

## CFJL Taskforce Preliminary Recommendations

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### Recommendations

#### **Intercept -2 prevention**

It is widely understood by psychiatrists that early treatment of a potentially serious mental illness, such as schizophrenia, is likely to **prevent further deterioration** of cognitive and behavioral functioning. Repetitive episodes of untreated psychiatric illness can predispose individuals to more severe forms of chronic illness.

Individuals who experience a first onset of serious mental illness - which can include a first episode of psychosis - may experience symptoms that include problems in perception (such as seeing, hearing, smelling, tasting or feeling something that is not real), thinking (such as believing in something that is not real even when presented with facts), mood, and social functioning. There are effective treatments available and the earlier that an individual receives treatment, the greater likelihood that these treatments can lead to better outcomes and enable people to live full and productive lives with their family and friends. SAMSA home page, 1/21/23

**Conduct public information campaigns aimed at families and placed with school personnel, Psych Emergency Services, health care providers and mobile crisis/law enforcement personnel, on signs and symptoms of serious mental illness (SMI), substance abuse disorder (SUD) and co-occurring disorders and the importance of early treatment.**

**Conduct public information campaigns on the potential deleterious impact of marijuana and street drugs on the developing adolescent brain.**

**To prevent those who are in active phases of illness from deterioration and potential for arrest and incarceration, provide adequate acute and sub-acute beds. ( also see Intercept O)**

#### **Intercept -1 Early Intervention**

**Strengthen and make robust a distribution system for information and referral services for families and other caregivers who seek guidance on treatment protocols and care for SMI.**

Families are often in the dark when facing first episodes of mental illness and valuable time is lost as they ponder the problem and receive conflicting advice. For individuals over 18, psychiatric services often cite HIPPA rules and state that the affected individual will have to call and make an appointment, which the individual frequently refuses to do.

**Make accessible reading material and referral to family support groups, classes offered by local affiliates of the National Alliance on Mental Illness, county sponsored courses such as Mental Health First Aid.**

**Make widely available for African American families, information on the African American Family Support Group, sponsored by the Mental Health Association of Alameda County (MHAAC) and The African American Family Outreach Project which provides a free, virtual workshop five times/yr which provides interactive programs with psychiatrists and key providers. The project reaches into the African American Community in order to increase understanding of SMI and to help families navigate the complex system of care in Alameda County.**

Although African Americans are 9% of Alameda County as of the 2020 census, they continue to comprise almost 50% of the Santa Rita mental health jail unit. Likewise, African American are also nearly 50% of those brought in on 5150 to John George Psych Emergency Services (PES). African Americans also comprise a high proportion of those who utilize PES more than 10 times/yr.

While there are ethnically focused clinical centers for the Native Americans and the Latinex community, there is no clinical center devoted to the African American community.

**Fund and open an African American focused mental health center which includes psychiatric services , an informational outreach component and is accessible to districts with a high percentage of African Americans.**

**For recent substance abusers, both with and without co-occurring disorders, assess need for residential and outpatient services to meet demand.**

**Intercept 0** hospitals/crisis For first responders to 5150 calls, CATT teams, MACRO and law enforcement, ascertain they are C.I.T. trained, culturally competent and equipped with follow-up informational materials for families.

**Evaluate current Crisis Intervention Training (CIT) curriculum for inclusion of racial realities and cultural responsiveness.**

**Assess current demand, increase the availability of acute and sub-acute beds to meet the demand.** As of 2020, ACBH psychiatry department reported that only 3 of 20 individuals brought in to John George Hospital on a 5150, were actually hospitalized.

**Intercept 1** law enforcement

**Refer to Brian Bloom's Forensic Recommendations**

**Intercept 2** detention and courts

**Intercept 3** jail

**Facilitate communication access for families/advocates with incarcerated members to speak with jail personnel or to the forensic system of care to head off misdiagnosis, to make medical needs known and identify acts of dehumanization.**

**Develop communication mechanism, such as a family liaison role for families/advocates to provide/obtain information on the detained. Situate the role within the ACBH Forensic System of Care.**

Multiple family anecdotes reveal the obstacles faced in providing information to the jail personnel about mental health history, medication regime including physical and mental health conditions. This permits the deterioration of psychiatric and medical conditions and compounds the challenges of reintegrating upon re-entry. Also, without adequate treatment within the jail mental health unit, the potential for suicide is increased.

**Intercept 4 Reentry**

**Fully fund the ACBH Forensic Plan with new money.**

Identify and assure transitional housing and permanent supportive housing where needed. For those unable to handle their activities of daily living, increase the licensed board and care homes.

There has been a rapid decline in licensed board and care homes in Alameda County over the past 5 years.

**Assure appropriate transitional housing/services for those with SUD or co-occurring disorders.**

**Intercept 5 community support**

Many with SMI and co-occurring disorders decline in the absence of meaningful activities.

**Evaluate the Wellness Centers for inclusiveness, appropriateness of offerings to engage diverse clientele**

**Expand Supported Work programs.**

Those living on SSI live below the poverty line. Work and earning capacity increase the potential for stability, motivation and self-sufficiency.

Currently ACBH has a supported work program but it is restricted to a few FSP teams. Berkeley FSP teams do not have supportive work options and the larger number of county clients do not have such access.