</p>  <p>PD's office worked on the Living Room proposal*</p> <p>Clients 5150'd from housing sites have been released with no follow up housing plan/services. We have taken informal solutions to address this in individual client level, but this remains a critical service area gap/need.</p> <p>ACPD intends to modify AB109 BH contracts to provide dedicated crisis and triage services for ACPD clients residing in the community (or ACPD housing) and in need of MH services or at risk of rearrest/ hospitalization*</p>	

# Intercept 1: Law Enforcement & Emergency Services

## JIMH Recommendations

- Expand the number of Crisis Mobile Unit Available in Alameda County as alternatives to traditional law enforcement responses when calls involving people with behavioral health needs are made to 911/dispatch.
- Make changes to the dispatch/911 system.
- Expand and build on existing training for law enforcement support efforts to decentralize law enforcement involvement.
- Encourage local law enforcement agencies to explore and implement Law Enforcement Assisted Diversion (LEAD) models to decriminalize behaviors often displayed by people with behavioral health needs.
- Develop and expand pre-arrest and pre-booking diversion programs.
- Create City > County > Regional Services Communications network or app.
- Create a mechanism for family members or others to safely report individual episodes for assistance in a centralized confidential system.

## What has been implemented

Direct In-Home Outreach Team (DIOT) & Assisted Outpatient Treatment (AOT) Referrals by Law Enforcement Departments

C.A.R.E.S. Navigation Center opened in Feb 2021

Partnership with Community Assessment and Transport Teams (CATT).

Transport to Community Assessment, Referral, and Engagement Services (C.A.R.E.S.) Navigation Center

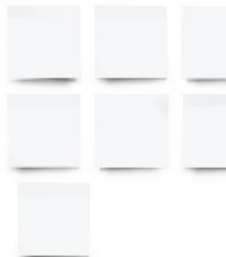
Participation in Multi Disciplinary Forensic Team (MDFT) monthly meetings



PD's office met with OPD years ago about starting up the LEAD program.

Assist & support creation of Oakland MACRO - April 2022 (Oakland PD)

## Implementation ideas



# Intercept 2: Initial Detention and Courts

## JIMH Recommendations

- Expand and improve the Behavioral Health Court.
- Expand and allow more Community Conservatorship.
- Allow Mental Health Diversion for people found incompetent to stand trial.
- Develop additional support services for people when they go to Court.
- Ensure the Courts know about all available wrap-around services in the County.
- Include families in court notification processes and systems.
- Add a Participatory Defense Model based on the Silicon Valley De-Bug Program.

## What has been implemented

Pre-Trial Diversion: Increase Funding to Collaborative Courts/ Mental Health Courts

C.A.R.E.S. Navigation Center opened in Feb 2021

Certified Peer Support Specialist Program (Pilot began July 2021)



\*Improve Behavioral Health Court in collaboration with the DA's office, courts, and ACBH.\*

PD's office instrumental in creating and expanding Community Conservatorship program.

PD worked with DA's office, ACBH, and other stakeholders to develop and institute MH diversion program.

Support services for people when they go to court - Through the PD's in-house social worker and advocate program.\*

Include families in the court notification processes and systems (with clients' permission to communicate with their families.)

Participatory Defense Model utilized by individual attorneys on a case-by-case basis.\*

Implementation & Expansion of Assisted Outpatient Treatment (AOT)

ACPD expands AB109 definition to include those participating in BH and collaborative courts

Continued conversations with the Courts to promote CORE services to AB109 eligible population not currently active to Probation (e.g., pre-trial release, collaborative court, etc.)\*

# Intercept 3: Jail

## JIMH Recommendations

- Ensure Behavioral Health services within Santa Rita Jail for all who need it.
- Focus on destigmatizing strategies used upon entering correctional facilities to identify who has a mental health or substance use disorder diagnosis.
- **Expand care coordination for all people with behavioral health needs before discharge from jail.**
- Improve the integration of information systems between County Adult Forensic Behavioral Health and community behavioral health service providers.
- Explore the use of tablets at Santa Rita Jail to Expand Access to mental health and substance use disorder treatment services.

## What has been implemented

Expand Forensic Linkage Program at Santa Rita\*

Certified Peer Support Specialist Program (Pilot began July 2023)

CaAIM: Partnering with Reimagining Adult Justice Initiative, Alameda Alliance, and others to Implement CaAIM's Services and Supports for Justice-Involved Adults effort.\*



Post-COVID AB109 contracted providers are regaining access into SRJ. Currently 1 AB109 MH team has clearance and expressed interest to provide in-reach.\* Other in-reach conducted via telephone or tablets

Limited coordination, information, and discharge planning available from AFBH regarding in-custody ACPD clients with known MH needs

Upcoming RFP (in review) related to pre-release planning and service coordination via outreach and MDT meetings\*

ACPD intends to modify AB109 BH contracts and work toward collaboration and discharge planning with AFBH for mutual clients.\*



# Intercept 4: Reentry

## JIMH Recommendations

- Increase the capacity of reentry planning programs.
- Expand Safe Landing Services to operate 24/7
- Develop a stronger collaborative relationship with the faith-based community to promote and expand reentry services.
- Explore ways to incentivize community treatment facilities to accept behavioral health program participants directly from jail.
- Expand the implementation of Multidisciplinary Reentry Teams (MRT's).

## What has been implemented

High Fidelity Assertive Community Treatment (ACT) & Forensic Assertive Community Treatment (FACT) Teams\*

Prioritize the care of "high utilizers" of county behavioral health and forensic services to ensure that they are connected to appropriate treatment and facilities.

Expand Short Term & Permanent Housing, Board & Care Facility Options\*

Expanded capacity building programs for organizations, especially faith-based, to develop housing for special needs populations like Reentry populations.\*

Operation My Home Town (OMHT): Evidence-based reentry model anchored by the YHSB clinical staff



CHCC is working with ACBH, Probation, and others to plan for the addition of housing and community supports and connections to coordinated entry in advance of release from criminal justice facilities.

PDs office developed a Northern CA-wide social work group where resources, training, and case consultation are shared and enable clients to access programming.

PD Social work/Advocate program works with clients and service providers to develop and facilitate reentry plans.

AB109 funding for Safe Landing transportation shuttle between SJQ and Dublin BART

Dedicated funding for AB109 BH programs in areas of M2M and SM

AB109 funds 2 Recovery Residences for eligible clients

AB109 funds for the Center of Reentry Excellence (CORE)

AB109 housing programs may receive individuals directly out of SJQ or CIDR

Expansion of Community Programs team (Reentry Service Coordinator)

Pre-release planning RFP: hope to have CBO partner at every entry/exit point\*

CORE RFP released, now CORE intends to have co-located space for health providers to conduct direct outreach and service provision\*

ACPD is seeking to gain access into Clinician's Gateway and the Community Health Record (CHR) to better coordinate care\*

ACPD intends to modify AB109 BH programs to improve outreach, service connection, retention, and outcomes\*

COSSAP Grant - funding received for 12-bed housing with in-house dual diagnosis support and MAI services; program may receive clients directly out of SJQ\*



# Intercept 5: Community Support

## JIMH Recommendations

- Provide oversight and ongoing updates on the Probation/District Attorney Pre-trial Program funded through Prop 47 which started 1/22/20.
- Start Integrated Services for Mentally Ill Parolee (ISMIP) Programs in Alameda County.
- Place more probation staff at Santa Rita Jail so that they can help to coordinate linkage for people with behavioral health needs to mental health and substance use disorder services after release.
- Coordinate communication and services among service providers working with or contracted by the Probation Department.
- Change probation practices.

## What has been implemented



ACPD chairs the Prop 47 Local Advisory Committee Meetings

AB100 Family Reunification Providers and other contracted provider assisting with community stabilization; 6-mo housing stipend available for family members housing ACPD client

Community Outreach Worker: peer relationship - changes culture of ACPD and increases client benefit to work alongside those with lived experience

ACPD helps to advance the work of several CCP Subcommittees including health, MH, and SUD

ACPD chairs the Program and Services CCOPE workgroup to update and develop programming to address client needs and County service landscape

Reentry Service Coordinators on staff to address work sites, improve service connector, experience, and outcomes, as well as build community capacity and bridge ACPD-community relationships

Community engagement events for current clients to destigmatize ACPD client population, connect them with natural community supports, and link providers/resources. These events have included other County entities and CBOs, provides added benefit of ~2 Prevention\*

Ongoing ACPD trainings and changes related to probation approaches, case management strategies, and values of whole person care

Cross-training conducted by Reentry Services Coordinators to help providers work more effectively with ACPD staff and clients\*

Expansion of Community Outreach Workers within ACPD to assist with relationships, systems, and program navigations. \*

The updated COPE model will also include co-located space for program Ambassadors (i.e., clients who have successfully completed programming) to receive training, conduct outreach, and provide direct service\*

MH Housing is flagged as an ongoing need; ACPD requires direct assistance from a clinical team to navigate crisis and MH housing referrals/connections\*

Family respite support and coaching to maintain individuals with natural supports is flagged as an ongoing need and potential growth areas. \*