



Care First, Jails Last Taskforce Meeting

February 23, 2023

Agenda

- Meeting Schedule (Action Item)
- Presentation from Community Rep Co-Chair
- Taskforce brainstorming initial recommendations by intercept
- Homework Review
- Subcommittee Members and Instructions
- CFJL Taskforce System Recommendation Grid Review



Meeting Schedule





Remaining Task Force Meetings

- After Feb. meeting, we have 13 sessions remaining
- 2 main objectives during this time
 - Develop recommendations and agency plans
 - Present plans to TF for feedback
- Need to discuss meeting length



Meetings to Develop Recommendations

General

- March – Sept. 2023 (1 intercept per session)
- Each session
 - 10 minutes for data committee to present*
 - 45 minutes to create reccs (by intercept)
 - 10 minutes for budget committee to present on questions^
- Between meetings, homework for agencies to populate the plan template
- Subcommittees also meet between meetings

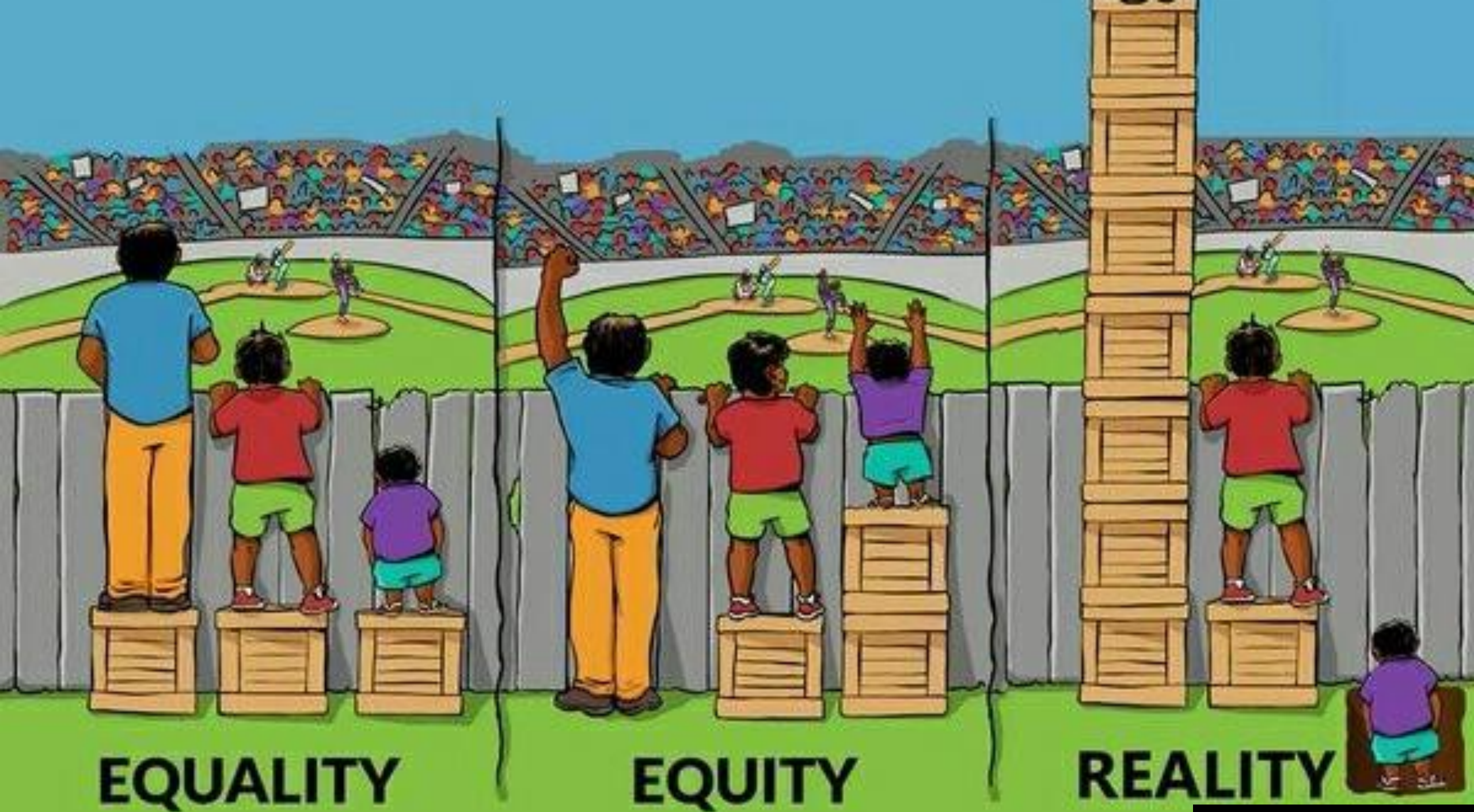
Options

- Vote to make the meetings longer (from 90 minutes to 2 hours)
- *Data committee will present answers to questions posed from late meeting/update
- ^Budget committee to report on answers to prior session's budget questions and collect new questions
- TF homework between meetings is to take the reccs that are relevant to your agency and begin to populate agency plan (template will be provided)



**Presentation from the
Community Representative,
Kimberly Graves**





EQUALITY

EQUITY

REALITY

County ↕ Alameda County	State ↕ California	Total Population ↕ ⓘ 1,510,271	Total White Population ↕ ⓘ 514,559	Total Black Population ↕ ⓘ 190,451	Total Latino Population ↕ ⓘ 339,889	Incarcerated Population ↕ ⓘ 6,713	Incarcerated White Population ↕ ⓘ 1,143	Incarcerated Black Population ↕ ⓘ 3,157
Incarcerated Latino Population ↕ ⓘ 1,982	Non-incarcerated Population ↕ ⓘ 1,503,558	Non-incarcerated White Population ↕ ⓘ 513,416	Non-Incarcerated Black Population ↕ ⓘ 187,294	Non-Incarcerated Latino Population ↕ ⓘ 337,907	Ratio of Overrepresentation of Whites Incarcerated Compared to Whites Non-Incarcerated ↕ ⓘ 0.5	Ratio of Overrepresentation of Blacks Incarcerated Compared to Blacks Non-Incarcerated ↕ ⓘ 3.77	Ratio of Overrepresentation of Latinos Incarcerated Compared to Latinos Non-Incarcerated ↕ ⓘ 1.31	



Racial Disparities in Incarceration

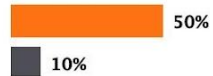
Black people are treated more harshly than white people at every stage of the criminal legal process. As a result, people of color—and Black people in particular—are incarcerated at strikingly higher rates than white people in jails and prisons across the country. The bar graphs below show the proportion of people in jail who are from each racial group against that group's share of the general resident population.

Resident population, as a percentage of total population
 Asian American/Pacific Islander
 Black/African American
 Latinx
 Native American
 White

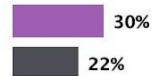
Asian American/Pacific Is...



Black/African American



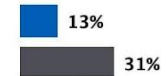
Latinx



Native American



White

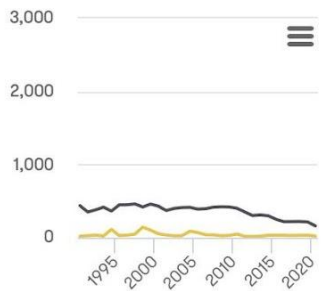


Use the charts below to see how racial disparities in jail incarceration have changed over time.

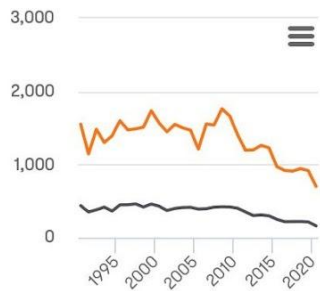
Jail population vs resident population by race

Rate per 100K residents ...

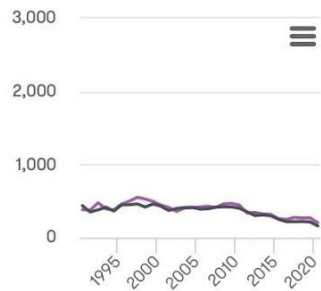
Asian American/Pacific Is...



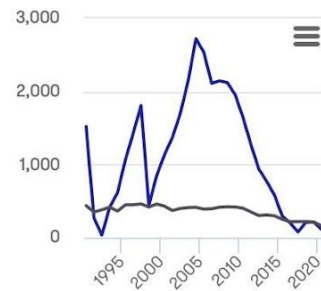
Black/African American



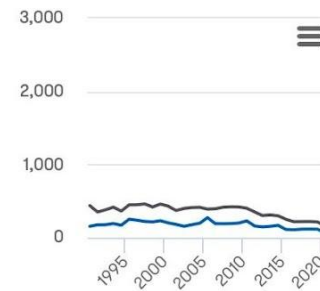
Latinx



Native American



White



Although Latinx people are overrepresented in jails and prisons nationally, common misclassification leads to distorted, lower estimates of Latinx incarceration rates and distorted, higher estimates of white incarceration rates.



Santa Rita Jail has become the new hospital for those suffering with SMI.

Santa Rita exacerbates the problem it is not the solution.



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Racial justice is Mental Health Reform



Those with SMI should be treated with care and concern. Our humanity is determined by our support of our most vulnerable.



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Brainstorm Recommendations by Intercept and Agency





Recommendations by Intercept

-2: Prevention

Previously Submitted Recs (Non-Agency)

1. Provide a culturally competent safe place for African Americans that has education on health and nutrition.
2. Invest in recreational alternatives (e.g., little league, community centers, etc.).



Recommendations by Intercept

-2: Prevention

Recommendations From Homework

1. Restorative community building opportunities to reduce barriers between affected communities
2. Integrating County Initiatives and Whole Person Care resources to achieve joint goals
3. Outreach to promote mental health resources
4. Invest in recreational spaces for TAY and systems-impacted individuals.
5. Conduct public information campaigns aimed at families and placed with personnel who may come into contact with affected individuals.
6. Conduct public information campaigns on the potential deleterious impact of marijuana and street drugs on the developing adolescent brain.



Recommendations by Intercept

-2: Prevention

Recommendations From Homework

7. 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).
8. Increase bed space to extend treatment times to reach true stabilization for individuals.
9. Provide an inclusive environment that is safe for youth and young adults to gather for education and curriculum regarding emotional support, etc.
10. Reimagining a people-first/no-wrong-door approach to behavioral health in Alameda County-centering the patient and their family/caregiver needs, instead of eligibility criteria (at minimum requires increased navigation support as first stop).



Recommendations by Intercept

-2: Prevention

Recommendations From Homework

11. Provide housing stabilization services (financial and other) to people at risk of homelessness with history of mental illness and/or criminal justice involvement.
12. Continue to fund AC Housing Secure - Eviction Defence Funding for entire County. Adopt a policy that provides guaranteed legal representations for those facing eviction
13. Adopt Just Cause Ordinance in Unincorporated Alameda County, and advocate for Cities in the County to adopt a Just Cause Ordinance.



Recommendations by Intercept

-2: Prevention

Meeting Brainstorm (Dec. 2022)

1. Provide services for 16-17 year olds who are identified as at risk of becoming part of the criminal justice system.
2. A collaboration between ACBH and university health systems to identify and serve TAY and junior college students having acute mental health crises.
3. Expand the eligibility criteria for case management services.



Recommendations by Intercept

-2: Prevention

Meeting Brainstorm (Jan 2023):

1. Eviction protections.
2. Increasing bed space at psych facilities.
3. Endorsement of AA center with inclusion of clinical and psychiatric support + medical care, culturally competent. All services in-house.



Recommendations by Intercept

-1: Early Intervention

Previously Submitted Recs (Non-Agency)

1. Reach communities with direct intervention and grass roots door knocking.
2. Provide a support liaison for under-resourced schools. Develop a job description and fund the position for multiple staff to service schools and provide resources and support.



Recommendations by Intercept

-1: Early Intervention

Recommendations From Homework

1. Identify and offer support services to children of system-involved parents.
2. Increase support for peers and the utilization of peers in interventions
3. Mental health outreach in key spaces.
4. Increase family training, respite, and peer support opportunities to mitigate potential conflicts and crises.
5. Develop outreach teams to help support homeless individuals with forensic involvement.
6. Increase/expand sub acute and acute hospital services.
7. Expand criteria that meets 5150.
8. Increase 5150 response services.



Recommendations by Intercept

-1: Early Intervention

Recommendations From Homework

9. Strengthen and make robust a distribution system for information and referral services.
10. Make accessible reading material and referral to family support groups, classes.
11. Make widely available for African American families, information on the African American Family Support Group.
12. Fund and open an African American focused mental health center.
13. For recent substance abusers, both with and without co-occurring disorders, assess need for residential and outpatient services to meet demand.



Recommendations by Intercept

-1: Early Intervention

Recommendations From Homework

14. Direct community outreach and include the community thoughts and ideas of early intervention.
15. Increase peer counselor positions for street outreach and jail in-reach people who can serve as advocates for clients and their family members
16. Create health-literate and destigmatizing materials, billboards, and communications that improve service uptake. Distribute/target where 18-35 y/o eat, live, play, pray, sleep, etc.
17. Work with transition aged youth who are homeless or at risk of homelessness on housing, workforce, and supportive services.



Recommendations by Intercept

-1: Early Intervention

Recommendations From Homework

14. Prioritize county budget to funding of new affordable housing in order to stabilize households in crisis and ensure access for re-entry population.
15. Prioritize county budget to fund operation subsidy so that Extremely Low Income households can access housing at 30% income.



Recommendations by Intercept -1: Early Intervention

Meeting Brainstorm (Dec. 2022)

1. Look at acute hospitals for first entries to John George. Prioritize identifying and serving folks at their first mental health crisis (e.g., first entry into John George or other facility).



Recommendations by Intercept

-1: Early Intervention

Meeting Brainstorm (January 2023)

1. Peer supports: spaces in high-contact areas, investment. Including addressing vicarious trauma.
2. More family training, respite, peer support for families themselves.
3. Housing, employment, service providers asking for more MH training → de-escalation. equip them to deal with MH crises.
4. Community education around alternatives to calling 911.
5. Job readiness: trainings, employment specialists to help folks develop skills & reintegrate.
6. Homeless community: collect data on their children & how to support them.
7. School liaison: esp in most impoverished schools.
8. Supported work programs can be expanded, for emotional wellbeing & self-sufficiency.



Recommendations by Intercept

0: Community Services

Previously Submitted Recs (Non-Agency)

1. Add acute and subacute hospitals



Recommendations by Intercept

0: Community Services

Taskforce Homework Submissions

1. Have dedicated staff organize the coordination and release of clients.
2. Increase CRT options for 290 registrants and those active to Probation/Parole and/or released from SRJ/CDCR.
3. Process for referral from these programs to ECM providers through managed care plans.
4. Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
5. Increase coordination with ACBH and JGPH during intimate hospitalizations.
6. Improve coordinated care.
7. Expand collaboration county and agency wide.
8. Improve communication and coordination of care across agencies upon entry into a hospital and at the point of discharge.



Recommendations by Intercept

0: Community Services

Taskforce Homework Submissions

9. 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.
10. Evaluate current Crisis Intervention Training (CIT) curriculum for inclusion of racial realities and cultural responsiveness.
11. 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.
12. Introduction of WIC 5170 and WIC 5343 Facilities.
13. Add acute and subacute hospitals.



Recommendations by Intercept

0: Community Services

Taskforce Homework Submissions

14. Develop Crisis intervention teams
15. Improved communication and linkage between hospital/crisis response and outpatient service providers. Required types of elevated service provision and linkage for frequent utilizers (e.g., prioritization of FSP or other intensive service models).
16. Ensure hospitals create a discharge plan for homeless and at risk patients that includes shelter or housing support.
17. Divert funding from Hospitals and Jails to supportive housing, which has a direct impact on their ongoing operations funding



Recommendations by Intercept

0: Community Services

Meeting Brainstorm (January 2023)

1. Introduction of 5170 & 5343 facilities (for detox and treatment) separate from MH facilities.
2. Licensed Board & Care centers -> not excluding those with felonies
3. More community events, sponsored by PDs (grassroots level, regular, casual gathering) (also address intercepts -2 through 0) - requires funding, requires prioritization.
4. Public informational campaigns.
5. Ask that police & sheriffs prioritize these sorts of programs.



Recommendations by Intercept 1: Law Enforcement

Previously Submitted Recs (Non-Agency)

1. Require police interacting with individuals with mental illness to have a community liaison mental health expert involved.
2. Create consequences for police departments that don't adhere, or violate, these protocols.



Recommendations by Intercept

1: Law Enforcement

Taskforce Homework Submissions

1. Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
2. Expand mental health work component to services.
3. Mental health workers to accompany officers.
4. Increase mental health assessments for system involved individuals.
5. Refer to Brian Bloom's Forensic Recommendations.
6. Non clinical Public Safety database; LE, DA's Office, Probation / Parole communication tool.
7. Coordinated Follow up teams in the field.



Recommendations by Intercept

1: Law Enforcement

Taskforce Homework Submissions

8. CARES Navigation Center
9. Accountability reports for all law enforcement agencies to reflect referrals to CARES Navigation Center
10. Expand pre-arrest and pre-booking diversion programs.
11. Build supportive services and mental health providers into emergency services call for people who are homeless.
12. Train first responders in how to handle mental health issues.



Recommendations by Intercept

1: Law Enforcement

Meeting Brainstorm (January 2023)

1. Non-clinical public safety database (partnership between agencies) at county level for high-contact individuals.
2. Point of arrest diversion (are all law enforcement agencies participating?) – offramps to incarceration.
 - a. shouldn't be limited to misdemeanors
 - b. shouldn't be predicated on someone's insurance
3. Law enforcement carrying information and referral materials to share with families.
4. Need additional long-term care beds.
5. Point of arrest diversion access points throughout the county (right now only in Fruitvale).



Recommendations by Intercept

2: Initial Detention/Initial Court Hearings

Previously Submitted Recs (Non-Agency)

1. Create consequences for discrimination in AOT process.



Recommendations by Intercept

2: Initial Detention/Initial Court Hearings

Taskforce Homework Submissions

1. Assessment of effectiveness of CARES Navigation Center. Based on assessment, invest more resources into similar programs.
2. Explore using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment.
3. Custody staff should contact community mental health providers during intake.
4. Central coordination between entities to avoid duplicating efforts.
5. Communication with public defenders about options.



Recommendations by Intercept

2: Initial Detention/Initial Court Hearings

Taskforce Homework Submissions

6. Central contact point for triage and connecting clients to services.
7. Improve AOT capacity.
8. Some temporary non-voluntary treatment in certain circumstances.
9. Develop more Peer led staff within the court systems to work with individuals to connect and engage in services.
10. Significantly expand conservatorship options.



Recommendations by Intercept 2: Initial Detention/Initial Court Hearings

Current Meeting Brainstorm (2/23/23)

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Recommendations by Intercept

3: Jails/Courts

Previously Submitted Recs (Non-Agency)

1. Allow families to have more input.
2. Behavioral Health Court.
3. Explore expansion beyond charge-based exclusionary policies.



Recommendations by Intercept

3: Jails/Courts

Taskforce Homework Submissions

1. Increase the capacity of BHC community-based treatment programs and other secure settings.
2. Expand the “Collaborative Courts.”
3. Investigate obstacles that prevent IST defendants from getting out of jail and into medically appropriate treatment.
4. Investigate the low participation rate for the Mental Health Diversion Statute.
5. Coordinated service assessment and connection to in custody services and referrals for community-based providers.
6. Peer training and learning opportunities within the jails.
7. Coordinated discharge efforts and central point of contact for CBO providers.



Recommendations by Intercept

3: Jails/Courts

Taskforce Homework Submissions

8. Expand the offering and provision for mental health services for system involved individuals.
9. Facilitate communication access for families/advocates with incarcerated members to speak with jail personnel.
10. 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.
11. Allow families to have more input
12. Allow more community agencies to outreach within the jail
13. Require and enforce minimum levels of service for people with diagnoses who are in custody and out of custody.



Recommendations by Intercept

3: Jails/Courts

Current Meeting Brainstorm (2/23/23)

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Recommendations by Intercept

4: Reentry

Previously Submitted Recs (Non-Agency)

1. Offer programs in the community.
2. Provide a roadmap from ACBH to the programs and facilities providing the treatment and re-entry support.



Recommendations by Intercept

4: Reentry

Taskforce Homework Submissions

1. Engage with Roots Health Center and explore how SLP can be expanded.
2. Give clients pre-release planning services and pre-emptive acceptance into programs.
3. Reception center for client release.
4. Additional residential treatment providers and dual diagnosis providers.
5. Triage and outreach team.
6. Develop an Interagency Re-Entry team to coordinate care across systems.
7. Expand reentry services and programs county wide.



Recommendations by Intercept

4: Reentry

Taskforce Homework Submissions

8. Fully fund the ACBH Forensic Plan with new money.
9. Assure appropriate transitional housing/services for those with SUD or co-occurring disorders.
10. Develop a hub within the communities to allow individuals to have a "one-stop shop" to connect to multiple re-entry services with onsite case management etc.
11. Required reentry plan and short-term housing placement for all with documented diagnoses who are released.
12. ACBH to expand housing stock for people who are being released from jail and have documented diagnoses—perhaps the highest focus should be on those who are at early stages of serious mental illness or SUD.



Recommendations by Intercept

4: Reentry

Taskforce Homework Submissions

13. Provide 90/60/30 day pre-release housing counseling and connection to coordinated entry for people who were homeless on entry or who do not have a housing plan on exit.
14. Increase funding to AB109 Re-entry Housing program – housing support available to probationers leaving jail



Recommendations by Intercept

4: Reentry

Current Meeting Brainstorm (2/23/23)

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Recommendations by Intercept

5: Community Supports

Previously Submitted Recs (Non-Agency)

1. Encourage the chances of success for individuals returning home by providing rigorous and substantial requirements from the courts, probation, and police



Recommendations by Intercept

5: Community Supports

Taskforce Homework Submissions

1. Find a way to effectively evaluate service delivery and incorporate feedback.
2. Cross-train between LEA and community programs.
3. Utilize community hubs as access points.
4. Retain mental health providers who will maintain outreach with hard-to-reach populations.
5. Use of community MH providers and clinical peers who will conduct street health and therapy in non-office settings.
6. Multigenerational, regionally specific, and other specialty family resources, tools, trainings, supports, etc. are also needed.
7. Increase community meetings and use community input for policy making.



Recommendations by Intercept

5: Community Supports

Taskforce Homework Submissions

8. Evaluate the Wellness Centers for inclusiveness, appropriateness of offerings to engage diverse clientele.
9. Expand Supported Work programs.
10. Peer advocacy/counseling.
11. Specialized probation unit for people released from SR jail with an SMI/SUD diagnosis.
12. Increase housing navigation, harm reduction services, and direct housing support such as vouchers or supportive housing placements.
13. Increase housing navigation, harm reduction services, and direct housing support such as vouchers or supportive housing placements.



Recommendations by Intercept

5: Community Supports

Current Meeting Brainstorm (2/23/23)

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Homework Review





Data Questions - Taskforce

- For the ACBH system data for 2021-2022, can the race data be broken down by age group? For example, of the 9,369 clients who identified as Black/African American, what percentage were 13-17, 18-25, etc (the age groups seen on p.2)
 - Same request for the subset of clients who ACBH serves in jail (the AFBH population)
- Community members have repeatedly called into our meetings asked for more beds. Can we please get a breakdown of crisis beds in the County, and average use/utilization? What is the county's analysis of need/demand v. supply?
- Information on the mental health services provided to youth in the JJC or those on probation/in community- how many CJ system involved youth have received mental health services from ACBH
- Can the involuntary holds data be broken down by race/ethnicity



Data Questions - Taskforce

- Of the 6,307 ACBH clients served in the jail last year, can there be a deep dive on this data to provide additional information on the jail and BH service history of these clients. For example,
 - what charges they are incarcerated on
 - length of stay data
 - types and amount of ACBH service/treatment modalities received while incarcerated
 - number of clients who continue to receive ACBH services after release to the community
 - Number of incarcerated clients who ACBH was already serving before they ended up in jail
 - Can you zoom out beyond one year of data to look at this population and tell us breakdowns of how often they are incarcerated over a 5-year period?
- Wendy Still's presentation says that 1/3 of the jail pop at booking is in need of SUD or MH services. What proportion of those people are actually receiving those services while in jail?



Data Questions - Taskforce

- Is there data on how quickly Mobile Crisis responds, on average, to crisis support calls?
- What percentage of individuals receiving crisis support are connected to outpatient services upon their release?



Data Questions - Taskforce

- How many homeless individuals are living in Alameda County? Of that number, how many have both mental health/substance use issues and are justice-involved?
- What is the percentage of individuals released from Santa Rita jail who are enrolled/re-enrolled onto MediCal post release?



Data Questions - Taskforce

PROCESS QUESTIONS:

- Will the recommendation require funding? If so how much?
- Which county department would be responsible for this recommendation? Other agency(ies) also involved in this recommendation?
- Based upon the data, besides the goal of decreasing incarceration (which is the purpose of the committee), will the recommendation potentially INCREASE or DECREASE other factors? For example, increase housing stability, increase referrals to a particular program, or increase family member involvement; or decrease hospitalizations, recidivism, or periods of unemployment.



Data Questions - Community Coalition

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Data Questions - Brainstorm

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Subcommittee Members and Instructions





Previously Discussed Subcommittees

- Data
- Finance



Previous Subcommittee Assignments

- Data
 - Brian Bloom
 - Corrine Lee
 - Kimberly Graves
 - Tiffany Danao
 - Doria Neff
- Finance
 - Corrine Lee
 - Michelle Starratt
 - Greg Syren



CFJL Taskforce System Recommendation Grid Template Review





Next Steps & Upcoming Meetings





Next Steps & Upcoming Meetings

- March Meeting
 - Begin recommendation finalization for Intercept -2 (Prevention)
 - First report from Data Committee