



Care First, Jails Last

Task Force Member Meeting Binder



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1. CFJL Taskforce Draft Recommendations - Running List



CFJL Taskforce DRAFT Recommendations – RUNNING LIST FOR DISCUSSION ONLY*

Created: January 23, 2023

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Purpose: This document has been established to provide a list of recommendations for discussion only. This “running list” includes informal ideas and recommendations made by the Care First, Jails Last (CFJL) Taskforce. **The following is for transparency and informational purposes ONLY and will be informed through data review and analysis, Ad Hoc subcommittee work, community input, discussion, and formal action by the Alameda County CFJL Taskforce.** Draft recommendations will be updated accordingly and removed as directed by the CFJL Taskforce. For example, if a draft recommendation is not fully supported by the Taskforce, if a recommendation no longer applies given current/historical data trends; or the draft recommendation is formally adopted by the Taskforce. *If adopted, an item will be removed from this list and tracked elsewhere.*

→ 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 to concretely measure unmet mental health needs, including those named above.
- 3) Assess and evaluate the causes of staff shortages and outcomes of efforts to recruit and retain behavioral health line staff in Alameda County.
- 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, especially for flexible funds that can be used to serve multiple populations, for both capital and program costs, and for types of supportive housing and services that have been difficult to fund.
- 6) Create transparency of Alameda County’s unspent state realignment funds designated for Medi-Cal services.
- 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.
- 9) Fully fund the Alameda County Behavioral Health Department’s countywide Forensic Plan.

- 10) Policy change. Ensure that families with formerly incarcerated/criminalized family members are not restricted from accessing affordable/supportive housing in Alameda County; create alternatives to Section 8 Housing that support system-impacted families.
- 11) 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.
- 12) [Intercepts -2, -1, 4 & 5] Allocate county funds towards permanent supportive housing programs and services for those who are unhoused, suffering from mental illness and/or substance use disorders, and/or are formerly incarcerated.
- 13) 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.

→ **Intercept (-2): Prevention**

- 14) Provide a culturally competent safe place for African Americans that has education on health and nutrition.
 - a. In the 70's many of the black owned businesses in their neighborhood began to shut down. In the 80's crack was rampant, drive by shootings death and trauma was the norm while their fathers were being swooped up into mass incarceration. In the 90's there was a mass exodus from their neighborhood seeking reprieve, causing a loss of family property and EQUITY. In the 21st century many little league baseball, basketball, track, and football programs suffered creating a void of activities that would normally provide opportunity to teach unity, team building, discipline and core values leading to success.
 - b. My suggestion is to provide a safe space in the community that give AA a place of refuge that is for them, the new buzz word today is a place that is culturally competent. It needs to be a space that is able to give back much of what I suggest was stripped from them over the past 50 years. A place that they feel a sense of belonging. A place that they know the people in the space understand them. I was watching Shark Tank yesterday and Alex Rodriguez told a contestant from Dominican Republic that he should choose to work with him because "I understand you better than any of the other sharks on this stage". I point that out because the human spirit needs to be encouraged to know they are winners and the person best able to do that as Alex pointed out on national television is someone who understand them.
 - c. I agree the space should have education on health and nutrition. My son was

misdiagnosed as having an allergy and if I had not looked online to investigate his lab results and discover what was really going on the doctor who did not know he never had allergies all the years I raised him would not have looked any deeper. As Alex pointed out it made all the difference in the world that I knew him better than the Dr. and I was motivated to determine the appropriate treatment.

- 15) Invest in recreational alternatives (e.g., little league, community centers, etc.).
 - a. We should invest in programs that bring back to the community the recreational alternatives such as little league and community centers giving the youth a safe space to interact and enjoy their youth prior to drug dealers and gang members recruiting them into a life of turmoil.
- 16) Restorative community building opportunities to reduce barriers between affected communities.
 - a. Restorative community building opportunities to reduce barriers between reentry population, those with SMI, and broader community. Reduce stigma/isolation and improve community reception through town halls and cross-cultural meeting opportunities related to restorative justice and community building rather than retributive and punitive responses (address fear and stigma by increasing understanding, creating commonalities, emphasizing community, and providing practical tools to the community).
- 17) Integrating County Initiatives and Whole Person Care resources to achieve joint goals.
 - a. Integration of County Initiatives and Whole Person Care resources leverage joint goals and promotion for broader community; organized community events with multiple County and community agencies to align initiatives and direct resources in high need areas (e.g., Town Nights; Ashland/Cherryland EJ Collective).
- 18) Outreach to promote mental health resources.
 - a. Informational campaigns and dedicated outreach to promote MH resources, information, and tools (e.g., May is MH Month, June is Men's Health Month).
- 19) Invest in recreational spaces for TAY and systems-impacted individuals.
 - a. Invest in recreational options for TAY and systems impacted individuals. Increase spaces for youths where their physiological, social, spiritual, and mental health needs can be met such as Wellness Centers, Trauma Recovery Centers and Mental

Health Supports.

- 20) Conduct public information campaigns aimed at families and placed with personnel who may come into contact with affected individuals.
 - a. 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.
- 21) Conduct public information campaigns on the potential deleterious impact of marijuana and street drugs on the developing adolescent brain.
- 22) 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 0).
- 23) Increase bed space to extend treatment times to reach true stabilization for individuals.
- 24) Provide an inclusive environment that is safe for youth and young adults to gather for education and curriculum regarding emotional support, etc.
- 25) 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).
- 26) Provide housing stabilization services (financial and other) to people at risk of homelessness with history of mental illness and/or criminal justice involvement.
- 27) Continue to fund AC Housing Secure - Eviction Defense Funding for the entire County. Adopt a policy that provides guaranteed legal representations for those facing eviction
- 28) Adopt Just Cause Ordinance in Unincorporated Alameda County, and advocate for Cities in the County to adopt a Just Cause Ordinance.
- 29) Provide services for 16-17 year olds who are identified as at risk of becoming part of the criminal justice system.
- 30) A collaboration between ACBH and university health systems to identify and serve TAY and junior college students having acute mental health crises.
- 31) Expand the eligibility criteria for case management services.

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

→ **Intercept (-1): Early Intervention**

- 35) Reach communities with direct intervention and grass roots door knocking.
 - a. Reach the communities through grassroots door knocking and direct intervention.
- 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.
 - a. Provide a support liaison inside the most impoverished schools to reach those most likely to need the support. Through ACBH develop a job description and fund the position for multiple people to service the schools providing resources and support to the youth and their families.
- 37) Identify and offer support services to children of system-involved parents.
 - a. Identify and offer enhanced support services to children of parents currently on Probation/Parole including family therapy, access to school-based supports, recreational opportunities, and other resources to mitigate ACES related to justice involvement.
- 38) Increase support for peers and the utilization of peers in interventions.
 - a. Increase identification, training, leadership development, job placement, and utilization of peers. Support opportunities for peer-led interventions and require supports to address vicarious trauma. Support placement of peers in key programs and areas across all intercepts.

- 39) Mental health outreach in key spaces
 - a. MH outreach and workshops in key spaces including de-escalation training and MH tools to on-site providers. Especially important for housing programs, reentry hubs, and spaces that support families.
- 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.
 - a. 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.
- 46) Make accessible reading material and referral to family support groups, classes.
 - a. 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.
- 47) Make widely available for African American families, information on the African American Family Support Group.
 - a. 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.
- 48) Fund and open an African American focused mental health center.

- a. 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.
- 49) For recent substance abusers, both with and without co-occurring 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).
- 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: esp 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 CARES Navigation Center in Oakland.

→ **Intercept (0): Community Services**

- 67) Add acute and subacute hospitals.
- 68) Have dedicated staff organize the coordination and release of clients.
 - a. The onus must be on the system to ensure discharge coordination for clients who are utilizing hospitals/crisis. Need dedicated staff/provider/position to ensure coordination and release between hospitals, Probation, listed community providers, and crisis services. Currently this responsibility falls on the client/their family.
- 69) Increase CRT options for 290 registrants and those active to Probation/Parole and/or being released from SRJ/CDCR.
- 70) Process for referral from these programs to ECM providers through managed care plans.
- 71) Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
 - a. Dedicated crisis services team/staff that will respond to ACPD offices, contracted housing programs, Parole sites, and other high contact points. This team requires the ability to de-escalate, assess, recommend 5150 evaluation, and transport.
- 72) Increase coordination with ACBH and JGPH during inmate hospitalizations.
- 73) Improve coordinated care.
- 74) Expand collaboration county and agency wide.
- 75) Improve communication and coordination of care across agencies upon entry into a hospital and at the point of discharge.
- 76) 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.

- 77) Evaluate current Crisis Intervention Training (CIT) curriculum for inclusion of racial realities and cultural responsiveness.
- 78) 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.
- 79) Introduction of WIC 5170 and WIC 5343 Facilities.
- 80) Add acute and subacute hospitals
- 81) Develop Crisis intervention teams
- 82) 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).
- 83) Ensure hospitals create a discharge plan for homeless and at risk patients that includes shelter or housing support.
- 84) Divert funding from Hospitals and Jails to supportive housing, which has a direct impact on their ongoing operations funding
- 85) Introduction of 5170 & 5343 facilities (for detox and treatment) separate from MH facilities.
- 86) Licensed Board & Care centers -> not excluding those with felonies More community events, sponsored by PDs (grassroots level, regular, casual gathering) (also address intercepts -2 through 0) - requires funding, requires prioritization.
- 87) Public informational campaigns.
- 88) Ask that police & sheriffs prioritize these sorts of programs.
- 89) Ensure fair compensation for mobile behavioral health crisis team (CATT and MCT) staff, and expand 24/7 city and county crisis response teams to all parts of Alameda county.
- 90) Re-acquire 27 subacute beds available at Villa Fairmont.

→ **Intercept (1): Law Enforcement**

- 91) Require police interacting with individuals with mental illness to have a community liaison mental health expert involved.

- a. Create the requirement that if a police officer is involved with a mentally ill individual he/she is required to have a community liaison mental health expert involved.
- 92) Create consequences for police departments that don't adhere, or violate, these protocols.
- a. Make it a consequence to the department that does not adhere to whatever changes they agree to make. For instance, for each time they are found to violate and ignore the protocol the department is required to take from their budget to support the effort they chose to ignore. If the person is mentally ill look for family members to support and facilitate with the decisions and care needed for their loved one. Again if a person that knows and love the person the most is involved the outcome has a much higher chance of being a success.
- 93) Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
- a. Dedicated crisis services team/staff that will respond to ACPD offices, contracted housing programs, Parole sites, and other high contact points. This team requires the ability to de-escalate, assess, recommend 5150 evaluation, and transport.
- 94) Expand mental health work component to services.
- 95) Mental health workers to accompany officers.
- 96) Increase mental health assessments for system involved individuals.
- 97) Refer to Brian Bloom's Forensic Recommendations.
- 98) Non clinical Public Safety database; LE, DA's Office, Probation / Parole communication tool.
- 99) Coordinated Follow up teams in the field.
- 100) CARES Navigation Center.
- 101) Accountability reports for all law enforcement agencies to reflect referrals to CARES Navigation Center.
- 102) Expand pre-arrest and pre-booking diversion programs.
- a. Expand pre-arrest and pre-booking diversion programs, both for people with MH/SUD diagnosis and for those who do not have a diagnosis but are at risk of developing (e.g., juveniles or TAY with involvement with JJ/CJ system, those who are unhoused, those who are trafficked, those who are survivors of crime, etc.).

- 103) Build supportive services and mental health providers into emergency services call for people who are homeless.
- 104) Train first responders in how to handle mental health issues.
- 105) Non-clinical public safety database (partnership between agencies) at county level for high-contact individuals.
- 106) 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.
- 107) Law enforcement carrying information and referral materials to share with families.
- 108) Need additional long-term care beds.
- 109) Point of arrest diversion access points throughout the county (right now only in Fruitvale).

→ **Intercept (2): Initial Detention/Initial Court Hearings**

- 110) Create consequences for discrimination in AOT process.
 - a. Remove the opportunity for discrimination in who is given AOT, Community Conservatorship, Behavioral court by creating a consequence for the numbers clearing indicating that the department is clearly being biased. In my son's case the transcript clearly shows that the judge questioned why my son was not being referred to ACBH however no one in the courtroom thought enough of him as an AA to offer him help. The D.A. was determined to convince me that my attempts to help my son were futile. The public defender dismissed the judge comments as it is not in her notes to do anything about a man that is clearly struggling. I had two personal incidents in which the D.A. refused to pick up a case for a person of non-AA person. In one case the person would get drunk in our neighborhood and drive recklessly. Everyone knew him and when he hit my car the police investigated found that he had a prior incident of reckless driving, but the D.A. chose not to prosecute. As a result of my complaint it has been nearly a year and that individual has not committed this crime again. My concern is that the unfairness of over prosecution of AA is why we are the majority of homeless the majority of the inmates in Santa Rita. It is not a coincidence it is deliberate choices of bias and discrimination. Unless there is a penalty for this bias and systemic racism it will NEVER stop!

- 111) Assessment of effectiveness of CARES Navigation Center. Based on assessment, invest more resources into similar programs.
- a. The C.A.R.E.S. Navigation Center, located in the Fruitvale district of Oakland and in operation since mid-2021, is currently the only point-of-arrest diversion program in Alameda County. Operated by La Familia Counseling Services, it is designed to redirect individuals arrested for "low-level" offenses into supportive services, behavioral health treatment and away from incarceration and the criminal-legal system. The task force should analyze all aspects of the Navigation Center to understand, among other things, how well it is meeting its goals; why some police departments don't use the Navigation Center, how client engagement can be improved; whether one Navigation Center for the entire county is sufficient; what are the rates of engagement with services as well as rates of recidivism; and whether limiting the program to only "low-level" offenses is sensible. Based on this assessment, investing more resources into point-of-arrest diversion programs like the Navigation Center (and LEAD [Law Enforcement Assisted Diversion] programs as well) would further the goals of Care First, Jail Last.
- 112) Explore using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment.
- a. The Pretrial Services Program, managed by the Probation Department, assesses recently arrested individuals within 24 hours after booking (and before arraignment) to see if they should be released from jail, and if so, under what conditions. The program also supervises those who are released from jail during the pretrial phase. In September 2022, Alameda County Superior Court Presiding Judge Smiley and Judge Jacobson gave a presentation to the Public Protection Committee of the Board of Supervisors about the county's pretrial release program. The presentation included a brief discussion about diverting people with behavioral health challenges from jail at this juncture (post-arrest/booking but pre-arraignment). Using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment should be explored further. Again, such an endeavor should be based on a deep dive into the data surrounding pretrial release to consider the unmet needs in this area. Incorporating an evidence-based behavioral health assessment into the pretrial release program could result in more mentally ill incarcerated individuals being released from custody and into the treatment they need and deserve.
- 113) Custody staff should contact community mental health providers during intake.

- a. Community MH providers contacted by custody staff upon intake and during service coordination to plan for appropriate discharge and service coordination.
- 114) Central coordination between entities to avoid duplicating efforts.
- a. Direct communication is needed between AFBH discharge planning and Public Defenders, Probation, community providers, etc. There needs to be a central coordination entity to reduce duplication of referrals/services and wasting resources.
- 115) Communication with Public Defenders about options.
- a. Communication with Public Defenders regarding realistic options including residential treatment options, referrals, and connection. Clients are being ordered and OR'd to programs that cannot accept them, which results in extended incarceration and/or release with no services.
- 116) Central contact point for triage and connecting clients to services.
- a. Pre-trial release, collaborative courts, and diversion courts also need to have knowledge of a central contact point to triage and support connection to referred/existing services.
- 117) Improve AOT capacity.
- 118) Some temporary non-voluntary treatment in certain circumstances.
- 119) Develop more Peer led staff within the court systems to work with individuals to connect and engage in services.
- 120) Significantly expand conservatorship options,
- a. Significantly expand conservatorship options, and improve eligibility criteria for conservatorships. Required conservatorship in lieu of incarceration wherever possible. Require family/caregiver engagement and consent for conservatorship options.
- 121) Give family support with an advocate
- 122) (re: improve AOT capacity #7) & CARE court consideration.

→ **Intercept (3): Jails/Courts**

- 123) Allow families to have more input.
- a. Again, allow the families to have more input. Unless I complained from the supervisor to the Director of Santa Rita Forensics department the little reprieve we received would not have happened. It should not take all that. Stop purposely blocking those who love their loved one the most from being involved. It is clearly a ploy to have complete autonomy and control to do and treat those mentally ill with no dignity, respect, or regard for their wellbeing.
- 124) Behavioral Health Court
- 125) Explore expansion beyond charge-based exclusionary policies.
- 126) Increase the capacity of BHC community-based treatment programs and other secure settings.
- a. Currently the Behavioral Health Court (BHC) is the main diversionary off-ramp for incarcerated individuals who have mental illness. While the BHC has successfully reduced recidivism and improved mental health outcomes for program participants, it does not come close to meeting the current demand. The BHC is underutilized due to lack of capacity in community-based treatment programs and other, more secure, settings. In addition, the task force should explore what evidence, if any, supports the program's charge-based exclusionary policy (the BHC, with some exceptions, only allows participation from defendants charged with non-serious felonies).
- 127) Expand the “Collaborative Courts.”
- a. In addition to the BHC, there are eight separate “Collaborative” Courts (two drug courts, a Veterans’ court, two re-entry courts, and three treatment courts in the family dependency department of the court system). These collaborative courts, like the BHC, have proven successful in reducing recidivism, increasing positive health outcomes, and re-unifying families. The task force should learn how these courts can be expanded so that they are able to divert and treat more individuals.
- 128) Investigate obstacles that prevent IST defendants from getting out of jail and into medically appropriate treatment.
- a. The I.S.T. Diversion Programs diverts in-custody felony defendants who have been found by the court to be Incompetent to Stand Trial (IST). According to data compiled by the Department of State Hospitals (DHS) 88 felony defendants in Alameda County were found IST in FY 2021-22. These individuals currently

languish in jail for six months or longer waiting for a treatment bed at the State Hospital. To help alleviate this problem, DHS has provided significant funding to Alameda County so that these individuals can be diverted into local treatment. However, very few of the in-custody defendants in Alameda County who are eligible for this program have actually been diverted. The task force needs to learn why this is so and specifically what obstacles exist to getting IST defendants out of jail and into medically appropriate treatment. The task force should consider whether additional capacity at our county's sub-acute facilities, namely Villa Fairmont, would allow the IST Diversion program to successfully treat more of these individuals.

- 129) Investigate the low participation rate for the Mental Health Diversion Statute.
 - a. The Mental Health Diversion statute (Penal Code section 1001.36), the primary vehicle the state has created to divert mentally ill defendants, is hardly used in Alameda County as a diversionary exit ramp. According to the California Judicial Council, from 2020 when the Mental Health Diversion statute was enacted through the first quarter of 2022, just 15 defendants in Alameda County were diverted under the statute (9 of them successfully). The task force needs to understand what accounts for such a low participation rate and what can be done about it.
- 130) Coordinated service assessment and connection to in custody services and referrals for community-based providers
 - a. Coordinated service assessment and connection to in custody services and referrals for community-based providers if not currently connected. This should include family coaching if the individual is likely to return home and the family is open.
- 131) Peer training and learning opportunities within the jails.
 - a. Peer training and learning opportunities within the jails. This could include restorative justice/practice programming similar to those available at San Quentin. Individuals should have the opportunity to earn peer support credential while in custody and opportunity to facilitate peer-led groups. Pathway to employment for these individuals once released.
- 132) Coordinated discharge efforts and central point of contact for CBO providers.
 - a. Coordinated discharge efforts and central point of contact for CBO providers to ensure clients are connected to care prior to and upon release. This includes

CBO's calling into SRJ to coordinate handoff/continuity for their clients entering custody.

- 133) Expand the offering and provision for mental health services for system involved individuals.
- 134) Facilitate communication access for families/advocates with incarcerated members to speak with jail personnel.
 - a. 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.
- 135) Develop communication mechanisms, 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.
- 136) Allow families to have more input
- 137) Allow more community agencies to outreach within the jail
- 138) Require and enforce minimum levels of service for people with diagnoses who are in custody and out of custody.
 - a. Require and enforce minimum levels of service for people with diagnoses who are in custody and out of custody. Add triggers for increased level of service for those with repeated instances of incarceration. Gather more diagnosis (types and severity) and clinical/service data on services provided to clients in jail.
- 139) #3 & #4 - not only investigate, but then let's do something about it → get those folks diverted
- 140) Examination for AOT - ensure that the person making the determination is licensed
- 141) CalAIM - focus on justice population - one way to leverage additional funding (especially 90-day in-reach).

→ **Intercept (4): Reentry**

- 142) Offer programs in the community.

- a. Offer programs in the community most familiar to the person so they will have a sense of belonging and support. Give a clear direct roadmap from ACBH to direct the programs and facilities providing the treatment and reentry support. This allows for consistency and ability to measure and compare outcomes.
- 143) Provide a roadmap from ACBH to the programs and facilities providing the treatment and re-entry support.
- 144) Engage with Roots Health Center and explore how SLP can be expanded.
 - a. The Safe Landing Project (SLP), located in a recreational vehicle parked on the grounds just outside of Santa Rita Jail and operated by Roots Community Health Center, provides re-entry support services to just-released incarcerated individuals. The SLP seeks to connect individuals leaving Santa Rita with a variety of services, including transportation to appropriate treatment facilities. The task force should engage with Roots Health Center and explore how SLP can be expanded to: (1) provide services 24/7; (2) operate out of a permanent structure; and (3) have a presence inside the jail so staff have an opportunity to engage with incarcerated individuals prior to their release.
- 145) Give clients pre-release planning services and pre-emptive acceptance into programs.
 - a. Pre-release planning services and pre-emptive acceptance into programs whenever possible. Clients are being turned away from services due to inactive/out of County Medi-Cal. Clients need access to immediate services upon discharge regardless of insurance type, with dedicated staff to assist with Inter-County transfers.
- 146) Reception center for client release.
 - a. Reception center or highly resources housing program that clients can be released to. Low barrier housing with high supervision and direct onsite supports.
- 147) Additional residential treatment providers and dual diagnosis providers.
 - a. Additional residential treatment providers and dual diagnosis providers that can serve as a transitional housing point at release. This should also be used as an alternative to incarceration for those with active Probation/Parole.
- 148) Triage and outreach team.

- a. Triage and outreach team is needed to ensure connection to referred services. This team must also help coordination across providers, Probation, and Sheriffs, as needed.
- 149) Develop an Interagency Re-Entry team to coordinate care across systems.
 - a. Develop an Inter-agency Re-Entry Team to help coordinate care across systems upon release from SRJ. Team not only provides support upon release but follows up post-release to ensure individual remains connected to services; and/or has continued access to healthcare, MediCal/Insurance resources, employment/vocation referrals, and housing.
- 150) Expand reentry services and programs county wide.
- 151) Fully fund the ACBH Forensic Plan with new money.
- 152) Assure appropriate transitional housing/services for those with SUD or co-occurring disorders.
- 153) 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.
- 154) Required reentry plan and short-term housing placement for all with documented diagnoses who are released.
- 155) 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.
- 156) 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.
- 157) Increase funding to AB109 Re-entry Housing program - housing support available to probationers leaving jail
- 158) 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
- 159) 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
- 160) 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
- a. already linked to that client, so that they may be there to pick them up and reconnect/restart services.
- 161) Housing - don’t have a true housing first model house in AlCo - can we build this out, especially for those who are being released into unhoused status?
- a. 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.
 - b. Family also needs to be prepared (for behavioral support).

→ **Intercept (5): Community Supports**

- 162) Encourage the chances of success for individuals returning home by providing rigorous and substantial requirements from the courts, probation, and police.
- a. Continue to provide rigorous and substantial requirements from the courts, probation and police buy in to encourage the success of the person returning home.
- 163) Find a way to effectively evaluate service delivery and incorporate feedback.
- a. Need ability to effectively evaluate the quality of program service delivery and mechanism to incorporate feedback and make timely program improvements/adjustments.
- 164) Cross-train between LEA and community programs.
- a. Cross-training between LEA and community programs so there is more cohesion and hand off to services. This includes Whole Person Care initiatives.
- 165) Utilize community hubs as access points.
- a. Use of community hubs and centers to provide non-threatening access point. Use this space to provide family education and additional support to mitigate impacts

of justice involvement.

- 166) Retain mental health providers who will maintain outreach with hard-to-reach populations.
 - a. MH providers who will maintain outreach with our hardest to connect population and keep them open to provide services as needed/capitalize on moments of service consent.
- 167) Use of community MH providers and clinical peers who will conduct street health and therapy in non-office settings.
- 168) Multigenerational, regionally specific, and other specialty family resources, tools, trainings, supports, etc. are also needed.
- 169) Increase community meetings and use community input for policy making.
- 170) Evaluate the Wellness Centers for inclusiveness, appropriateness of offerings to engage diverse clientele
- 171) Expand Supported Work programs.
- 172) Peer advocacy/counseling.
- 173) Specialized probation unit for people released from SR jail with an SMI/SUD diagnosis.
- 174) Increase housing navigation, harm reduction services, and direct housing support such as vouchers or supportive housing placements.
- 175) Diversify pool of therapists - have incentives for those in the process of being licensed.
- 176) CBOs - hard time competing for therapists (in compensation).
- 177) Front line work can & should be done by peers (SB803 - for billing to Medi-Cal).

2. CFJL Taskforce Recommendations - Working List



Care First, Jails Last Recommendations

Working List



Recommendations by Intercept

Cross Cutting

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.
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 by Intercept

Cross Cutting

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.
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 by Intercept

Cross Cutting

12. Allocate county funds towards permanent supportive housing programs and services for those who are unhoused, suffering from mental illness and/or substance use disorders, and/or are formerly incarcerated.
13. 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.



Recommendations by Intercept

-2: Prevention

14. Provide a culturally competent safe place for African Americans that has education on health and nutrition.
15. Invest in recreational alternatives (e.g., little league, community centers, etc.).
16. Restorative community building opportunities to reduce barriers between affected communities
17. Integrating County Initiatives and Whole Person Care resources to achieve joint goals
18. Outreach to promote mental health resources
19. Invest in recreational spaces for TAY and systems-impacted individuals.



Recommendations by Intercept

-2: Prevention

20. Conduct public information campaigns aimed at families and placed with personnel who may come into contact with affected individuals.
21. Conduct public information campaigns on the potential deleterious impact of marijuana and street drugs on the developing adolescent brain.
22. 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).
23. Increase bed space to extend treatment times to reach true stabilization for individuals.
24. 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

25. 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).
26. Provide housing stabilization services (financial and other) to people at risk of homelessness with history of mental illness and/or criminal justice involvement.
27. Continue to fund AC Housing Secure – Eviction Defence Funding for entire County. Adopt a policy that provides guaranteed legal representations for those facing eviction
28. 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

29. Provide services for 16-17 year olds who are identified as at risk of becoming part of the criminal justice system.
30. A collaboration between ACBH and university health systems to identify and serve TAY and junior college students having acute mental health crises.
31. Expand the eligibility criteria for case management services.
32. Eviction protections.
33. Increasing bed space at psych facilities.
34. 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

- 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.
- 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.



Recommendations by Intercept

-1: Early Intervention

- 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.



Recommendations by Intercept

-1: Early Intervention

- 49. For recent substance abusers, both with and without co-occurring 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.



Recommendations by Intercept

-1: Early Intervention

- 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).
- 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 MH training → de-escalation. equip them to deal with mental health crises.



Recommendations by Intercept

-1: Early Intervention

- 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: esp 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 CARES Navigation Center in Oakland.



Recommendations by Intercept

0: Community Services

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



Recommendations by Intercept

0: Community Services

- 73. Improve coordinated care.
- 74. Expand collaboration county and agency wide.
- 75. Improve communication and coordination of care across agencies upon entry into a hospital and at the point of discharge.
- 76. 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.
- 77. Evaluate current Crisis Intervention Training (CIT) curriculum for inclusion of racial realities and cultural responsiveness.
- 78. 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

79. Introduction of WIC 5170 and WIC 5343 Facilities.
80. Add acute and subacute hospitals.
81. Develop Crisis intervention teams
82. 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).
83. Ensure hospitals create a discharge plan for homeless and at risk patients that includes shelter or housing support.
84. 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

- 85. Introduction of 5170 & 5343 facilities (for detox and treatment) separate from MH facilities.
- 86. Licensed Board & Care centers -> not excluding those with felonies
- 87. More community events, sponsored by PDs (grassroots level, regular, casual gathering) (also address intercepts -2 through 0) - requires funding, requires prioritization.
- 88. Public informational campaigns.
- 89. Ask that police & sheriffs prioritize these sorts of programs.
- 90. Ensure fair compensation for mobile behavioral health crisis team (CATT and MCT) staff, and expand 24/7 city and county crisis response teams to all parts of Alameda county.
- 91. Re-acquire 27 subacute beds available at Villa Fairmont.



Recommendations by Intercept

1: Law Enforcement

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



Recommendations by Intercept

1: Law Enforcement

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



Recommendations by Intercept

1: Law Enforcement

- 106. Non-clinical public safety database (partnership between agencies) at county level for high-contact individuals.
- 107. 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
- 108. Law enforcement carrying information and referral materials to share with families.
- 109. Need additional long-term care beds.
- 110. Point of arrest diversion access points throughout the county (right now only in Fruitvale).



Recommendations by Intercept

2: Initial Detention/Initial Court Hearings

- 111. Create consequences for discrimination in AOT process.
- 112. Assessment of effectiveness of CARES Navigation Center. Based on assessment, invest more resources into similar programs.
- 113. Explore using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment.
- 114. Custody staff should contact community mental health providers during intake.
- 115. Central coordination between entities to avoid duplicating efforts.
- 116. Communication with public defenders about options.



Recommendations by Intercept

2: Initial Detention/Initial Court Hearings

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



Recommendations by Intercept

3: Jails/Courts

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



Recommendations by Intercept

3: Jails/Courts

- 132. Peer training and learning opportunities within the jails.
- 133. Coordinated discharge efforts and central point of contact for CBO providers.
- 134. Expand the offering and provision for mental health services for system involved individuals.
- 135. Facilitate communication access for families/advocates with incarcerated members to speak with jail personnel.



Recommendations by Intercept

3: Jails/Courts

- 136. 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.
- 137. Allow families to have more input
- 138. Allow more community agencies to outreach within the jail



Recommendations by Intercept

3: Jails/Courts

- 139. Require and enforce minimum levels of service for people with diagnoses who are in custody and out of custody.
- 140. #3 & #4 – not only investigate, but then let's do something about it → get those folks diverted
- 141. Examination for AOT – ensure that the person making the determination is licensed
- 142. 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

- 143. Offer programs in the community.
- 144. Provide a roadmap from ACBH to the programs and facilities providing the treatment and re-entry support.
- 145. Engage with Roots Health Center and explore how SLP can be expanded.
- 146. Give clients pre-release planning services and pre-emptive acceptance into programs.
- 147. Reception center for client release.
- 148. Additional residential treatment providers and dual diagnosis providers.
- 149. Triage and outreach team.
- 150. Develop an Interagency Re-Entry team to coordinate care across systems.



Recommendations by Intercept

4: Reentry

- 151. Expand reentry services and programs county wide.
- 152. Fully fund the ACBH Forensic Plan with new money.
- 153. Assure appropriate transitional housing/services for those with SUD or co-occurring disorders.
- 154. 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.
- 155. Required reentry plan and short-term housing placement for all with documented diagnoses who are released.
- 156. 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

- 157. 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.
- 158. Increase funding to AB109 Re-entry Housing program - housing support available to probationers leaving jail
- 159. 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

- 160. 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
- 161. 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
- 162. 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?



Recommendations by Intercept

5: Community Supports

- 163. Encourage the chances of success for individuals returning home by providing rigorous and substantial requirements from the courts, probation, and police
- 164. Find a way to effectively evaluate service delivery and incorporate feedback.
- 165. Cross-train between LEA and community programs.
- 166. Utilize community hubs as access points.
- 167. Retain mental health providers who will maintain outreach with hard-to-reach populations.



Recommendations by Intercept

5: Community Supports

- 168. Use of community MH providers and clinical peers who will conduct street health and therapy in non-office settings.
- 169. Multigenerational, regionally specific, and other specialty family resources, tools, trainings, supports, etc. are also needed.
- 170. Increase community meetings and use community input for policy making.
- 171. Evaluate the Wellness Centers for inclusiveness, appropriateness of offerings to engage diverse clientele.
- 172. Expand Supported Work programs.
- 173. Peer advocacy/counseling.





Recommendations by Intercept

5: Community Supports

- 174. Specialized probation unit for people released from SR jail with an SMI/SUD diagnosis.
- 175. Increase housing navigation, harm reduction services, and direct housing support such as vouchers or supportive housing placements.
- 176. Diversify pool of therapists – have incentives for those in the process of being licensed.
- 177. CBOs – hard time competing for therapists (in compensation)
- 178. Front line work can & should be done by peers (SB803 – for billing to Medi-Cal)

3. Miro Board

Color Key

-  Behavioral Health
-  District Attorney
-  Housing and Community Development
-  Sheriff's Office
-  Social Services Agency
-  Office of Homeless Care & Coordination
-  Public Defender
-  Probation Department

Intercept -2: Prevention

JIMH Recommendations	What has been implemented
<ul style="list-style-type: none"> Greatly expand and implement Housing First supportive living models and affordable family-based housing options. 	<p>Regional Approach to South & East County Services →NEW: Axis Community Health Pilot (Pleasanton, East Cty) →NEW: Washington Hospital (Fremont, South Cty)</p>
<ul style="list-style-type: none"> Expand behavioral health services and educational programs in schools. 	<p>Design Forensic, Diversion, & Re-Entry Services System of Care Create Director of Forensic, Diversion, & Re-Entry Services Position</p>
<ul style="list-style-type: none"> Create more training and employment programs and provide livable-wage employment opportunities for people with behavioral health needs 	<p>ACBH Health Equity Division Created</p>
<ul style="list-style-type: none"> Address social determinants of health. 	<p>Fund affordable housing & focus on building housing for extremely low income and special needs populations.</p>
<ul style="list-style-type: none"> Ensure quality healthcare for all. 	<p>From federal COVID-relief funding, HCD has awarded \$120 million in Emergency Rental Assistance to extremely and very low-income households.</p>
<ul style="list-style-type: none"> Develop a behavioral health public education and communications campaign. 	<p>Deputy Sheriff's Activity League (DSAL) Projects in Eden Area: -Circular Food Economy (with ALL IN alameda County) -Dig Deep Farms - Food Recovery -Food as Medicine (with Alameda County Health Care Alliance and federal GUSNIP grant funding) -Food Hub -Re-Entry Internships @ Dig Deep Farms -Free recreational health & fitness programs -Eden Area Business Collective -Mural Projects</p>
<ul style="list-style-type: none"> Establish an online mechanism for the public to gather information. 	<p>PD Brendon Woods chaired the Process and Evaluation Workgroup which advocated for people to be enrolled in healthcare before leaving custody, prior to CALAIM making it a requirement.</p>
<ul style="list-style-type: none"> Increase Engagement of the faith community. 	<p>Grant Funded: Alameda County Young Adult Opioid Initiative</p>
<ul style="list-style-type: none"> Work to pass Prop 15: Schools and Communities First 	<p>Community engagement and family-centered events to increase resources and positive community connections for ACPD clients*</p>
<ul style="list-style-type: none"> Create or expand conflict mediation or violence prevention work. 	<p>Health service access at the Center of Reentry Excellence (CORE)*</p>

Intercept -1: Early Intervention

JIMH Recommendations

- **Strengthen and fund a comprehensive system of community-based behavioral health services.**
- Create and expand Service Hubs throughout the County.
- **Expand intensive case management and Full-Service Partnerships (FSP) throughout the County.**
- Increase the number of dual diagnosis programs.
- Provide support for families.
- Target Middle schools for early intervention.
- Increase the amount, affordability, and quality of licensed Board and Care facilities throughout the County.
- Expand services to individuals with serious and non-serious mental illness who are living in independent housing or unhoused situations.
- Fix the ACCESS portal
- **Expand non-crisis mobile units.**
- Establish, expand, enhance, and coordinate the database and tools available for real time bed availability for all justice and health system partners
- Support meaningful exchange of information and clarity between service provider, participant, and family/caregiver to improve care and health outcomes.
- Scale-up and support the implementation of innovative community-based strategies,
- Create incentives such as tax credits, stipends, vouchers, motel conversions, or partial pay options that contribute to or offset the cost to family members and caregivers for housing loved ones with behavioral health needs within their home or in the community.
- Expand the IHOT (In-Home Outreach Team) program.

What has been implemented

Expand 5150 & 5585 capacity to place/release countywide (Pilot)

Initiate Feasibility Study to explore Capital Expansion for Acute Inpatient Treatment

Expand 24/hour Crisis Services Call Center*

→NEW: ACCESS Outpatient System Referrals & Admissions Redesign Initiative*

Youth & Family Services Bureau (YFSB) Behavioral Health Unit (BHU) has 13 LCSW, MFT, and Substance Abuse Specialist @ 4 locations. Programs include:
-Juvenile Diversion for youth who have been arrested for minor offenses.
-Mental Health Outpatient Clinic

Opportunity Accelerator project will develop and implement an early identification system for upstream interventions, including housing supports and other social services and will assist in developing a "Prevention Hub"*

Multiple projects under state's Community Care Expansion program, >\$41m awarded in Alameda County. This will increase the total board & care portfolio and additional supportive housing units with enhanced medical support. Semi-annual RFP to expand B&C contractors and beds, *

Proposed a Rapid Response Team that would provide a dedicated Street Health team with an LCSW and Community Health Outreach Workers, plus housing/shelter navigation and psychiatric supervision.*

Family Reunification providers offer parenting classes, reunification supports, barrier removal/stability support, healthy relationship workshops

Peer to Peer MH with the intention of peer-led mental health support groups in key spaces*

ACPD intends to modify AB109 BH contracts to include client outreach, MH workshops, and psychoeducation in key spaces including ACPD offices*

Intercept 0: Hospitals and Crisis Intervention

JIMH Recommendations	What has been implemented
<ul style="list-style-type: none">Expanded capacity at acute facilities such as John George Psychiatric Hospital(JGPH) or add additional sites.Create More sub-acute locked facilities such as Villa Fairmont.Ensure that all hospital and crisis intervention services for people with behavioral health needs are linked to long term support and resources.Review and work with the State of California to change the 5150 process.Develop more diversion options that are available 24/7.Explore how to expand bed capacity so that 5170 can be fully implemented throughout Alameda County.Authorize a medication mandate within the community.Explore setting up an early warning system between dispatch and behavioral health providers.Implement The Living Room model throughout Alameda County.	<div>Expand Crisis Services*</div> <div>Significantly increase the capacity of residential treatment beds countywide*</div> <div>Expand Satellite Urgent Care Clinic Hours & Services*</div> <div>C.A.R.E.S. Navigation Center opened in Feb 2021</div> <div>PD's office worked on the Living Room proposal*</div> <div>Clients 5150'd from housing sites have been released with no follow up housing plan/services. We have taken informal solutions to address this in individual client level, but this remains a critical service area gap/need.</div> <div>ACPD intends to modify AB109 BH contracts to provide dedicated crisis and triage services for ACPD clients residing in the community (or ACPD housing) and in need of MH services or at risk of rearrest/ hospitalization*</div>

Intercept 1: Law Enforcement & Emergency Services

JIMH Recommendations

- **Expand the number of Crisis Mobile Unit Available in Alameda County as alternatives to traditional law enforcement responses when calls involving people with behavioral health needs are made to 911/dispatch.**
- Make changes to the dispatch/911 system.
- Expand and build on existing training for law enforcement support efforts to decentralize law enforcement involvement.
- Encourage local law enforcement agencies to explore and implement Law Enforcement Assisted Diversion (LEAD) models to decriminalize behaviors often displayed by people with behavioral health needs.
- **Develop and expand pre-arrest and pre-booking diversion programs.**
- Create City > County > Regional Services Communications network or app.
- **Create a mechanism for family members or others to safely report individual episodes for assistance in a centralized confidential system.**

What has been implemented

Direct In-Home Outreach Team (IHOT) & Assisted Outpatient Treatment (AOT) Referrals by Law Enforcement Departments

C.A.R.E.S. Navigation Center opened in Feb 2021

Partnership with Community Assessment and Transport Teams (CATT).

Transport to Community Assessment, Referral, and Engagement Services (C.A.R.E.S.) Navigation Center

Participation in Multi Disciplinary Forensic Team (MDFT) monthly meetings

PD's office met with OPD years ago about starting up the LEAD program.

Assist & support creation of Oakland MACRO - April 2022 (Oakland PD)

Intercept 2: Initial Detention and Courts

JIMH Recommendations

- Expand and improve the Behavioral Health Court.
- Expand and allow more Community Conservatorship.
- Allow Mental Health Diversion for people found incompetent to stand trial.
- Develop additional support services for people when they go to Court.
- Ensure the Courts know about all available wrap-around services in the County.
- Include families in court notification processes and systems.
- Add a Participatory Defense Model based on the Silicon Valley De-Bug Program.

What has been implemented

Pre-Trial Diversion: Increase Funding to Collaborative Courts/ Mental Health Courts

C.A.R.E.S. Navigation Center opened in Feb 2021

Certified Peer Support Specialist Program (Pilot began July 2021)

Improve Behavioral Health Court in collaboration with the DA's office, courts, and ACBH.

PD's office instrumental in creating and expanding Community Conservatorship program.

PD worked with DA's office, ACBH, and other stakeholders to develop and institute MH diversion program.

Support services for people when they go to court -Through the PD's in-house social worker and advocate program.*

Include families in the court notification processes and systems (with clients' permission to communicate with their families.)

Participatory Defense Model utilized by individual attorneys on a case-by-case basis.*

Implementation & Expansion of Assisted Outpatient Treatment (AOT)

ACPD expands AB109 definition to include those participating in BH and collaborative courts

Continued conversations with the Courts to promote CORE services to AB109 eligible population not currently active to Probation (e.g., pre-trial release, collaborative court, etc.)*

Intercept 3: Jail

JIMH Recommendations

- Ensure Behavioral Health services within Santa Rita Jail for all who need it.
- Focus on destigmatizing strategies used upon entering correctional facilities to identify who has a mental health or substance use disorder diagnosis.
- **Expand care coordination for all people with behavioral health needs before discharge from jail.**
- Improve the integration of information systems between County Adult Forensic Behavioral Health and community behavioral health service providers.
- Explore the use of tablets at Santa Rita Jail to Expand Access to mental health and substance use disorder treatment services.

What has been implemented

Expand Forensic Linkage Program at Santa Rita*

Certified Peer Support Specialist Program (Pilot began July 2021)

C.A.R.E.S. Navigation Center opened in Feb 2021

CalAIM: Partnering with Reimagining Adult Justice Initiative, Alameda Alliance, and others to implement CalAIM's Services and Supports for Justice-Involved Adults effort.*

Post-COVID AB109 contracted providers are regaining access into SRJ. Currently 1 AB109 MH team has clearance and expressed interest to provide in-reach.*
Other in-reach conducted via telephone or tablets

Limited coordination, information, and discharge planning available from AFBH regarding in-custody ACPD clients with known MH needs

Upcoming RFP (in review) related to pre-release planning and service coordination via outreach and MDT meetings*

ACPD intends to modify AB109 BH contracts and work toward collaboration and discharge planning with AFBH for mutual clients.*

Intercept 4: Reentry

JIMH Recommendations

- Increase the capacity of reentry planning programs.
- Expand Safe Landing Services to operate 24/7
- Develop a stronger collaborative relationship with the faith-based community to promote and expand reentry services.
- Explore ways to incentivize community treatment facilities to accept behavioral health program participants directly from jail.
- Expand the implementation of Multidisciplinary Reentry Teams (MRT's).

What has been implemented

High fidelity Assertive Community Treatment (ACT) & Forensic Assertive Community Treatment (FACT) Teams*

Prioritize the care of "high utilizers" of county behavioral health and forensic services to ensure that they are connected to appropriate treatment and facilities

Expand Short Term & Permanent Housing; Board & Care Facility Options*

Expanded capacity building programs for organizations, especially faith-based, to develop housing for special needs populations like Reentry populations.*

Operation My Home Town (OMHT): Evidence-based reentry model anchored by the YFSB clinical staff

OHCC is working with ACBH, Probation, and others to plan for the addition of housing and community supports and connections to coordinated entry in advance of release from criminal justice facilities.

PD's office developed a Northern CA-wide social work group where resources, training, and case consultation are shared and enable clients to access programming.

PD Social work/Advocate program works with clients and service providers to develop and facilitate reentry plans.

AB109 funding for Safe Landing Transportation shuttle between SRJ and Dublin BART

Dedicated funding for AB109 BH programs in areas of M2M and SMI

AB109 funds 2 Recovery Residences for eligible clients

AB109 funds for the Center of Reentry Excellence (CORE)

AB109 housing programs may receive individuals directly out of SRJ or CDCR

Expansion of Community Programs team(Reentry Service Coordinator)

Pre-release planning RFP: hope to have CBO partner at every entry/exit point*

CORE RFP reissued; new CORE intends to have co-located space for health providers to conduct direct outreach and service provision*

ACPD is seeking to gain access into Clinician's Gateway and the Community Health Record (CHR) to better coordinate care*

ACPD intends to modify AB109 BH programs to improve outreach, service connection, retention, and outcomes*

COSSAP Grant – funding received for 12-bed housing with in-house dual diagnosis support and MAT services; program may receive clients directly out of SRJ*

Intercept 5: Community Support

JIMH Recommendations

- Provide oversight and ongoing updates on the Probation/District Attorney Pre-trial Program funded through Prop 47 which started 1/22/20.
- Start Integrated Services for Mentally Ill Parolee (ISMIP) Programs in Alameda County.
- Place more probation staff at Santa Rita Jail so that they can help to coordinate linkage for people with behavioral health needs to mental health and substance use disorder services after release.
- Coordinate communication and services among service providers working with or contracted by the Probation Department.
- Change probation practices.

What has been implemented

ACPD chairs the Prop 47 Local Advisory Committee Meetings

AB109 Family Reunification Providers and other contracted provider assisting with community stabilization; 6-mo housing stipend available for family members housing ACPD client

Community Outreach Worker; peer relationship – changes culture of ACPD and increases client benefit to work alongside those with lived experience

ACPD helps to advance the work of several CCP Subcommittees including health, MH, and SUD

ACPD chairs the Program and Services CCPEC workgroup to update and develop programming to address client needs and County service landscape

Reentry Service Coordinators on staff to address work silos, improve service connection, experience, and outcomes, as well as build community capacity and bridge ACPD-community relationships

Community engagement events for current clients to destigmatize ACPD client population, connect them with natural community supports, and link providers/resources. These events have included other County entities and CBO's; provides added benefit of "2 Prevention"

Ongoing ACPD trainings and changes related to probation approaches, case management strategies, and values of whole person care

Cross-training conducted by Reentry Services Coordinators to help providers work more effectively with ACPD staff and clients*

Expansion of Community Outreach Workers within ACPD to assist with relationship, systems, and program navigations. *

The updated CORE model will also include co-located space for program Ambassadors (i.e., clients who have successfully completed programming) to receive training, conduct outreach, and provide direct service*

MH Housing is flagged as an ongoing need; ACPD requires direct assistance from a clinical team to navigate crisis and MH housing referrals/connections*

Family respite support and coaching to maintain individuals with natural supports is flagged as an ongoing need and potential growth areas *

4. CFJL Taskforce Intercept Recommendation Grid - Crossing Cutting & Intercept-2 through Intercept 5



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Cross Cutting 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	Danao, Tiffany Alameda County Public Defender
	Dasheill, 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			

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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 (Cross Cutting)	Agency(ies) Involved	Issues it address/Related data points	Remaining data questions?	Budget questions/ Recommendations	Notes:
Recommendations					
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 to concretely measure unmet mental health needs, including those named above.	•	•	•	•	•



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3. Assess and evaluate the causes of staff shortages and outcomes of efforts to recruit and retain behavioral health line staff in Alameda County.	•	•	•	•	•
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, especially for flexible funds that can be used to serve multiple populations, for both capital and program costs, and for types of supportive housing and services that have been difficult to fund.	•	•	•	•	•
6. Create transparency of Alameda County's unspent state realignment funds designated for Medi-Cal services.	•	•	•	•	•
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.	•	•	•	•	•
9. Fully fund the Alameda County Behavioral Health Department's countywide Forensic Plan.	•	•	•	•	•
10. Policy change. Ensure that families with formerly	•	•	•	•	•



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incarcerated/criminalized family members are not restricted from accessing affordable/supportive housing in Alameda County; create alternatives to Section 8 Housing that support system-impacted families.

11. 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.

12. Allocate county funds towards permanent supportive housing programs and services for those who are unhoused, suffering from mental illness and/or substance use disorders, and/or are formerly incarcerated.

13. 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.

•	•	•	•	•
•	•	•	•	•
•	•	•	•	•



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(-2) CFJL Task Force Intercept Recommendation Grid – Updated April 2023

Members:

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Bedrossian, Kristina
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Penn, Curtis
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Toro, Jason
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Bloom, Brian
Mental Health Advisory Board

Ford, Andrea
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Buchanan, Edward
Building Opportunities for Self-
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Graves, Kimberly
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Sheehan-Rahman, Margaret
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Cespedes, Guillermo
City of Oakland

Lee, Corrine
Alameda County Probation

Souza, Travis
Police Agency – South County

Danao, Tiffany
Alameda County Public
Defender

Neff, Doria
Police Agency – North County

Staratt, Michelle
Alameda County Housing &
Community Development

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Intercept -2 - Prevention	Agency(ies) Involved	Issues it address/Related data points	Remaining data questions?	Budget questions/ Recommendations	Notes:
Recommendations					
14. Provide a culturally competent safe place for African Americans that has education on health and nutrition.	•	•	•	•	•
15. Invest in recreational alternatives (e.g., little league, community centers, etc.).	•	•	•	•	•
16. Restorative community building opportunities to reduce barriers between affected communities.	•	•	•	•	•



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17. Integrating County Initiatives and Whole Person Care resources to achieve joint goals.	•	•	•	•	•
18. Outreach to promote mental health resources.	•	•	•	•	•
19. Invest in recreational spaces for TAY and systems-impacted individuals.	•	•	•	•	•
20. Conduct public information campaigns aimed at families and placed with personnel who may come into contact with affected individuals.	•	•	•	•	•
21. Conduct public information campaigns on the potential deleterious impact of marijuana and street drugs on the developing adolescent brain.	•	•	•	•	•
22. 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 0)	•	•	•	•	•
23. Increase bed space to extend treatment times to reach true stabilization for individuals.	•	•	•	•	•
24. Provide an inclusive environment that is safe for youth and young adults to gather for education and curriculum regarding emotional support, etc.	•	•	•	•	•



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25. 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).	•	•	•	•	•
26. Provide housing stabilization services (financial and other) to people at risk of homelessness with history of mental illness and/or criminal justice involvement.	•	•	•	•	•
27. Continue to fund AC Housing Secure – Eviction Defense Funding for entire county. Adopt a policy that provides guaranteed legal representations for those facing eviction.	•	•	•	•	•
28. Adopt Just Cause Ordinance in Unincorporated Alameda County, and advocate for Cities in the County to adopt a Just Cause Ordinance	•	•	•	•	•
29. Provide services for 16-17 year olds who are identified as at risk of becoming part of the criminal justice system.	•	•	•	•	•
30. A collaboration between ACBH and university health systems to identify and serve TAY and junior college students having acute mental health crises.	•	•	•	•	•
31. Expand the eligibility criteria for case management services.	•	•	•	•	•



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



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CFJL Taskforce Intercept Recommendation Grid – Updated May 2023

Members:

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Syren, Greg
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Intercept (-1): Early Intervention	Agency(ies) Involved	Issues it address/Related data points	Remaining data questions?	Budget questions/ Recommendations	Notes:
Recommendations					
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.



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CFJL Taskforce Intercept Recommendation Grid – Updated May 2023

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Intercept (0): Community Services	Agency(ies) Involved	Issues it address/Related data points	Remaining data questions?	Budget questions/ Recommendations	Notes:
Recommendations					
67. Add acute and subacute hospitals.	•	•	•	•	•
68. Have dedicated staff organize the coordination and release of clients.	•	•	•	•	•
69. Increase CRT options for 290 registrants and those active to Probation/Parole and/or being released from SRJ/CDCR.	•	•	•	•	•
70. Process for referral from these programs to ECM providers through managed care plans.	•	•	•	•	•



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71. Dedicated crisis service teams that will respond to ACPD offices and other high contact points.	•	•	•	•	•
72. Increase coordination with ACBH and JGPH during inmate hospitalizations.	•	•	•	•	•
73. Improve coordinated care.	•	•	•	•	•
74. Expand collaboration county and agency wide.	•	•	•	•	•
75. Improve communication and coordination of care across agencies upon entry into a hospital and at the point of discharge.	•	•	•	•	•
76. 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.	•	•	•	•	•
77. Evaluate current Crisis Intervention Training (CIT) curriculum for inclusion of racial realities and cultural responsiveness.	•	•	•	•	•
78. Assess current demand, increase the availability of acute and sub-acute beds to meet 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.	•	•	•	•	•
79. Introduction of WC 5170 and WIC 5343 Facilities.	•	•	•	•	•



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80. Add acute and subacute hospitals.	•	•	•	•	•
81. Develop Crisis intervention teams.	•	•	•	•	•
82. 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).	•	•	•	•	•
83. Ensure hospitals create a discharge plan for homeless and at risk patients that includes shelter or housing support.	•	•	•	•	•
84. Divert funding from Hospitals and Jails to supportive housing, which has a direct impact on their ongoing operations funding.	•	•	•	•	•
85. Introduction to 5170 & 5343 facilities (for detox and treatment) separate from MH facilities.	•	•	•	•	•
86. Licensed Board & Care centers -> not excluding those with felonies.	•	•	•	•	•
87. More community events, sponsored by PDs (grassroots level, regular, casual gathering) (also address intercepts -2 through 0) – requires funding, requires prioritization.	•	•	•	•	•
88. Public informational campaigns.	•	•	•	•	•
89. Ask that police & sheriffs prioritize these sorts of programs.	•	•	•	•	•



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90. Ensure fair compensation for mobile behavioral health crisis team (CATT and MCT) staff, and expand 24/7 city and county crisis response teams to all parts of Alameda county.	•	•	•	•	•
91. Re-acquire 27 subacute beds available at Villa Fairmont.	•	•	•	•	•



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CFJL Taskforce Intercept Recommendation Grid – Updated May 2023

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Summary CFJL Taskforce Preliminary Recommendations to Date:

Intercept (1): Law Enforcement	Agency(ies) Involved	Issues it address/Related data points	Remaining data questions?	Budget questions/ Recommendations	Notes:
Recommendations					
92. <i>Require police interacting with individuals with mental illness to have a community liaison mental health expert involved.</i>	•	•	•	•	•
93. <i>Create consequences for police departments that don't adhere, or violate, these protocols.</i>	•	•	•	•	•
94. <i>Dedicated crisis service teams that will respond to ACPD offices and other high contact points.</i>	•	•	•	•	•
95. <i>Expand mental health work component to services.</i>	•	•	•	•	•



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96. Mental health workers to accompany officers.	•	•	•	•	•
97. Increase mental health assessments for system involved individuals.	•	•	•	•	•
98. Refer to Brian Bloom's Forensic Recommendations.	•	•	•	•	•
99. Non-clinical Public Safety database; LE, DA's Office, Probation/Parole communication tool.	•	•	•	•	•
100.Coordinated Follow up teams in the field.	•	•	•	•	•
101.CARES Navigation Center.	•	•	•	•	•
102.Accountability reports for all law enforcement agencies to reflect referrals to CARES Navigation Center.	•	•	•	•	•
103.Expand pre-arrest and pre-booking diversion programs.	•	•	•	•	•
104.Build supportive services and mental health providers into emergency services call for people who are homeless.	•	•	•	•	•
105.Train first responders in how to handle mental health issues.	•	•	•	•	•
106.Non-clinical public safety database (partnership between agencies) at county level for high-contact individuals.	•	•	•	•	•
107.Point of arrest diversion (are all law enforcement agencies	•	•	•	•	•



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participating?) – offramps to incarceration.					
108. Law enforcement carrying information and referral materials to share with families.	•	•	•	•	•
109. Need additional long-term care beds.	•	•	•	•	•
110. Point of arrest diversion access points throughout the country (right now only in Fruitvale).	•	•	•	•	•



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Summary CFJL Taskforce Preliminary Recommendations to Date:

Intercept (2): Initial Detention/Initial Court Hearings	Agency(ies) Involved	Issues it address/Related data points	Remaining data questions?	Budget questions/ Recommendations	Notes:
Recommendations					
111.Create consequences for discrimination in AOT process.	•	•	•	•	•
112.Assessment of effectiveness of CARES Navigation Center. Based on assessment invest more resources into similar programs.	•	•	•	•	•
113.Explore using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment.	•	•	•	•	•



Care First, Jails Last

114. Custody staff should contact community mental health providers during intake.	•	•	•	•	•
115. Central coordination between entities to avoid duplicating efforts.	•	•	•	•	•
116. Communication with Public Defenders about options.	•	•	•	•	•
117. Central contact point for triage and connecting clients to services.	•	•	•	•	•
118. Improve AOT capacity.	•	•	•	•	•
119. Some temporary non-voluntary treatment in certain circumstances.	•	•	•	•	•
120. Develop more Peer led staff within the court systems to work with individuals to connect and engage in services.	•	•	•	•	•
121. Significantly expand conservatorship options.	•	•	•	•	•
122. Give family support with an advocate.	•	•	•	•	•
123. (re: improve AOT capacity #7) & CARE court consideration.	•	•	•	•	•



Care First, Jails Last

CFJL Taskforce Intercept Recommendation Grid – Updated May 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	Danao, Tiffany Alameda County Public Defender
	Dasheill, 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
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Summary CFJL Taskforce Preliminary Recommendations to Date:

Intercept (3): Jails/Courts	Agency(ies) Involved	Issues it address/Related data points	Remaining data questions?	Budget questions/ Recommendations	Notes:
Recommendations					
124.Allow families to have more input.	•	•	•	•	•
125.Behavioral Health Court.	•	•	•	•	•
126.Explore expansion beyond charge- based exclusionary policies.	•	•	•	•	•
127.Increase the capacity of BHC community-based treatment programs and other secure settings.	•	•	•	•	•
128.Expand the "Collaborative Courts."	•	•	•	•	•
129.Investigate obstacles that prevent IST defendants from getting out of jail	•	•	•	•	•



Care First, Jails Last

and into medically appropriate treatment.					
130. Investigate the low participation rate for the Mental Health Diversion Statute.	•	•	•	•	•
131. Coordinated service assessment and connection to in-custody services and referrals for community-based providers.	•	•	•	•	•
132. Peer training and learning opportunities within the jails.	•	•	•	•	•
133. Coordinated discharge efforts and central point of contact for CBO providers.	•	•	•	•	•
134. Expand the offering and provision for mental health services for system involved individuals.	•	•	•	•	•
135. Facilitate communication access for families/advocates with incarcerated members to speak with jail personnel.	•	•	•	•	•
136. Develop communication mechanisms, 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.	•	•	•	•	•
137. Allow families to have more input.	•	•	•	•	•
138. Allow more community agencies to outreach within the jail.	•	•	•	•	•
139. Require and enforce minimum levels of service for people with diagnoses	•	•	•	•	•



Care First, Jails Last

who are in custody and out of custody.					
140. #3 & #4 – not only investigate, but then let's do something about it -> get those folks diverted	•	•	•	•	•
141. Examination for AOT – ensure that the person making the determination is licensed.	•	•	•	•	•
142. CalAIM – focus on justice population – one way to leverage additional funding (especially 90-day in-reach).	•	•	•	•	•



Care First, Jails Last

CFJL Taskforce Intercept Recommendation Grid – Updated May 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	Danao, Tiffany Alameda County Public Defender
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Summary CFJL Taskforce Preliminary Recommendations to Date:

Intercept (4): Reentry	Agency(ies) Involved	Issues it address/Related data points	Remaining data questions?	Budget questions/ Recommendations	Notes:
Recommendations					
143. Offer programs in the community.	•	•	•	•	•
144. Provide a roadmap from ACBH to the programs and facilities providing the treatment and re-entry support.	•	•	•	•	•
145. Engage with Roots Health Center and explore how SLP can be expanded.	•	•	•	•	•
146. Give clients pre-release planning services and pre-emptive acceptance into programs.	•	•	•	•	•
147. Reception center for client release.	•	•	•	•	•



Care First, Jails Last

148. Additional residential treatment providers and dual diagnosis providers.	•	•	•	•	•
149. Triage and outreach team.	•	•	•	•	•
150. Develop an Interagency Re-Entry team to coordinate care across systems.	•	•	•	•	•
151. Expand reentry services and programs county wide.	•	•	•	•	•
152. Fully fund the ACBH Forensic Plan with new money.	•	•	•	•	•
153. Assure appropriate transitional housing services for those with SUD or co-occurring disorders.	•	•	•	•	•
154. 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.	•	•	•	•	•
155. Required reentry plan and short-term housing placement for all with documented diagnoses who are released.	•	•	•	•	•
156. 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.	•	•	•	•	•
157. Provide 90/60/30 day pre-release housing counseling and connection to coordinated entry for people who	•	•	•	•	•



Care First, Jails Last

are homeless on entry or who do not have a housing plan on exit.					
158. Increase funding to AB109 Re-entry Housing program – housing support available to probationers leaving jail.	•	•	•	•	•
159. 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.	•	•	•	•	•
160. 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.	•	•	•	•	•
161. 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.	•	•	•	•	•
162. Housing – don't have a true housing first model in AlCo – can we build this out, especially for those who are being released into unhoused status?	•	•	•	•	•



Care First, Jails Last

CFJL Taskforce Intercept Recommendation Grid – Updated May 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	Danao, Tiffany Alameda County Public Defender
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Summary CFJL Taskforce Preliminary Recommendations to Date:

Intercept (5): Community Supports	Agency(ies) Involved	Issues it address/Related data points	Remaining data questions?	Budget questions/ Recommendations	Notes:
Recommendations					
163. Encourage the chance of success for individuals returning home by providing rigorous and substantial requirements from the courts, probation, and police.	•	•	•	•	•
164. Find a way to effectively evaluate service delivery and incorporate feedback.	•	•	•	•	•
165. Cross-train between LEA and community programs.	•	•	•	•	•
166. Utilize community hubs as access points.	•	•	•	•	•



Care First, Jails Last

167. Retain mental health providers who will maintain outreach with hard-to-reach populations.	•	•	•	•	•
168. Use of community mental health providers and clinical peers who will conduct street health and therapy in non-office settings.	•	•	•	•	•
169. Multigenerational, regionally specific, and other specialty family resources, tools, trainings, supports, etc. are also needed.	•	•	•	•	•
170. Increase community meetings and use community input for policy making.	•	•	•	•	•
171. Evaluate the Wellness Centers for inclusiveness, appropriateness of offerings to engage diverse clientele.	•	•	•	•	•
172. Expand Supported Work programs.	•	•	•	•	•
173. Peer advocacy/counseling.	•	•	•	•	•
174. Specialized probation unit for people released from SR jail with an SMI/SUD diagnosis.	•	•	•	•	•
175. Increase housing navigation, harm reduction services, and direct housing support such as vouchers or supportive housing placements.	•	•	•	•	•
176. Diversify pool of therapists – have incentives for those in the process of being licensed.	•	•	•	•	•



Care First, Jails Last

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

**5. CFJL Taskforce: WHERE WE
ARE AND WHERE WE GOING
BOS Presentation - May 22, 2023**

Care First, Jails Last Taskforce:



WHERE WE ARE AND WHERE WE ARE GOING

May 22, 2023





Agenda

- **Where we are**
Overview of CFJL: History, progress, and milestones
- **Where we are going**
Vetting and finalizing recommendations, creating plans
- Next Steps and Q & A



CFJL Task force - History, progress, & milestones





CFJL Task Force: History

- On **May 25, 2021**, Alameda County BOS unanimously approved a “Care First, Jails Last” Policy Resolution
- Resolution confirmed that Alameda County values a comprehensive continuum of care for individuals with mental illness, substance use, and co-occurring disorders rather than incarceration
- Policy resolution also called for a just and equitable transformation of criminal justice, behavioral health, and wraparound services that reduces the number of people with mental illness, substance use, and co-occurring disorders in Santa Rita Jail



CFJL Task Force: History

- Task Force – 25-member body charged with developing a countywide implementation plan, subject to approval by the BOS, informed by what was proposed by the Justice Involved Mental Health (JIMH) Task Force for the next two years
- Alameda County Mental Health Advisory Board will take over the monitoring of the countywide plan thereafter.
- Two-year process financed by each of the 7 participating County departments and is a Brown Act covered body



CFJL Task Force: Membership

- 5 Community Representatives
- 9 Alameda County Officials
- 3 Community-based Service Providers
- 2 City Program Directors
- 2 Representatives from stakeholder groups
- 4 Representatives from Police Agencies



Recommendation Vetting Process (cont'd)

If recommendation confirmed,
Task Force will identify:

- Specific problem it addresses and data to support it
- Agency and community partners involved in implementation
- Remaining data questions
- Budget requests/recommendations



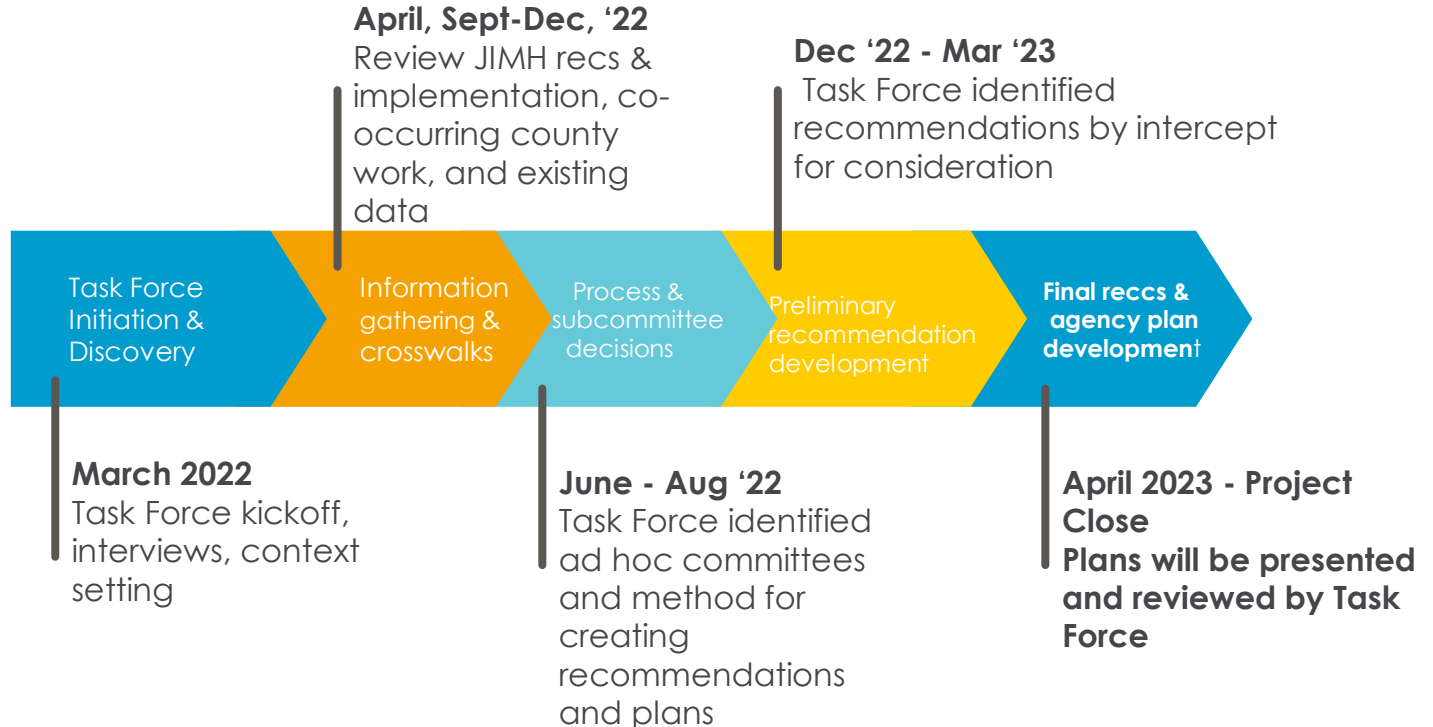
Where are we?

Just over 1 year into the process and we have...

- established working ad hoc committees;
- elected community co-chairs for the Task Force;
- identified **178** preliminary recommendations

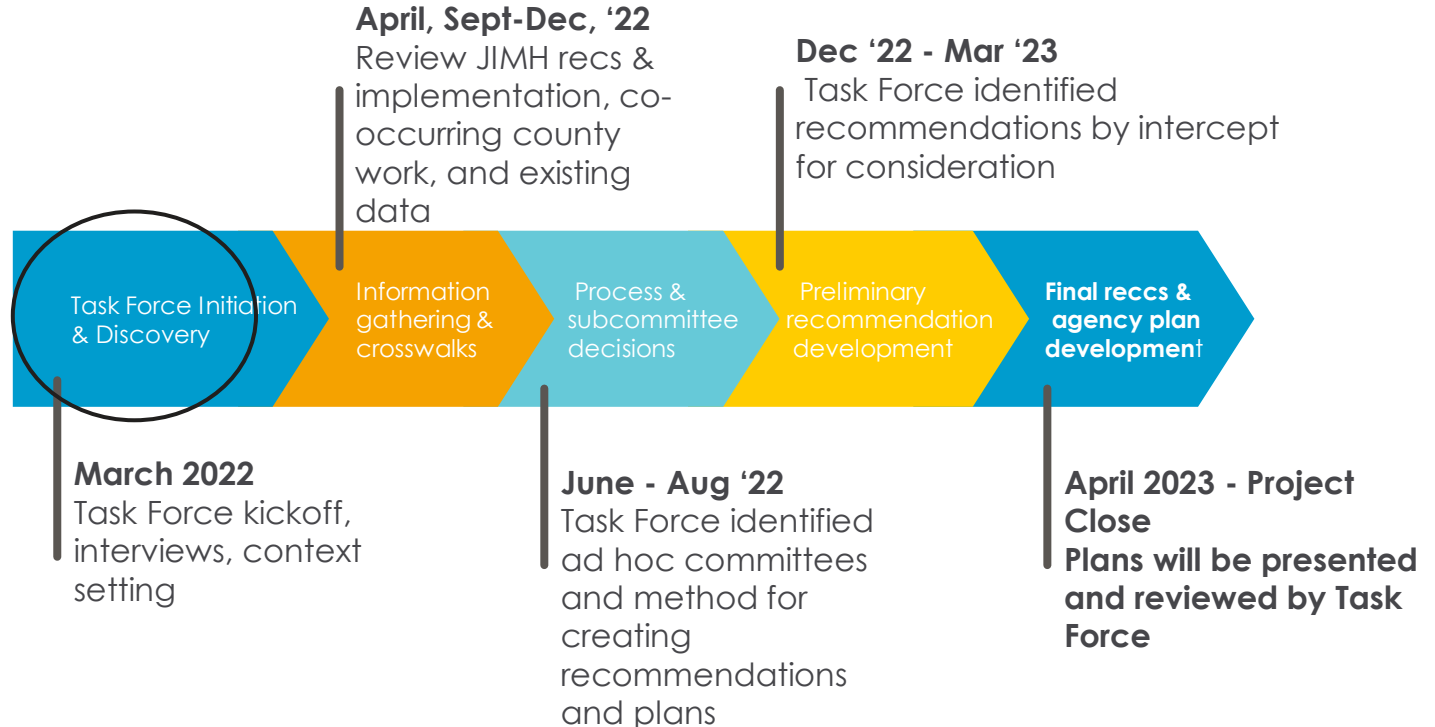


CFJL Task Force Progress Timeline





CFJL Task Force Progress Timeline





Task Force Initiation & Discovery - Member Interview Results

Taskforce Expectations & Concerns

Expectations

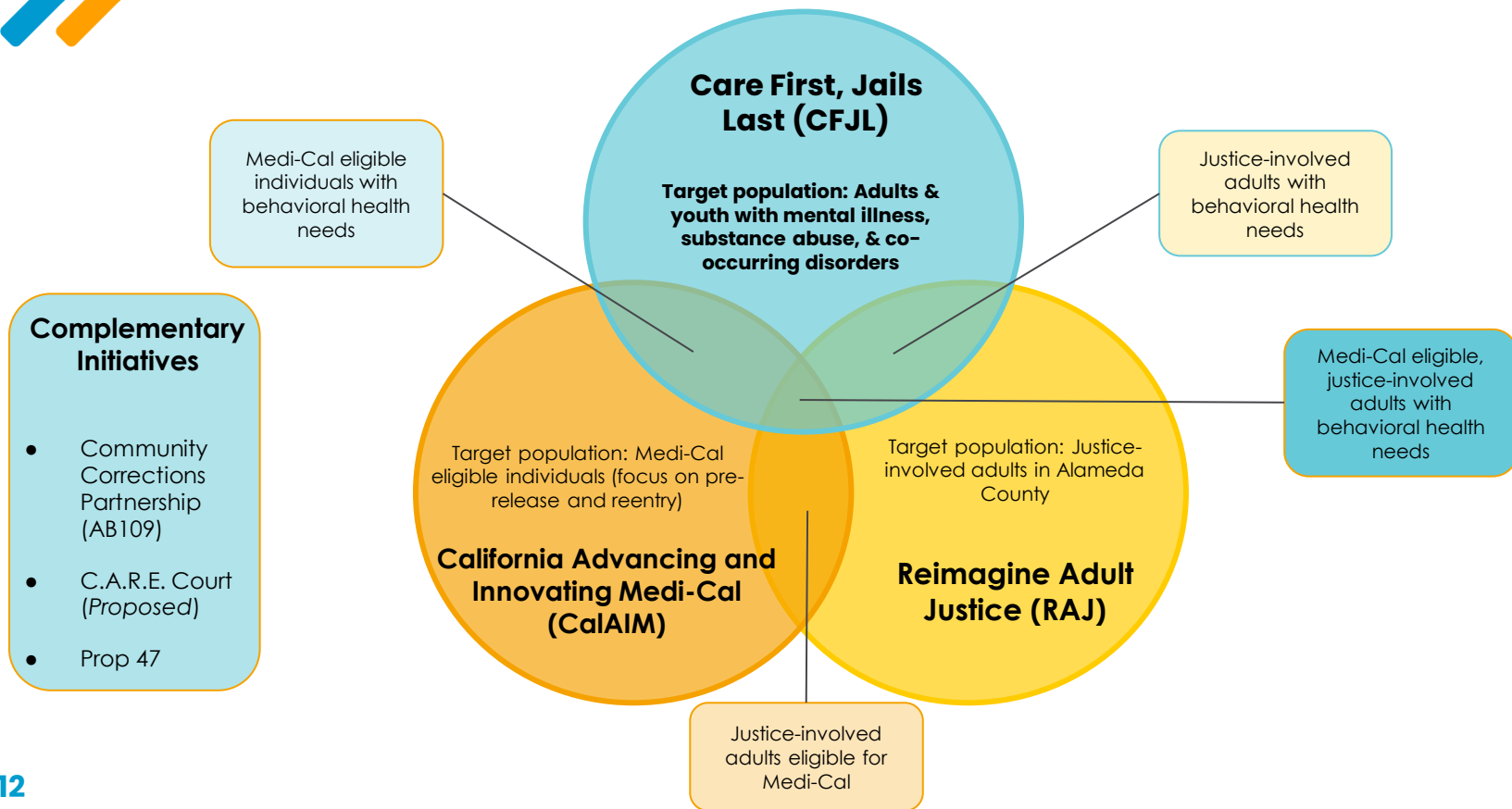
- Build on JIMH work
- Leverage diverse opinions
- Comprehensive plan development
- Use of data for informed decision-making
- Significant involvement from people with lived experience
- Supportive facilitation by RDA
- Level-setting
- Real, impactful system-wide continuum of care

Shared Concerns

- How will CFJL build on JIMH?
- Potential for duplication of efforts
- Taskforce makeup:
 - Absence of Superior court & Police department representation
 - **Level of representation of community members & those with lived experience**
- Diverse perspectives may challenge consensus
- Need for racial equity lens



Alameda County Justice Initiatives



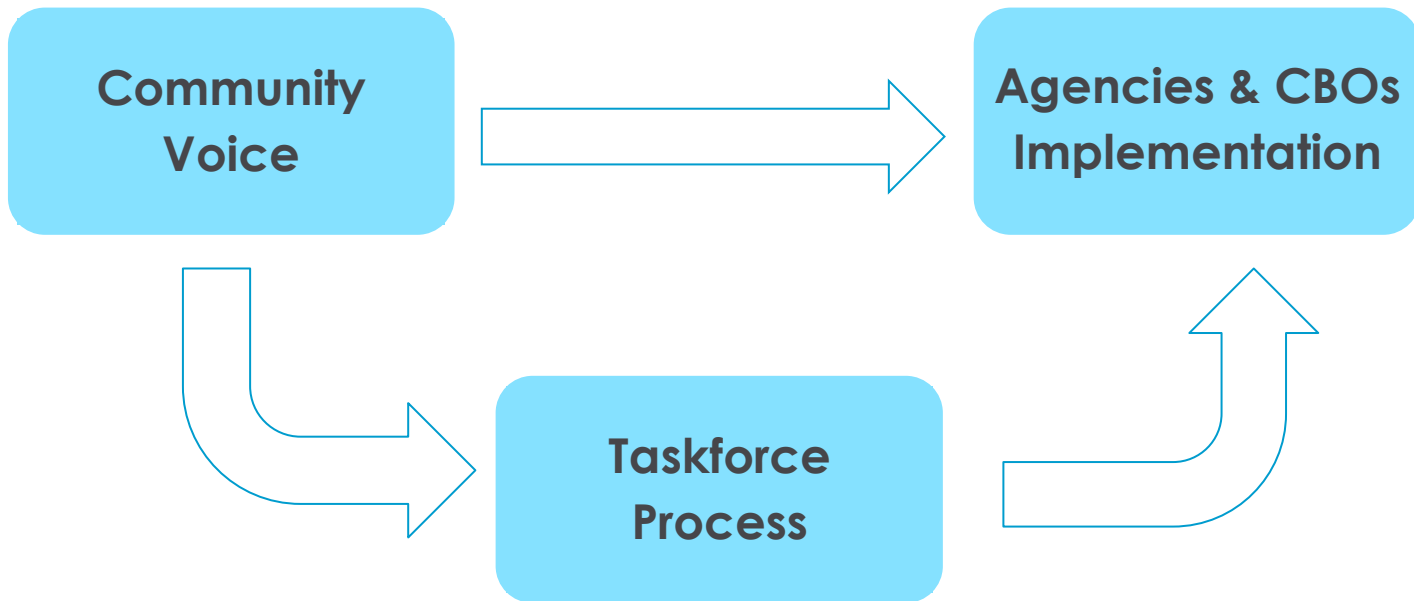


Including Community Voice

- Task force members
- Elected community co-chairs
 - Ms. Kimberly Graves
 - Ms. Peggy Rahman
- CFJL Community Coalition recommendations included
- Community partnerships highlighted in Agency plans



Community Input





Task Force Initiation & Discovery -

Member Interview Results

Care First Vision

EXPAND & INTERCONNECT SERVICES

- Treatment centers
- Interagency collaboration & Holistic interventions

REDUCE/ADDRESS BARRIERS TO SUCCESS

- Access to care regardless of eligibility

OUTREACH/LAW ENFORCEMENT INTERACTIONS

- More social workers for mental health calls/co-responders
- Police more responsive to community needs

PREVENTION

- Prioritize treatment outside of jail

EQUITY FRAMEWORKS

- Racial equity lens across all programs
- Trauma-informed
- Svcs responsive to persistent MH needs

CLARITY OF MISSION

- Collective vision
- County as champion of Care First model

SUSTAINABILITY OF MODEL

- Accountability
- Simplification of systems

FUNDING/BUDGET

- Reflection of priorities (funding follows needs)



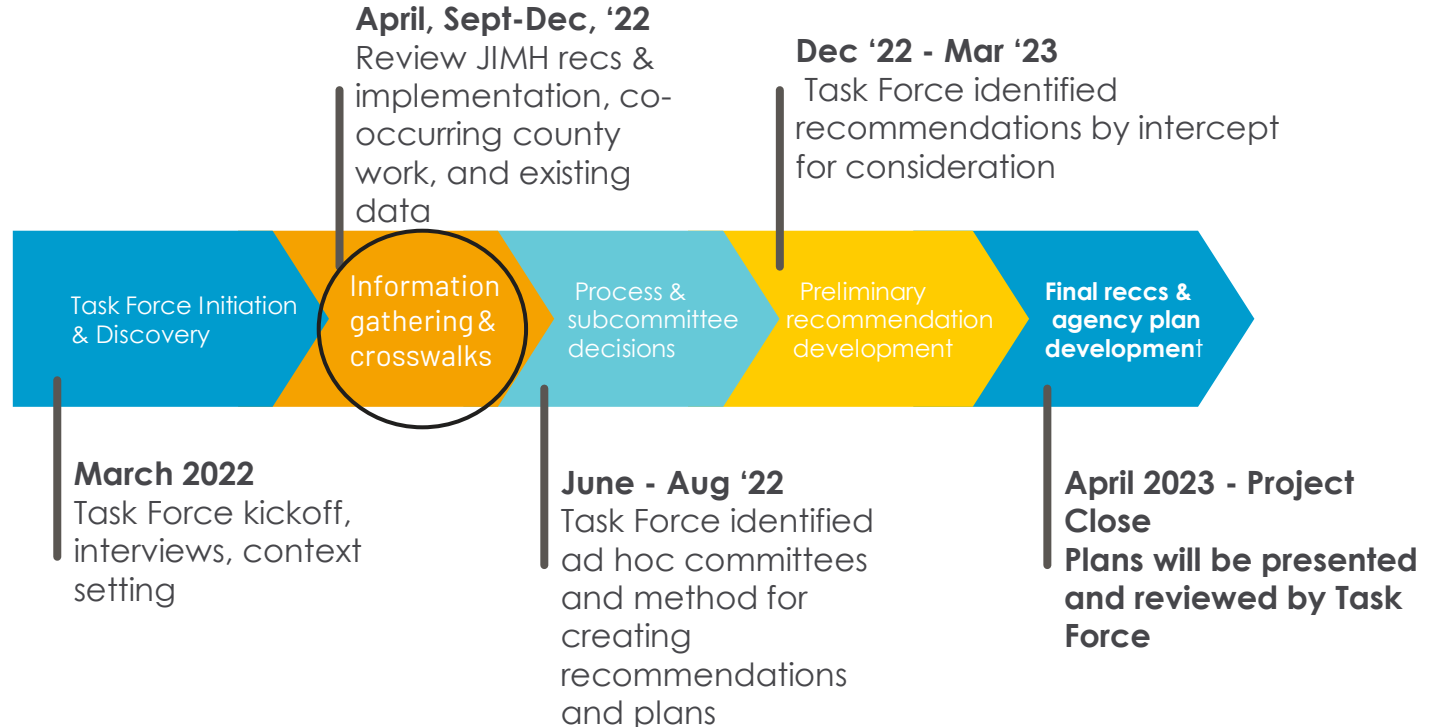
Task Force Initiation & Discovery - Member Interview Results

Areas of Expertise & Resources on Taskforce

- Profound understanding of system gaps and dysfunctions, from both system and direct/lived experience
- Diverse, intersectional perspectives
- Family perspective
- African American & POC perspective
- Cross-county & regional perspective
- Monitoring & evaluation
- Community/beneficiary perspective
- Sequential Intercept Model (SIM)
- Racial equity & disparities
- Homelessness
- Affordable housing & community development
- Diversion & peer support
- Transitional Age Youth
- Probation
- Behavioral Health
- Trauma & how it manifests
- Substance Use Disorder (SUD)
- Mental Illness
- JIMH Process



CFJL Task Force Progress Timeline



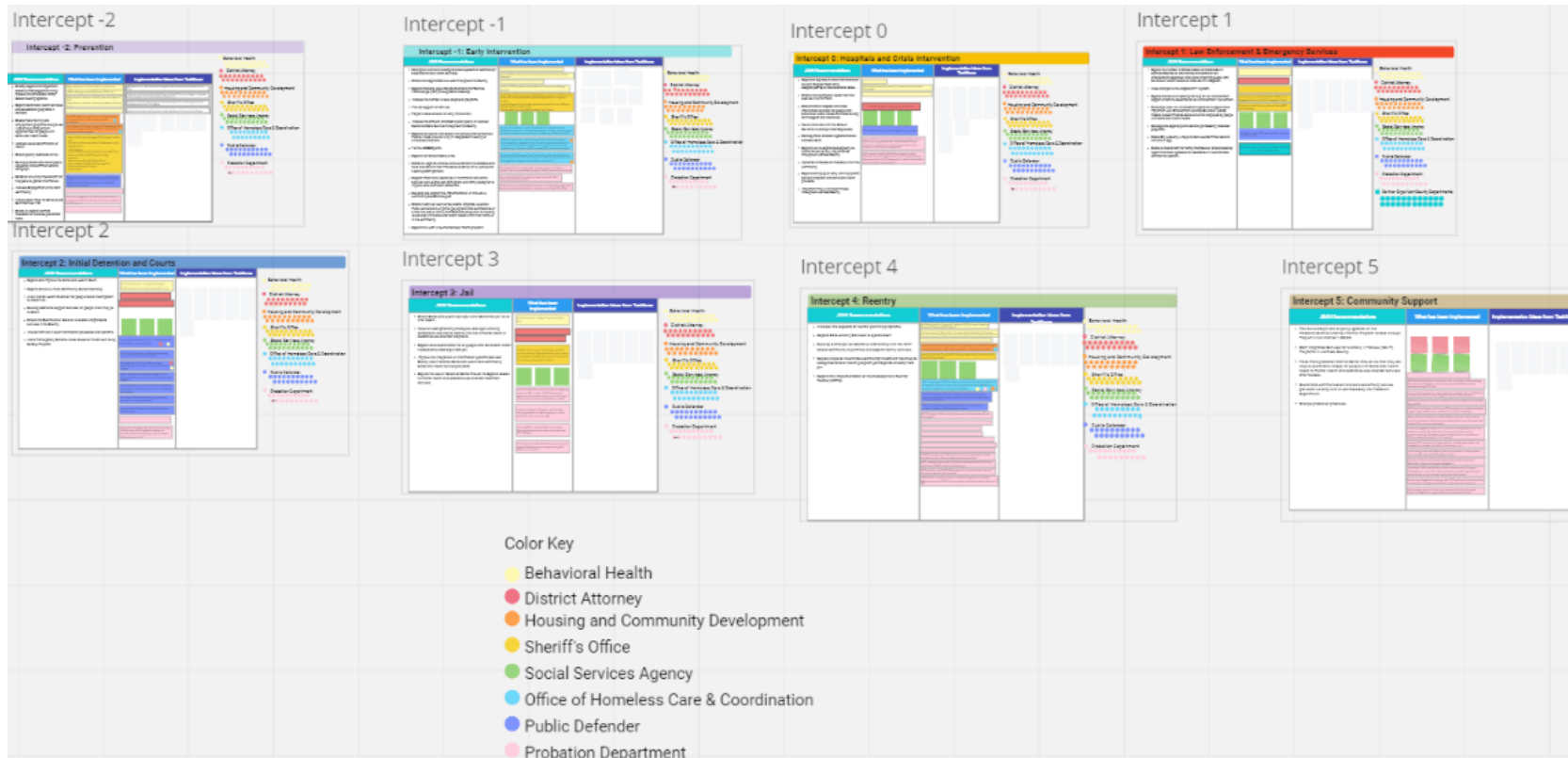


JIMH Recommendations and Implementation

Agency representatives on the Task Force were asked to identify which of the JIMH recommendations had been implemented and to what degree



Intercept Planning Board





Intercept Planning Board Example

Intercept -2: Prevention

JIMH Recommendations	What has been implemented	Implementation ideas from Taskforce	
<ul style="list-style-type: none"> Greatly expand and implement Housing First supportive living models and affordable family-based housing options. Expand behavioral health services and educational programs in schools. Create more training and employment programs and provide livable-wage employment opportunities for people with behavioral health needs Address social determinants of health. Ensure quality healthcare for all. Develop a behavioral health public education and communications campaign. Establish an online mechanism for the public to gather information. Increase Engagement of the faith community. Work to pass Prop 15: Schools and Communities First Create or expand conflict mediation or violence prevention work. 	<p>Regional Approach to South & East County Services —NEW: Axis Community Health Pilot (Pleasanton, East Cty) —NEW: Washington Hospital (Fremont, South Cty)</p> <p>Design Forensic, Diversion, & Re-Entry Services System of Care Create Director of Forensic, Diversion, & Re-Entry Services Position ACBH Health Equity Division Created</p> <p>Fund affordable housing & focus on building housing for extremely low income and special needs populations.</p> <p>From federal COVID-relief funding, HCD has awarded \$120 million in Emergency Rental Assistance to extremely and very low-income households.</p> <p>Deputy Sheriff's Activity League (DSAL) Projects in Eden Area: -Circular Food Economy (with ALL IN Alameda County) -Dig Deep Farms -Food Recovery -Food as Medicine (with Alameda County Health Care Alliance and federal GUSNIP grant funding) -Food Hub -Re-Entry Internships @ Dig Deep Farms -Free recreational health & fitness programs -Eden Area Business Collective -Mural Projects</p> <p>PD Brendon Woods chaired the Process and Evaluation Workgroup which advocated for people to be enrolled in healthcare before leaving custody, prior to CALAIM making it a requirement.</p> <p>Grant Funded: Alameda County Young Adult Opioid Initiative</p> <p>Community engagement and family-centered events to increase resources and positive community connections for ACPD clients*</p> <p>Health service access at the Center of Reentry Excellence (CORE)*</p>	<p>Identification of 16-17 year olds with MH challenges for early intervention (can be identified by DA, PD, etc)</p> <p>Collaboration with University/School Health Systems to identify TAY in Junior Colleges or Universities who are having MH crisis, or before they are having MH crisis</p> <p>Expansion of criteria for case management services, especially for TAY, as adult programs are less comprehensive than Youth/TAY programs</p> <p>More focus on intervention at first psychotic break, especially upon first entry into John George</p>	<p>Behavioral Health</p> <p>District Attorney</p> <p>Housing and Community Development</p> <p>Sheriff's Office</p> <p>Social Services Agency</p> <p>Office of Homeless Care & Coordination</p> <p>Public Defender</p> <p>Probation Department</p>



Data Gathering

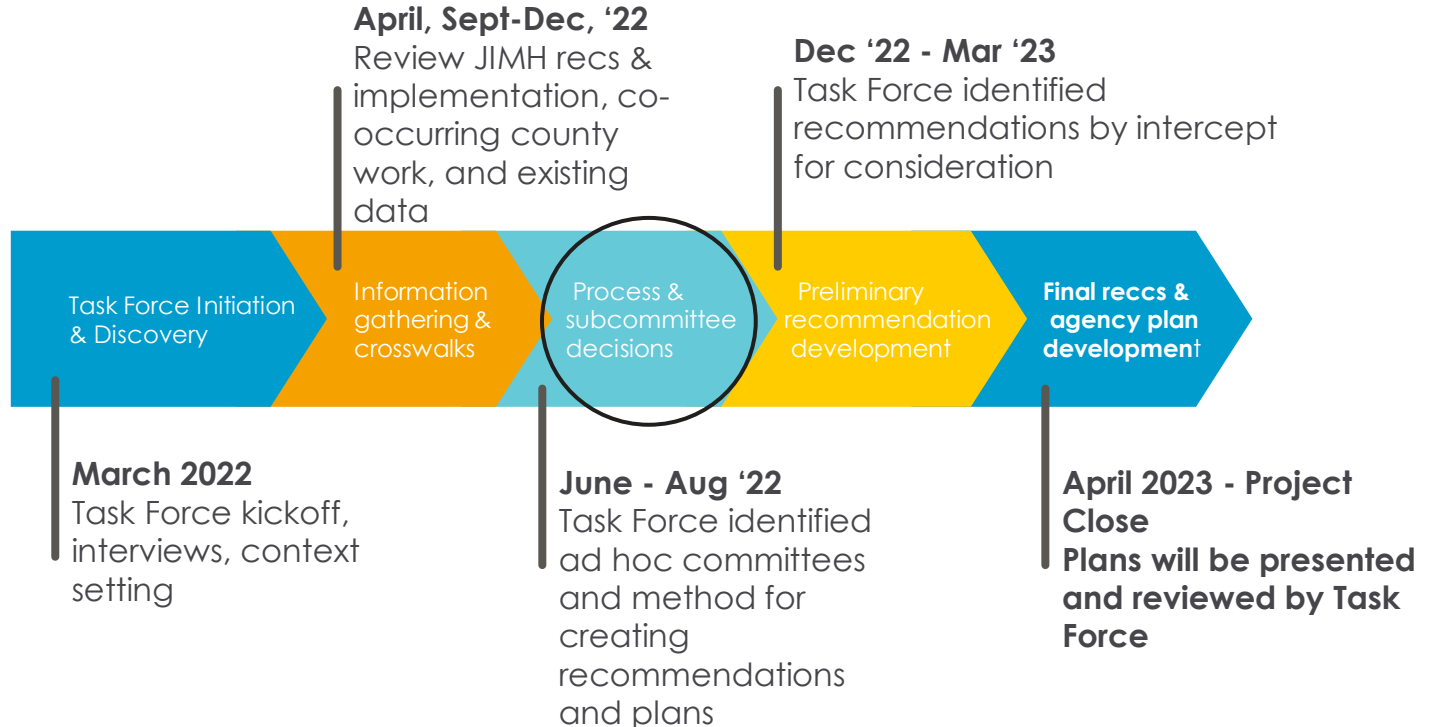
Task Force created a list of relevant data questions and county analysts provided response

(Data available on CFJL website:
alamedacountycfjltaskforce.org)

Former Chief Wendy Still presented data compiled by the Reimagining Adult Justice (RAJ) Committee



CFJL Task Force Progress Timeline





Process & Ad hoc Committee Decisions

Data Ad hoc Committee

Objective

To identify meaningful data and coordinate data reporting

Guiding Questions

- What data do we need to understand needs of the population and measure impact?
- How can we coordinate to create unified data requests/reporting?



Process & Ad hoc Committee Decisions

Finance Ad hoc Committee

Objective

To establish budgetary models and guidelines

Guiding Questions

- What are the budgetary and funding mechanisms for existing models?
- How can we ensure fiscal sustainability for CFJL implementation?



Ad hoc Committee Members

- **Data**

- Brian Bloom (Chair)
- Corrine Lee
- Kimberly Graves
- Tiffany Danao
- Doria Neff
- Peggy Sheehan-Rahman

- **Finance**

- Corrine Lee (Chair)
- Michelle Starratt
- Greg Syren
- Kimberly Graves



Taskforce Departmental Plan Approach

BY DEPARTMENT & INTERCEPT & DURATION/COST

Behavioral Health – **Complete**

District Attorney's Office

Housing & Community Development Dept

Sheriff's Office

Social Services Agency

Office of Homeless Care & Coordination

Public Defender's Office

Probation

Superior Court

Short Term Goals (Less than 6 Months) & Estimated Costs



Medium Term Goals (6-12 Months) & Estimated Costs



Long Term Goals (12+ Months) & Estimated Costs

Intercept -2

Prevention

Intercept -1

Early Intervention

Intercept 0

Hospital, Crisis
Respite, Peer &
Community Services

Intercept 1

Law Enforcement &
Emergency Services

Intercept 2

Initial Detention &
Initial Court Hearings

Intercept 3

Jails & Courts

Intercept 4

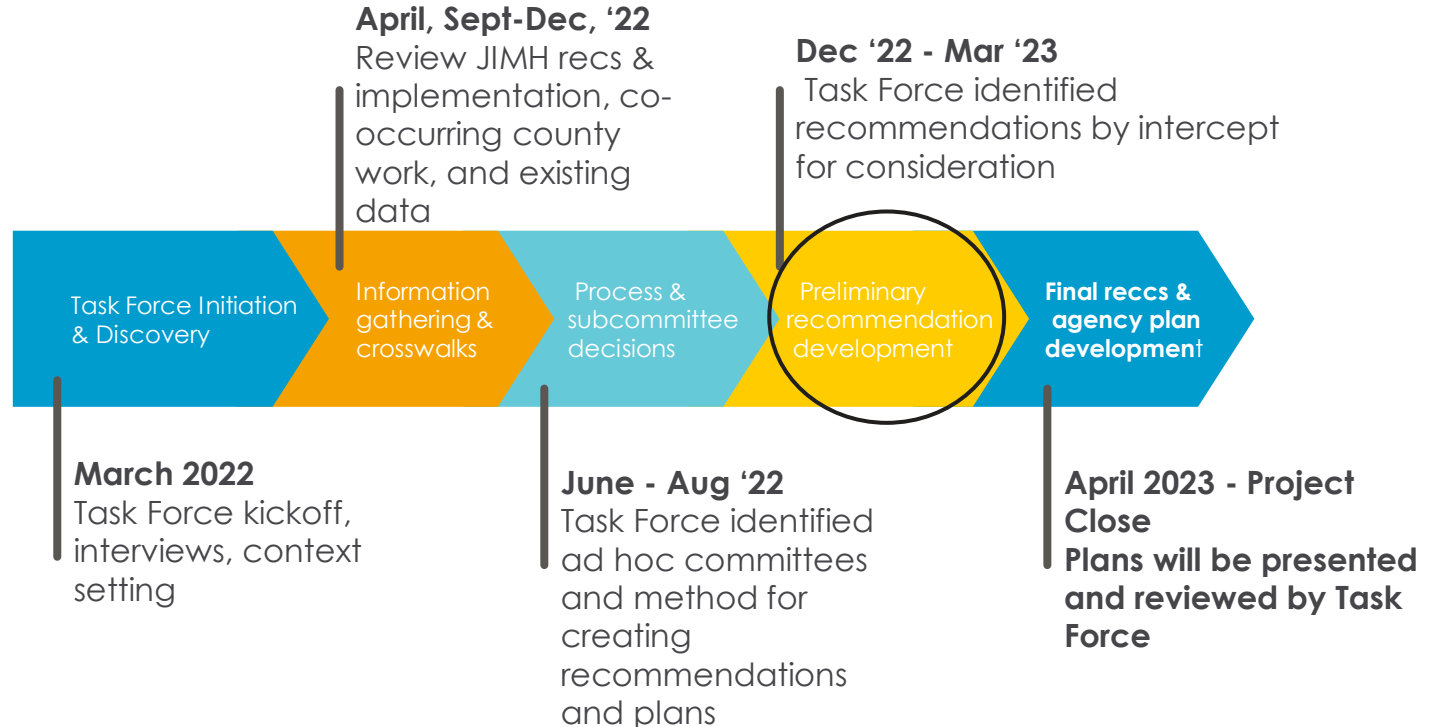
Reentry

Intercept 5

Community
Corrections &
Community Supports



CFJL Task Force Progress Timeline





Preliminary Recommendations

- Spent **4 months** gathering recommendations from Taskforce members and the public
- Recs gathered through a process of **homework** and in-meeting **brainstorming**
- Total of **178** recommendations suggested and up for discussion to be included in Agency and County plans
- Included are recommendations from CFJL Community Coalition



Preliminary Recommendations Themes

- Interagency and community collaboration
- Culturally specific community resources
- Early intervention for Transitional Age Youth (TAY), especially around initial severe MH episodes
- Mental health liaisons with law enforcement departments

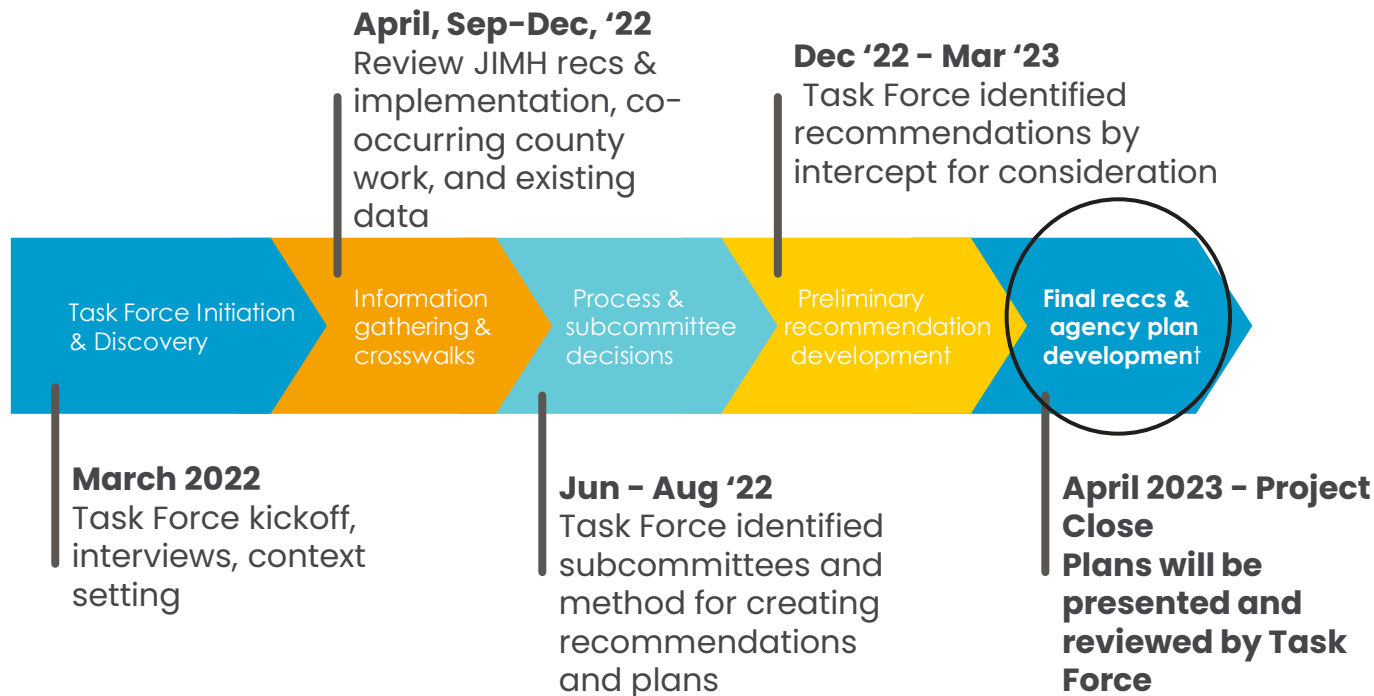


Preliminary Recommendations Themes (cont'd)

- Focus on housing and bed availability
- Importance of community voice and vetting; community events
- Wraparound/integrated care
- Data sharing across agencies
- Training/cross training for Agency and CBO staff



CFJL Task Force Progress Timeline





Recommendation Vetting Process

In the coming months, the task force will:

- Review & discuss each recommendation from the working list then:



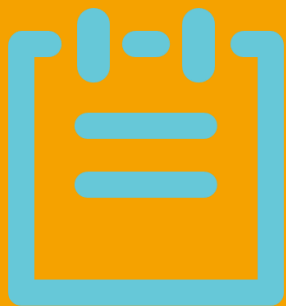
confirm as is,



confirm with changes, or



decline



Recommendation Vetting Process (cont'd)

If recommendation confirmed,
Task Force will identify:

- Specific problem it addresses and data to support it
- Agency and community partners involved in implementation
- Remaining data questions
- Budget requests/recommendations

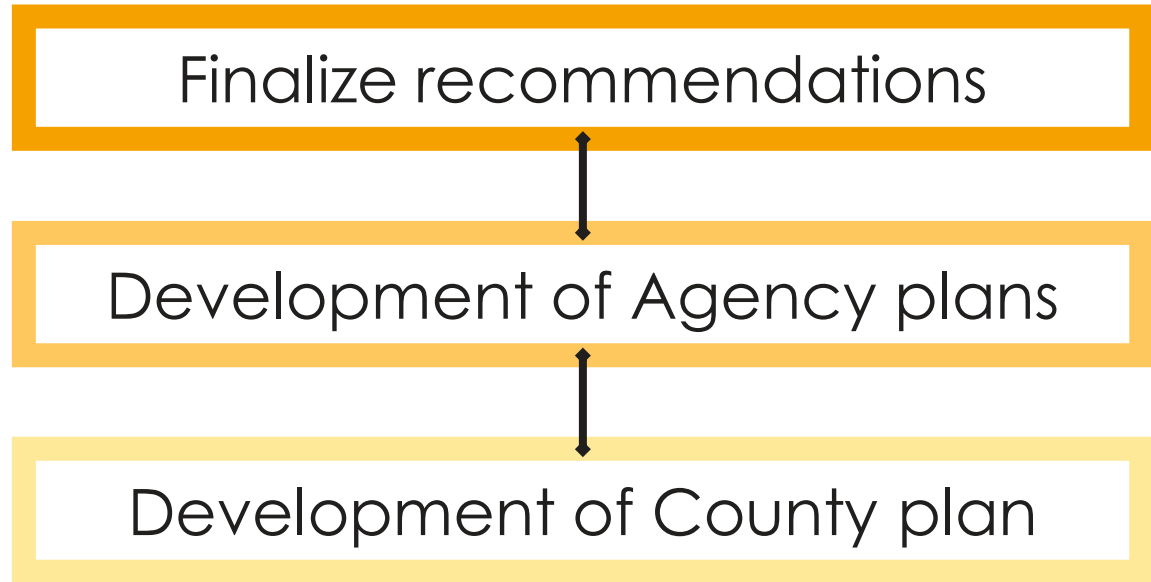


Next Steps and Q & A





Task Force Next Steps





Thank you!

6. Data Ad Hoc Committee Handouts/ Materials

Data Request

The following request is designed to identify the nexus between behavioral health diagnoses, services, and incarceration in Alameda County, in order to generate evidence-based recommendations for the well-being and decarceration of persons with mental health or substance use disorder diagnoses or other ACBH involvement. Because the county produces data on justice involvement separately from data on behavioral health, and because of HIPAA restrictions, we are requesting cooperation of justice agencies and ACBH to generate data on this critical nexus, as mandated in the [2021 Care First resolution](#).

The Care First resolution, approved unanimously by the Board of Supervisors in 2021, states that:

"Be it further resolved that all Alameda County agencies that can contribute to advancing a Care First, Jails Last policy will gather and share data with Alameda County Behavioral Health Care department, where permitted by health privacy and confidentiality and not prohibited by other applicable laws, for the purposes of 1) coordinating the systems of criminal justice, behavioral health care, and wraparound services including public benefits, social services, and housing; 2) identifying and measuring unmet needs for behavioral health and other wraparound services, and, to the extent possible, measuring the impact of behavioral health and other wraparound services, and 3) reducing the number of people with mental illness, substance use disorder, or co-occurring disorders in our jail"

1. Request that District Attorney's Office (DAO) supply to ACBH, within 30 days (by February 28, 2023), a data set of all persons aged 18 and older charged by the DAO since January 1, 2015, with the following information, preferably in Excel or csv format, for each year (2015 - 2022):

- Name
- Race
- Gender identification
- Age category
- Most narrow categories of charges and offenses available (* see below)
- Charge level (felony, infraction, misdemeanor)

- Charge decisions (charged by complaint only, petition only, complaint and petition, further investigation, rejected)
- Agency (responsible for arrest)
- Court (branch) that reviewed
- Time spent in Santa Rita Jail (if DAO possesses)
- Number of stays in Santa Rita Jail (if DAO possesses)
- Number of offers to adjudicate in behavioral health court
- Acceptance of offers to adjudicate in behavioral health court

* Categories of charges and offenses should include but not be limited to:

- Felonies: homicide; rape; manslaughter; DUI; domestic violence; internet crimes; auto theft;
- grand theft; robbery; burglary; drug possession; drug distribution; aggravated battery; fraud; gang cases; criminal threats; and other alleged felonies.
- Misdemeanors: Probation violations; prostitution; assault and battery; drug possession; trespassing;
- public intoxication; shoplifting; petty theft; DWI/DUI; and other alleged misdemeanors.

The following is not a request to DAO, but helps you understand how we wish to use this data.

2. We will also request that Alameda County Sheriff's Office (ACSO) supply to ACBH a data set of all persons charged by the DAO since January 1, 2015, with the following information, preferably in Excel or csv format, for each year (2015 - 2022):

- Name
- Race
- Gender identification
- Age category
- Agency (responsible for arrest)
- Time spent in Santa Rita Jail
- Number of stays in Santa Rita Jail

We will also submit the following to ACBH:

3. Request that ACBH match the data on adults from DAO and ACSO with ACBH data, and provide de-identified numbers of each of the following, preferably in Excel or csv format, for *each of the categories of data provided by DAO and ACSO*, annually since Jan. 1, 2015:

- Number of persons who are ACBH clients**
- Number of Seriously Mentally Ill persons**
- Diagnoses of seriously mentally ill persons
- Number of persons identified as having substance use disorders
- Number of admissions, each, to John George, Villa Fairmont, and Gladman, by modality of service
 - Number of each of the above who were admitted to Santa Rita, before / after they were admitted to John George, Villa Fairmont, and Gladman
- Homelessness status (by number of episodes and by number of clients) (this may be data maintained by OHCC, in which case we request that ACBH collaborate with OHCC)
- Requests for housing services (including number of requests made)
- Number of clients offered / accepted Full Service Partnerships
 - Number of the above who were admitted to Santa Rita, before / after they were offered / accepted FSP
- Number clients offered / accepted Crisis Residential Treatment slot
 - Number of the above who were admitted to Santa Rita, before / after they were offered / accepted CRT slot
- Number of clients offered / accepted Licensed Board and Care
 - Number of the above who were admitted to Santa Rita, before / after they were offered / accepted Licensed Board and Care
- Number of clients offered / accepted into substance use disorder or co-occurring treatment programs
 - Number of the above who were admitted to Santa Rita, before / after they were offered / accepted into substance use disorder or co-occurring treatment programs
- Distribution by city of residence (or by County for those outside Alameda Co)

(** Provide the definition used for ACBH clients and for Seriously Mentally Ill persons in the data set)

Joint Legislative Budget Committee
CALIFORNIA LEGISLATURE

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May 18, 2023

Mr. Joe Stephenshaw, Director
Department of Finance
1021 O Street, Suite 3110
Sacramento, California 95814

Dear Mr. Stephenshaw:

In a letter dated May 4, 2023, you notified the Joint Legislative Budget Committee (JLBC), of a request from the Board of State and Community Corrections (BSCC), on behalf of Alameda County (County), of a scope change to the new Mental Health Program and Services Unit proposed for the Santa Rita Jail. The letter states that it is your intent to approve the scope change and recommend the State Public Works Board (PWB) recognize the revised scope no sooner than 20 days from the date of the letter.

In 2015, the BSCC awarded the County \$54,340,000 for construction of the new unit, with the County contributing an additional \$7,266,000—for a total project cost of \$61,606,000.

Since then, the County has revised its plans and is proposing to move the location of the project and remove all remodeling. According to your letter, the original scope included the construction of a two-story building attached to two housing units at Santa Rita Jail which would be remodeled. The revised scope includes the construction of a new standalone building and elimination of remodeling activities in the two housing units.

The new estimated total project cost associated with this scope change is \$81,003,000. The County's portion of the cost will increase from \$7,266,000 to \$26,663,000 which was approved by the Board of Supervisors on May 9, 2023.

The request for scope change is scheduled to be heard by the PWB on May 19, before the 20-day notification period expires.

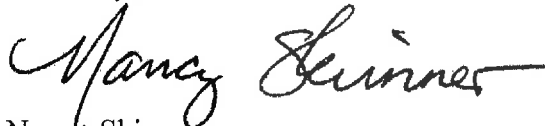
I have a number of questions that I would like the County to answer before it is heard by the PWB. To that end, I respectfully request the PWB reschedule the item to its August meeting and ask that DOF submit the following questions and obtain the County's response in adequate time for JLBC to review prior to PWB's August hearing:

1. Please provide additional background on how the new Mental Health Program and Services (MHPS) Unit helps the County meet the conditions of the Court approved Consent Decree in the case of *Babu et al v. County of Alameda*. Are there conditions in the Consent Decree that specifically require the County to construct additional mental health infrastructure?
2. Please provide the detailed design plan, identifying the different components of the MHPS Unit, that the project's cost estimate is based on.
3. How many treatment beds are planned for the new MHPS Unit? Will the new building include facilities for individuals in mental health crises? Please describe how the new facility will provide space or facilities to stabilize patients in crisis. Will there be long-term living units for people with severe or serious mental illness while they are incarcerated? How much of the new building will be dedicated to offices? Counseling rooms? Will people with serious mental illness be diverted to non-jail mental health facilities?
4. The County's original plan included remodeling of the housing units, the new plan eliminates this remodel. What is the County's intent for that housing and will the new proposal include housing units, in addition to mental health beds?
5. Since the design is not final, will the Mental Health Advisory Board and the Care First Taskforce be informed or involved in the design modification process?
6. According to the Board of Supervisors' May 9, 2023 agenda item, the County funds will be provided through a combination of sources including but not limited to the Capital Financing Plan Designation and other eligible departmental revenue sources. Please provide a breakdown of where the matching funds will come from. If any of them are bond funds, what are the annual costs on the debt service on those bonds?
7. Prior to the Board of Supervisors' approval of the County's share of cost of \$26.6 million, were any County Advisory Boards or community interest groups informed of the hearing? What community outreach was conducted before the hearing?
8. Once the new MHPS Unit is constructed, what is the estimated annual cost increase associated with the enhanced mental health services and staffing levels? Please provide a staffing plan for the new unit.
9. Will the new facility be run by the Sheriff or Alameda County Behavioral Health Care Services?

10. Is there anything that prevents the County from changing the use of the new unit in the future? For example, is there anything that prevents the County from repurposing some of the new building into non-mental health housing units in the future?
11. According to the BSCC's November 18, 2021 agenda item, the County reported that the new location will result in significant savings in construction costs, however the County's new plan has a cost estimate that is almost \$19 million above the previously approved plan. Please provide information/background on how the new location is the more cost effective, given the increase in projected cost and the apparent elimination of the housing units.
12. And finally, please explain why the 20-day notification letter from the Department of Finance was sent to the JLBC five days prior to the Board of Supervisors action to approve the \$26,662,922, an addition of \$18,954,950, in County funds. The usual timing of such a notification letter would seem to be triggered after the local action was taken.

In conclusion, I have a number of questions about how the new Mental Health Program and Services Unit project will impact the operation and management of Santa Rita Jail. Therefore, I respectfully request the proposed scope change be rescheduled for the PWB's August meeting, which will give the County time to provide the requested information and time for me and my staff to review it.

Sincerely,



Nancy Skinner
Chair

cc: Members of the Joint Legislative Budget Committee
Members of the State Public Works Board
Alameda County Board of Supervisors
Kathleen T. Howard, Executive Director, Board of State and Community Corrections
Aaron Maguire, Chief Deputy Director, Board of State and Community Corrections
Ryan Okimura, Manager, Board of State and Community Corrections

7. Finance Ad Hoc Committee Handouts/Materials