



Care First, Jails Last

(-1) CFJL Taskforce Intercept Recommendation Grid – Updated April 2023

Members:	Abbott, Kerry Alameda County Office of Homeless Care & Coordination	Bedrossian, Kristina District 4	Bloom, Brian Mental Health Advisory Board	Buchanan, Edward Building Opportunities for Self-Sufficiency	Cespedes, Guillermo City of Oakland	Danco, Tiffany Alameda County Public Defender
	Dashell, Margot East Bay Supportive Housing Collaborative	Dixon, KD District 5	Ford, Andrea Alameda County Social Services Agency	Graves, Kimberly (Community Representative Co-Chair); District 3	Lee, Corrine Alameda County Probation	Neff, Doria Police Agency – North County
	O'Neil, Kelsey Alameda County District Attorney	Penn, Curtis Felton Institute	Romero, Rachell District 2	Sheehan-Rahman, Margaret (Community Representative Co-Chair Alternate); District 1	Souza, Travis Police Agency – South County	Staratt, Michelle Alameda County Housing & Community Development
	Syren, Greg Superior Court	Toro, Jason La Familia	Tribble, Karyn (Chair) Alameda County Behavioral Health Care Services			

Purpose: This document has been established to track the Taskforce's system or agency recommendations as guided by the Alameda County Board of Supervisors' [Resolution](#). The approach to the development of county recommendations was adopted on [July 28, 2022](#). This document is a *dynamic* reference point that will reflect the discussion by the task force to approve recommendations as final for inclusion into the agency and county and final workplan.

Summary CFJL Taskforce Preliminary Recommendations to Date:

NOTE: County Departments will be required to submit more comprehensive plan details, including project/program information, financing, duration (short-term, medium-term, and long-term), and related measures of success (metrics) with evidence of an equity, outcome, and data-driven framework; which involves interagency coordination. These plans will inform and assist in the development of a Countywide plan that fosters cross-agency collaboration with non-county organizations and stakeholders (References: CFJL Task Force [July 28, 2022](#) and [August 25, 2022](#)).

Intercept (-1): Early Intervention Recommendations	Agency(ies) Involved	Issues it address/Related data points	Remaining data questions?	Budget questions/ Recommendations	Notes:
35. Reach communities with direct intervention and grass roots door knocking.	•	•	•	•	•
36. 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.	•	•	•	•	•
37. Identify and offer support services to children of system-involved parents.	•	•	•	•	•



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38. Increase support for peers and the utilization of peers in interventions.	•	•	•	•	•
39. Mental health outreach in key spaces.	•	•	•	•	•
40. Increase family training, respite, and peer support opportunities to mitigate potential conflicts and crises.	•	•	•	•	•
41. Develop outreach Teams to help support homeless individuals with forensic involvement.	•	•	•	•	•
42. Increase/expand sub acute and acute hospital services.	•	•	•	•	•
43. Expand criteria that meets 5150.	•	•	•	•	•
44. Increase 5150 response services.	•	•	•	•	•
45. Strengthen and make robust a distribution system for information and referral services.	•	•	•	•	•
46. Make accessible reading material and referral to family support groups, classes.	•	•	•	•	•
47. Make widely available for African American families, information on the African American Family Support Group.	•	•	•	•	•
48. Fund and open an African American focused mental health center.	•	•	•	•	•
49. For recent substance abusers, both with and without co-occurring	•	•	•	•	•



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disorders, assess need for residential and outpatient services to meet demand.					
50. Direct community outreach and include the community thoughts and ideas of early intervention.	•	•	•	•	•
51. Increase peer counselor positions for street outreach and jail in-reach people who can serve as advocates for clients and their family members.	•	•	•	•	•
52. 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.	•	•	•	•	•
53. Work with transition aged youth who are homeless or at risk of homelessness on housing, workforce, and supportive services.	•	•	•	•	•
54. Prioritize county budget to funding of new affordable housing in order to stabilize households in crisis and ensure access for re-entry population.	•	•	•	•	•
55. Prioritize county budget to fund operation subsidy so that extremely Low Income households can access housing at 30% income.	•	•	•	•	•
56. 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).	•	•	•	•	•



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57. Peer supports: spaces in high-contact areas, investment. Including addressing vicarious trauma.	•	•	•	•	•
58. More family training, respite, peer support for families themselves.	•	•	•	•	•
59. Housing, employment, service providers asking for more mental health training -> de-escalation, equip them to deal with mental health crises.	•	•	•	•	•
60. Community education around alternatives to calling 911.	•	•	•	•	•
61. Job readiness: trainings, employment specialists to help folks develop skills & reintegrate.	•	•	•	•	•
62. Homeless community: collect data on their children & how to support them.	•	•	•	•	•
63. School liaison: especially in most impoverished schools.	•	•	•	•	•
64. Supported work programs can be expanded, for emotional wellbeing & self-sufficiency.	•	•	•	•	•
65. Implement 1 new voluntary crisis facility in underserved areas of the County, modeled on Amber House (Oakland).	•	•	•	•	•
66. Build 1 new CARES Navigation Center in an underserved area of Alameda County, and fully fund the existing	•	•	•	•	•



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CARES Navigation Center in
Oakland.