



# **Care First, Jails Last Taskforce Meeting**

**March 23, 2023**

# Agenda

- Review Community Coalition Recommendations (Action Item)
- Roles and Tasks of Subcommittees
- Review process for recommendation review and finalization
- Review and Finalize Recommendations for Intercept 2



# **Community Coalition Recommendations**





# Background

Alameda County faces multiple and interlocking crises. We have a crisis of racism: consistently upwards of 40% of those suffering from homelessness, incarceration, hospitalization, and police violence in the County are Black/African American, despite representing only 10.7% of the population. We have an incarceration crisis: more than 90% of those imprisoned in Santa Rita Jail are unsentenced, legally innocent. We face a housing crisis: the number of unhoused residents in Alameda County has risen by 73% in the last 5 years, and Black residents continue to be dramatically overrepresented in the county's unhoused population. And the County has a mental health and substance use disorder crisis, with uncoordinated and inadequate community-based treatment and services increasingly resulting in severely ill and traumatized residents being funneled into jail. **We call on the Care First Jails Last Task Force to address these human-caused crises with the urgency they demand.**

The following recommendations are based on the [Budget Agenda](#) that the coalition agreed upon and advocated to the County in 2022; we connect each recommendation to corresponding intercept(s), using the Intercept Framework shown below. In addition to the recommendations we share here, we support those in the Justice Involved Mental Health (JIMH) [final report](#) and those presented by Brian Bloom. At the same time, we recognize that implementing those and other recommendations requires sufficient funding, data, and transparency.



# Intercept Framework and Definitions

## Intercept -2



### Prevention

Efforts to reduce the incidence, prevalence, or reoccurrence of behavioral health disorders and promote mental wellness throughout the community.

## Intercept -1



### Early Intervention

Community-based programs and services that aim to provide support and care for individuals living with behavioral health needs prior to crisis.

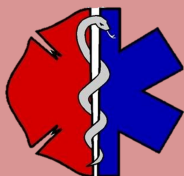
## Intercept 0



### Hospitals & Crisis Intervention

Service options available at the point of individual behavioral-health-related crisis and may include among other options, emergency rooms, acute and subacute facilities, and crisis stabilization units.

## Intercept 1



### Law Enforcement and Emergency Services

Point at which the emergency response system is engaged in a behavioral health-related crisis.



# Intercept Framework and Definitions

## Intercept 2



### Initial Detention and Courts

Initial detention in a criminal justice facility such as a city or county-jail or their preliminary involvement in the Court System.

## Intercept 3



### Jail

Incarceration at a local correctional facility, with a focus on Santa Rita County Jail.

## Intercept 4



### Reentry

Services provided for people upon release from correctional facilities (Santa Rita Jail) as they reenter back into the community after incarceration.

## Intercept 5



### Community Supervision

Terms of probation or parole including the conditions of supervision and services provided by Probation or Parole Departments.



# Data Recommendations to Measure Unmet Needs

## Cross Cutting Intercepts

1. Identify and recommend ongoing county agency practices that measure unmet needs and service gaps.
2. Fund dedicated Alameda County Behavioral Health staff time and/or a consultant to conduct gap analysis
3. Assess and evaluate the causes of staff shortages and outcomes of efforts to recruit and retain behavioral health line staff in Alameda



# Recommendations Regarding Budget & Finance Transparency

## Cross Cutting Intercepts

4. Create transparency around the County's reserves and fund balances.
5. Increase and maintain Alameda County advocacy to the California and federal governments for legislation that expands funds....
6. Create transparency of Alameda County's unspent state realignment funds designated for Medi-Cal services.





# Recommendations Regarding Budget & Finance Transparency

## Intercept 3

7. Create a public accounting of unspent funds in Santa Rita Jail.
8. Create a budget report on how the funds mandated by the Babu settlement have been allocated and spent, and the status of implementation of the settlement's terms.



# Recommendations Regarding Continuity of Care and Programs

## Cross-cutting Intercepts

9. [\$43M Budget Investment] Fully fund the Alameda County Behavioral Health Department's countywide Forensic Plan....
10. Policy Change.
11. [\$6M Budget Investment + Policy] To maintain existing programs and services run by community behavioral health service providers, behavioral health community-based organization line staff should receive compensation equal to County staff in comparable positions.



# Recommendations Regarding Continuity of Care and Programs

## By Intercept

12. [Intercepts -2, -1, 4, & 5 | \$80M Budget Investment + Data] Allocate county funds towards permanent supportive housing programs and services.....
13. [Intercept -1 | \$7.7M Budget Investment] Implement 1 new voluntary crisis facility in underserved areas of the County, modeled on Amber House (Oakland).
14. [Intercept -1 - \$3M Budget Investment] Build 1 new CARES Navigation Center in an underserved area of Alameda County, and fully fund the existing CARES Navigation Center in Oakland.



# Recommendations Regarding Continuity of Care and Programs

## By Intercept

15. [Intercepts -1 & 4 | \$25.5M Budget Investment] Double the number of people served by Full Service Partnerships, which are wrap-around services for people with severe mental illness and/or substance use disorders, with a plan to further expand FSPs to meet the need.
16. [Intercept 0 | \$2M Budget Investment] Ensure fair compensation for mobile behavioral health crisis team (CATT and MCT) staff, and expand 24/7 city and county crisis response teams....
17. [Intercept 0 | \$3.9M Budget Investment] Re-acquire 27 subacute beds available at Villa Fairmont.....



# Signed:

- All of Us Or None
- American Friends Service Committee
- Asian Americans Advancing Justice / Asian Law Caucus\*
- Behavioral Health Collaborative
- Berkeley Friends Racial Justice Action Team
- Community Health Center Network / Alameda Health Consortium
- Congregation Beth El
- East Bay Housing Organization
- East Bay Supportive Housing Collaborative
- Families Advocating for the Seriously Mentally Ill
- Interfaith Coalition for Justice in our Jails
- National Alliance on Mental Illness – Alameda County\*
- Restore Oakland
- Also supporting these recommendations:
- National Alliance on Mental Illness – East Bay

\*Indicates organization is still considering the Coalition recommendations.



# **Subcommittee Members and Instructions**





# Subcommittee Descriptions and Assignments

- Data and Finance ad hoc committees
  - Confirm membership
  - Description of role and process
  - Tasks before next meeting
    - Set up own meeting schedule
    - Identify chair
    - Follow up on initial assignments



# Previous Subcommittee Assignments

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





# Subcommittee Roles

- Activities of ad hoc subcommittees must be driven by assignments from the task force
- Questions that arise as part of the recommendation vetting process will be given to committees at end of each meeting



# **CFJL Taskforce System Recommendation Grid Template Review**





# Recc Vetting Process

- We will review & discuss each recc from working list
  - 3 options: confirm as is, confirm with changes, or decline
  - For each that is confirmed, we will identify
    - Problem it addresses/Data that supports it
    - Agency and community partners
    - Remaining data questions
    - Budget requests
- **Each agency will keep track of their own relevant reccs (See template)**



# **Intercept -2**

## **Recommendations**





# Recommendations by Intercept

## -2: Prevention

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.).
3. Restorative community building opportunities to reduce barriers between affected communities
4. Integrating County Initiatives and Whole Person Care resources to achieve joint goals
5. Outreach to promote mental health resources
6. Invest in recreational spaces for TAY and systems-impacted individuals.



# Recommendations by Intercept

## -2: Prevention

7. Conduct public information campaigns aimed at families and placed with personnel who may come into contact with affected individuals.
8. Conduct public information campaigns on the potential deleterious impact of marijuana and street drugs on the developing adolescent brain.
9. 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).
10. Increase bed space to extend treatment times to reach true stabilization for individuals.
11. Provide an inclusive environment that is safe for youth and young adults to gather for education and curriculum regarding emotional support, etc.



# Recommendations by Intercept

## -2: Prevention

12. 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).
13. Provide housing stabilization services (financial and other) to people at risk of homelessness with history of mental illness and/or criminal justice involvement.
14. Continue to fund AC Housing Secure – Eviction Defence Funding for entire County. Adopt a policy that provides guaranteed legal representations for those facing eviction
15. 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

16. Provide services for 16-17 year olds who are identified as at risk of becoming part of the criminal justice system.
17. A collaboration between ACBH and university health systems to identify and serve TAY and junior college students having acute mental health crises.
18. Expand the eligibility criteria for case management services.
19. Eviction protections.
20. Increasing bed space at psych facilities.
21. 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

- 22. Reach communities with direct intervention and grass roots door knocking.
- 23. 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.
- 24. Identify and offer support services to children of system-involved parents.
- 25. Increase support for peers and the utilization of peers in interventions
- 26. Mental health outreach in key spaces.
- 27. Increase family training, respite, and peer support opportunities to mitigate potential conflicts and crises.
- 28. Develop outreach teams to help support homeless individuals with forensic involvement.



# Recommendations by Intercept

## -1: Early Intervention

29. Increase/expand sub acute and acute hospital services.
30. Expand criteria that meets 5150.
31. Increase 5150 response services.
32. Strengthen and make robust a distribution system for information and referral services.
33. Make accessible reading material and referral to family support groups, classes.
34. Make widely available for African American families, information on the African American Family Support Group.
35. Fund and open an African American focused mental health center.



# Recommendations by Intercept

## -1: Early Intervention

36. For recent substance abusers, both with and without co-occurring disorders, assess need for residential and outpatient services to meet demand.
37. Direct community outreach and include the community thoughts and ideas of early intervention.
38. Increase peer counselor positions for street outreach and jail in-reach people who can serve as advocates for clients and their family members
39. 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.
40. 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

41. Prioritize county budget to funding of new affordable housing in order to stabilize households in crisis and ensure access for re-entry population.
42. Prioritize county budget to fund operation subsidy so that Extremely Low Income households can access housing at 30% income.
43. 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).
44. Peer supports: spaces in high-contact areas, investment. Including addressing vicarious trauma.
45. More family training, respite, peer support for families themselves.
46. Housing, employment, service providers asking for more MH training → de-escalation. equip them to deal with MH crises.



# Recommendations by Intercept

## -1: Early Intervention

- 47. Community education around alternatives to calling 911.
- 48. Job readiness: trainings, employment specialists to help folks develop skills & reintegrate.
- 49. Homeless community: collect data on their children & how to support them.
- 50. School liaison: esp in most impoverished schools.
- 51. Supported work programs can be expanded, for emotional wellbeing & self-sufficiency.



# Recommendations by Intercept

## 0: Community Services

- 52. Add acute and subacute hospitals
- 53. Have dedicated staff organize the coordination and release of clients.
- 54. Increase CRT options for 290 registrants and those active to Probation/Parole and/or released from SRJ/CDCR.
- 55. Process for referral from these programs to ECM providers through managed care plans.
- 56. Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
- 57. Increase coordination with ACBH and JGPH during intimate hospitalizations.



# Recommendations by Intercept

## 0: Community Services

- 58. Improve coordinated care.
- 59. Expand collaboration county and agency wide.
- 60. Improve communication and coordination of care across agencies upon entry into a hospital and at the point of discharge.
- 61. 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.
- 62. Evaluate current Crisis Intervention Training (CIT) curriculum for inclusion of racial realities and cultural responsiveness.
- 63. 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.



# Recommendations by Intercept

## 0: Community Services

- 64. Introduction of WIC 5170 and WIC 5343 Facilities.
- 65. Add acute and subacute hospitals.
- 66. Develop Crisis intervention teams
- 67. 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).
- 68. Ensure hospitals create a discharge plan for homeless and at risk patients that includes shelter or housing support.
- 69. 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

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



# Recommendations by Intercept

## 1: Law Enforcement

- 75. Require police interacting with individuals with mental illness to have a community liaison mental health expert involved.
- 76. Create consequences for police departments that don't adhere, or violate, these protocols.
- 77. Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
- 78. Expand mental health work component to services.
- 79. Mental health workers to accompany officers.
- 80. Increase mental health assessments for system involved individuals.
- 81. Refer to Brian Bloom's Forensic Recommendations.



# Recommendations by Intercept

## 1: Law Enforcement

- 82. Non clinical Public Safety database; LE, DA's Office, Probation / Parole communication tool.
- 83. Coordinated Follow up teams in the field.
- 84. CARES Navigation Center
- 85. Accountability reports for all law enforcement agencies to reflect referrals to CARES Navigation Center
- 86. Expand pre-arrest and pre-booking diversion programs.
- 87. Build supportive services and mental health providers into emergency services call for people who are homeless.
- 88. Train first responders in how to handle mental health issues.



# Recommendations by Intercept

## 1: Law Enforcement

- 89. Non-clinical public safety database (partnership between agencies) at county level for high-contact individuals.
- 90. 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
- 91. Law enforcement carrying information and referral materials to share with families.
- 92. Need additional long-term care beds.
- 93. Point of arrest diversion access points throughout the county (right now only in Fruitvale).



# **Recommendations by Intercept**

## **2: Initial Detention/Initial Court Hearings**

- 94. Create consequences for discrimination in AOT process.
- 95. Assessment of effectiveness of CARES Navigation Center. Based on assessment, invest more resources into similar programs.
- 96. Explore using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment.
- 97. Custody staff should contact community mental health providers during intake.
- 98. Central coordination between entities to avoid duplicating efforts.
- 99. Communication with public defenders about options.
  - who is able to receive that person when we're making that recommendation?



# **Recommendations by Intercept**

## **2: Initial Detention/Initial Court Hearings**

- 100. Central contact point for triage and connecting clients to services.
- 101. Improve AOT capacity.
- 102. Some temporary non-voluntary treatment in certain circumstances.
- 103. Develop more Peer led staff within the court systems to work with individuals to connect and engage in services.
- 104. Significantly expand conservatorship options.
- 105. Give family support with an advocate
- 106. (re: improve AOT capacity #7) & CARE court consideration



# Recommendations by Intercept

## 3: Jails/Courts

- 107. Allow families to have more input.
- 108. Behavioral Health Court.
- 109. Explore expansion beyond charge-based exclusionary policies.
- 110. Increase the capacity of BHC community-based treatment programs and other secure settings.
- 111. Expand the “Collaborative Courts.”
- 112. Investigate obstacles that prevent IST defendants from getting out of jail and into medically appropriate treatment.
- 113. Investigate the low participation rate for the Mental Health Diversion Statute.
- 114. Coordinated service assessment and connection to in custody services and referrals for community-based providers.



# Recommendations by Intercept

## 3: Jails/Courts

- 115. Peer training and learning opportunities within the jails.
- 116. Coordinated discharge efforts and central point of contact for CBO providers.
- 117. Expand the offering and provision for mental health services for system involved individuals.
- 118. Facilitate communication access for families/advocates with incarcerated members to speak with jail personnel.
- 119. 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.
- 120. Allow families to have more input
- 121. Allow more community agencies to outreach within the jail





# Recommendations by Intercept

## 3: Jails/Courts

- 122. Require and enforce minimum levels of service for people with diagnoses who are in custody and out of custody.
- 123. #3 & #4 – not only investigate, but then let's do something about it → get those folks diverted
- 124. Examination for AOT – ensure that the person making the determination is licensed
- 125. CalAIM – focus on justice population – one way to leverage additional funding (esp 90-day inreach)
  - a. *note: many in jail are pre-trial*



# Recommendations by Intercept

## 4: Reentry

- 126. Offer programs in the community.
- 127. Provide a roadmap from ACBH to the programs and facilities providing the treatment and re-entry support.
- 128. Engage with Roots Health Center and explore how SLP can be expanded.
- 129. Give clients pre-release planning services and pre-emptive acceptance into programs.
- 130. Reception center for client release.
- 131. Additional residential treatment providers and dual diagnosis providers.
- 132. Triage and outreach team.
- 133. Develop an Interagency Re-Entry team to coordinate care across systems.



# Recommendations by Intercept

## 4: Reentry

- 134. Expand reentry services and programs county wide.
- 135. Fully fund the ACBH Forensic Plan with new money.
- 136. Assure appropriate transitional housing/services for those with SUD or co-occurring disorders.
- 137. 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.
- 138. Required reentry plan and short-term housing placement for all with documented diagnoses who are released.
- 139. 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

- 140. 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.
- 141. Increase funding to AB109 Re-entry Housing program - housing support available to probationers leaving jail
- 142. Reentry Center - close to the jail, to which there can be direct transport from the jail; navigation center → direct connection from jail to nav center



# Recommendations by Intercept

## 4: Reentry

143. Coordination of pre-release to reentry services in the community – work with them to create a plan with case manager + families – continuous system of service
  - a. include career training/employment center to support reentry to society
    - i. supportive work, training programs → productive feeling + money
    - ii. community based reentry employment contracts – possible to have some of those start in custody (i.e. if first 100 hours are classroom-based “earn & learn”)? → could help go directly into employment after release from jail
  - b. peer specialist with lived experience



# Recommendations by Intercept

## 4: Reentry

- 144. Time of release from jail → important for families/existing case managers to know when their family member is being released so they can be there
  - already linked to that client, so that they may be there to pick them up and reconnect/restart services.
- 145. Housing - don't have a true housing first model house in AlCo - can we build this out, esp for those who are being released into unhoused status?
  - State model is HF → sometimes house ppl who aren't ready for independent living → need to get ppl to be house-ready → connections to natural resources, case management. Also need to factor in dual-diagnosis/SUD
  - Family also needs to be prepared (for behavioral support)



# Recommendations by Intercept

## 5: Community Supports

- 146. Encourage the chances of success for individuals returning home by providing rigorous and substantial requirements from the courts, probation, and police
- 147. Find a way to effectively evaluate service delivery and incorporate feedback.
- 148. Cross-train between LEA and community programs.
- 149. Utilize community hubs as access points.
- 150. Retain mental health providers who will maintain outreach with hard-to-reach populations.
- 151. Use of community MH providers and clinical peers who will conduct street health and therapy in non-office settings.
- 152. Multigenerational, regionally specific, and other specialty family resources, tools, trainings, supports, etc. are also needed.



# Recommendations by Intercept

## 5: Community Supports

- 153. Increase community meetings and use community input for policy making.
- 154. Evaluate the Wellness Centers for inclusiveness, appropriateness of offerings to engage diverse clientele.
- 155. Expand Supported Work programs.
- 156. Peer advocacy/counseling.
- 157. Specialized probation unit for people released from SR jail with an SMI/SUD diagnosis.
- 158. Increase housing navigation, harm reduction services, and direct housing support such as vouchers or supportive housing placements.
- 159. Diversify pool of therapists – have incentives for those in the process of being licensed.





# Recommendations by Intercept

## 5: Community Supports

- 160. CBOs – hard time competing for therapists (in compensation)
- 161. Front line work can & should be done by peers (SB803 – for billing to Medi-Cal)



# **Next Steps & Upcoming Meetings**





# Next Steps & Upcoming Meetings

- April Meeting
  - Finish recommendation finalization for Intercept -2 (Prevention)
  - First reports from Data and Finance Subcommittees
  - Begin recommendation finalization for Intercept -1 (Early intervention)