



Care First, Jails Last Taskforce

APPROVED Minutes

Thursday, February 23, 2023 | 1:00 PM – 2:30 PM

This meeting was conducted exclusively through videoconference and teleconference



Webinar via Zoom: [Care First, Jails Last Task Force \(February 23, 2023\)](#)

Call to Order

The meeting was called to order by Chair Tribble at 1:02 p.m.

Roll Call & Introductions

Members Present: Abbott; Bedrossian; Bloom; Buchanan; Dasheill; Ford; Graves; Lee; Neideffer; Sheehan-Rahman; Romero; Syren; Toro; Chair Tribble.

Excused: Neff; Souza

Absent: Cespedes; Danao; Dixon; Penn; Staratt

Agreement to Discontinue Monthly Virtual Meetings

Approval discontinued to hold meetings via teleconference pursuant to AB361. This is to promote social distancing due to the state and local measures in response to the ongoing COVID-19 pandemic. This recommendation follows the 02/28/2022 County Board of Supervisors' adoption of the Health Care Services Agency Director's recommendation that the mask mandates and social distancing be lifted for its meetings.

A motion was made by Chair Tribble, moved by member Bedrossian, and seconded by Member Neideffer acknowledging the state and local measure responses to the ongoing COVID-19 pandemic have been lifted and will resume in person meetings as of March 1, 2023.

Ayes: Abbott; Bedrossian; Bloom; Buchanan; Dasheill; Ford; Graves; Lee; Neideffer; Sheehan-Rahman; Romero; Toro; Chair Tribble.

Nays: None

Abstain: Syren

Public Comment Opened and Closed.

Review and Approve Prior Meeting's Minutes

A motion was made by Andrea Ford and seconded by Jason Toro to approve last month's meeting. Motion was approved.

Ayes: Abbott; Bedrossian; Bloom; Buchanan; Dasheill; Ford; Graves; Lee; Neideffer; Sheehan-Rahman; Romero; Syren; Toro; Chair Tribble



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Nays: None

Abstain: Syren

Discussion Items

Data Review and Brainstorming

Dr. Taylor leading the discussion of the schedule for future meetings, homework review and continued gathering of preliminary recommendations for Intercepts.

Agreement to Extend Taskforce Meetings from 1.5 hours to 2 hours

A motion was made by Chair Tribble, moved by member Toro, and seconded by Member Dasheill accepting the extension of Taskforce meetings from one and a half hours to two hours.

Ayes: Abbott; Bedrossian; Bloom; Buchanan; Dasheill; Ford; Graves; Lee; Neideffer; Sheehan-Rahman; Romero; Syren; Toro; Chair Tribble.

Nays: None

Abstain: None

Kimberly Graves presentation discussing Equality, Equity and Reality

Discussion of society's stigma against African Americans and other minority groups. Emphasizing the importance of dispelling the myth that success is not influenced by wealth, social class etc. Discussing how Epigenetic, inheritance of trauma through DNA, continues to effect AA, minority groups, and what changes can be made to address the mental health crisis. AA and Latinos are the most incarcerated in Alameda County, Santa Rita Jail is becoming the new hospital for people suffering with severe mental illness. This exacerbates the problem. AA need integrated care facilities that has community lead programs and primary healthcare home(s) to provide culturally responsive medical and behavioral care. Many are being treated in the jails instead of being treated in mental health care facilities.

County efforts should focus on prevention by bringing back youth activities and programs to promote healthier behavior and reduce crime. Providing a family advocate for first time or early intervention. Remove the barriers that prevent nonviolent felons from being able to get treatment from actual designated facilities.

Recommend improving the Mobile Assistant Community Responders of Oakland (MACRO) and Community Assessment Treatment (CAT) teams to provide support to the police dealing with a person experiencing a mental health crisis. Recommends a license mental health therapist at initial court proceedings to qualify candidates to be admitted into the mental health programs.



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2 Intercept: Initial Detention/Initial Court Hearings – Discussion regarding assessing the effectiveness of CARES Navigation enter, invest more resources into similar programs. Explore using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment. Custody staff should contact community mental health providers during intake. Central coordination between entities to avoid duplicating efforts. Communication with public defenders about options. Central contact point for triage and connecting clients to services. Improve AOT capacity. Some temporary non-voluntary treatment in certain circumstances. Develop more peer led staff within the court systems to work with individuals to connect and engage in services. Create consequences for discrimination in AOT process. Significantly expand conservatorship option.

3 Intercept: Jails/Courts – Discussion regarding jails and courts to allow families to have more. Possibly a Behavior Health Court. Explore expansion beyond charge-based exclusionary policies. Increase the capacity of BHC community-based treatment programs another secure setting. Expand the “Collaborative Courts”. Investigate and create a plan to act against obstacles that prevent IST defendants from getting out of jail and into medically appropriate treatment. Investigate and create a plan to address the low participation rate for the Mental Health Diversion Statue. Divert people from jails to get examinations for AOT, ensure the person making the decision is licensed. Coordinated service assessment and connection to in custody services and referrals for community-based providers. Peer training and learning opportunities within the jails. Coordinated discharge efforts and central point of contact for CBO providers. CalAIM – focus on justice population- one way to leverage additional funding, noting that many people suffering mental illness are pre-trial.

4 Intercept: Reentry – Discussion regarding engaging with Roots Health Center and explore how SLP can be expanded. Give clients pre-release planning services and pre-emptive acceptance into programs. Reception center for client release. Additional residential treatment providers and dual diagnosis providers. Triage and outreach team. Develop an interagency Reentry Team to coordinate care across systems. Expand reentry services and programs. Fully fund ACBH Forensic Plan with new money. Assure appropriate transitional housing/services for those with SUD or co-occurring disorders. Develop a hub within the communities to allow individuals to have a “one-stop-shop” to connect to multiple reentry services with onsite case management. Required reentry plan and short-term housing placement for all with documented diagnoses who are released. 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 stages of serious mental illness or SUD. 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 exit. Increase funding to AB109 reentry Housing Program- housing support available to probationers leaving jail. Reentry Center- close to jail, direct connection from jail to navigation center. Coordination of pre-release to reentry services in the community – work with them to create a plan with case manager – continuous system of service.



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Reentry services should include career training, employment center, peer specialist with lived experience. Time of release from jail, important for families to know to be there as a support.

5 Intercept: Community Supports – Discussion regarding encouraging the chances of success for individuals returning home by rigorous and substantial requirements from the courts, probation and police. Finding a way to effectively evaluate services delivery and incorporate feedback. Cross-train between LEA and community programs. Utilize community hubs as access points. Retain mental health providers who will maintain outreach with hard-to-reach populations. Use of community MH providers and clinical peers who will conduct street health and therapy in non-office settings. Multigenerational, regionally specific family resources, tools, trainings, supports are also needed. Increase community meetings and use community input for policy making. Evaluate the Wellness Centers for inclusiveness, appropriateness of offerings to engage diverse clientele. Expand Supported Work programs. Peer advocacy/counseling. Specialized probation unit for people released from SR jail with an SMI/SUD diagnosis. Increase housing navigation, harm reduction services, and direct housing support such as vouchers or supportive housing placements. Diversify pool of therapists.

Motion made by Member Bloom and seconded by Member Dasheill that the task force will clarify and review the set of preliminary recommendations for the next meeting and postpone the review of data as needed.

Ayes: Abbott; Bedrossian; Bloom; Buchanan; Dasheill; Ford; Graves; Lee; Neideffer; Sheehan-Rahman; Romero; Syren; Toro; Chair Tribble

Nays: None

Abstain: None

Public Comment Open

Public concerns about recommendations of coordinated care across agencies, being lost within the intercepts. Public agrees with the suggestion of a family guide to advocate for their family member and supports the need for more acute beds and facilities to get the seriously mental ill out of jail.

Public suggests strategies around intercept 3, finding ways to integrate. Also, recommends cross cutting, (housing/ family support) across all intercepts. Questions: When will Board of Supervisors update? Is there a process or deadline to submit recommendations?

Public concerns about the need for coordinated care across intercepts and Agencies with community providers. Suggest that county investigates why is it so difficult to achieve and how to maintain.



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Recap, Close & Next Steps:

1. Review recommendations to the data
2. Integrate public comments and agency/non-agency suggestions
3. Remove or add data

Meeting adjourned at 2:42 PM.

Next meeting March 23, 2023 at 1:00 pm

Agenda, Minutes and Meeting Recordings are available online

Visit us at: www.AlamedaCountyCFJLTaskForce.org

Email: CFJLTaskForce@acgov.org