

Agency Plan: Social Services Agency (SSA)

I. Headline list of recommendations sent to SSA

- 2B: Interagency communication and coordination
- 3A: Adequate training for peers
- 3B: Expansion of peer workforce
- 3F: SSA Workforce Development to work with Agency partners, develop training, workshops, skill development opportunities, and employment pipelines
- 7N: Target county housing funds to SMI/SUD/co-occurring clients
- 10C: Increase opportunities for supported employment to help people get back to work who are on disability for a mental health-related diagnosis
- 10D: Enhance mental health services availability at Santa Rita Jail for previously or currently incarcerated individuals

II. Considerations

- The successful implementation of multiple recommendations will depend on collecting myriad data from various sources.
 - To meet **Recommendation 2B**, for example, SSA must compile the names and contact information for each county agency's inter-agency communication liaison so that individuals do not fall through the cracks and efforts are not duplicated.
 - SSA will also need to gather data regarding areas of workforce interest and the number of individuals interested in those areas to fulfill **Recommendation 3A**, and;
 - Demographic data to understand the client populations to be served and funding sources that apply (or not) to those populations to satisfy **Recommendation 7N**.
- **Recommendation 3F** will also depend on collaboration and coordination with Workforce Development Boards, Trade Industries, and Private Industry Councils, primarily to determine resource needs for employing and housing those in reentry or with lived experience and connect these individuals and their families to sustainable employment, career opportunities, and living wages.
- The SSA may need to modify the budget to fulfill **Recommendation 3A**
- **Recommendation 3F** requires the SSA to identify a funding source, work with potential employers to identify funding in existing budgets, and/or seek out aggressive funding opportunities to help implement new strategies.

III. Omissions

- SSA does not see its role in fulfilling **Recommendation 3B**, noting that ACBH may have more suitable programs for this area. Thus, information on how the task force plans to expand the peer workforce is not provided-- this will need to be defined in next steps to plan and implement this recommendation

Alameda County Social Services Agency Recommendations Template April 2024

Recommendations in this plan include the following highlighted thematic groups (in blue):

1. African American Resource Center	2. Collaboration & Case Management	3. Community-Based Support/Outreach/ Education
4. Crisis Services/5150 & Treatment Beds	5. Diversion	6. Funding & Financial Transparency
7. Housing & Residential Facilities	8. Increase Access to Treatment	9. Space & Services for Youth & TAY
10. Staff Training & Professional Development	11. Family Support	

2. Collaboration/Whole Person Care/Case Management

2B: Interagency Communication and Coordination: In the interest of non-duplication of efforts and prevention of individuals falling through the cracks of services, the Taskforce recommends the following actions to increase collaboration between agencies:

- **Each county agency to assign a delegate** to be the inter-agency communication liaison. If it is not possible to have a dedicated staff person, then establish a communication strategy. **(All Agencies)**
- **Create a central contact point for triage and communicating** to clients and Public Defenders about services so programs don't get overbooked. **(ACPD)**
- **Community MH providers contacted by custody staff upon intake** and during service coordination to plan for possible referral to service providers for collaborative courts or appropriate discharge and service coordination. **(ACSO)**
- ACBH/AFBH, ACSO/Wellpath to implement **coordinated service assessment and connection** to in custody services and referrals for CBO providers.**(ACBH, ACSO)**
- ACBH/AFBH, ACSO/Wellpath to implement **coordinated discharge efforts** and central point of contact for CBO providers.**(ACBH, ACSO)**
- Assign personnel to **family liaison roles** within ACBH FSC or Alameda County Sheriff's Office (ACSO) in order that family caregivers are able to provide what can be vital information on the medical and psychiatric history and current needs of the incarcerated person. **(ACBH, ACSO)**

- **Service roadmap:** ACBH to develop a roadmap from Santa Rita Jail (SRJ) to the programs and facilities providing treatment and re-entry support. **(ACBH)**
- **Evaluate the implementation of all elements of a No Wrong Door policy,** as required by CalAIM, in Alameda County, and determine needed next steps that ensure access to care. **(ACBH)**
- Conduct a **comprehensive assessment and redesign of ACBH ACCESS line** that ensures access to services consistent with CalAIM, No Wrong Door policy, and clinical need. **(ACBH)**
- **Non-clinical public safety database at county level of high-contact individuals;** LE, DA's Office, Probation/Parole communication too. **(ACSO)**

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/Outcome, and Racial Equity measures	Notes
<p>Key Partners:</p> <ul style="list-style-type: none"> ● County ● ACBH ● ACSO ● ACPD <p>Consult with:</p> <ul style="list-style-type: none"> ● Department of Workforce & Benefits Administration, Program, Planning & Support Division 	<ul style="list-style-type: none"> ● Non-duplication of efforts and prevention of individuals falling through the cracks of services. 	<ul style="list-style-type: none"> ● Data to determine where duplication exists, if at all, to determine who may be falling through the cracks and why. 	<ul style="list-style-type: none"> ● SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics. 	<p>For this recommendation, as currently written, I don't anticipate that initial funding will be required.</p> <p>If new strategies arise after further discussion, then a budget/funding, if needed, will be developed at that time.</p>

3. Community Based Support/Outreach/ Education

3A: Peers must be provided with adequate training, support, and compensation to serve in front line, promotional, decision-making, and leadership positions. Training/support should include:

- Specialty and diversion programs, resources, and outreach information to improve grassroots coordination including linkages in threshold languages **(all Agencies)**;
- Court operations, legal language, and making decisions **(Court, PD/DA)**;
- interventions to facilitate peer support groups, family collaboration, street outreach, and de-escalation services **(ACBH)**;
- Jail services, in-reach, and advocacy **(ACSO, ACBH)**;
- access to decision-making meetings and validate (uplift?) peer expertise **(all Agencies)**;
- Medi-Cal billing and other charting to expand peer tasks/positions **(ACBH)**;
- Support/subsidies to help peers obtain certifications, credentials, and on the job experience **(all Agencies)**;
- Fair pay for lived expertise as equitable to professional and educational experience **(County and Agencies)**.

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<p>Key Partners:</p> <ul style="list-style-type: none"> ● County ● ACBH ● ACSO <p>Consult with:</p> <ul style="list-style-type: none"> ● County HR ● Local 1021 / other unions ● BOSS 	<ul style="list-style-type: none"> ● Provides adequate training, support and compensation to serve in identified county positions. 	<ul style="list-style-type: none"> ● The number of individuals and areas of workforce interest. ● Budget and time to implement will be based on the need, existing and/or new resources that may be needed. 	<ul style="list-style-type: none"> ● SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics. 	<ul style="list-style-type: none"> ● Existing strategy - The County currently works with SEIU Local 1021 to employ Program Workers (formerly incarcerated) on their journey to permanent employment; most are placed in entry-level clerical or other entry level positions throughout the county. ● The county would need to determine if there is funding to expand the current effort or if there is a need to identify additional funding to expand its current efforts. There may also need to be an analysis done to determine the nexus between the previous crime and available jobs. ● Some of the agency’s current staff do not have access to decision-making meetings; therefore, this part of the recommendation may require further discussion or explanation of the desired outcome.

3B: Expansion of peer workforce must include placement in key spaces and uplifting of their expertise in front-line and leadership roles. These positions/locations include:

- **School liaison to support families**, provide respite, and mitigate conflicts (**ACBH** and Center for Healthy Schools);
- **Family case manager/liaison for John George and Cherry Hill** to respond to early MH episode situations (**ACBH** in partnership with AHS);
- **Outreach in high-contact areas** (e.g., hospitals, respite, etc.), community, and community hubs (HCSA, **ACBH**, AHS, ACSO, ACPD);
- **Jail in-reach** inside intake, units, and releasing (**ACSO** and AFBH);
- **Peer-led interventions in housing programs** and other spaces to address vicarious trauma and practice restorative practices (**ACBH** and OHCC);
- **Placement within the court systems** to help families understand processes, navigate, and connect to service (Court and **PD**);
- **Clinical peers to conduct street health** and on first responder teams (HCSA, **ACBH**, LEA);
- **Peer inclusion at County and Agency decision-making**, policy, and funding meetings (**all Agencies**).

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<p>Key Partners:</p> <ul style="list-style-type: none"> ● County ● ACBH ● ACSO ● ACPD ● OHCC <p>Consult with:</p>			<ul style="list-style-type: none"> ● 	<ul style="list-style-type: none"> ● I don't readily see SSA's role in this recommendation. As discussed at the last in-person CFJL meeting, AC BHC may have programs more suitable for this recommendation.

3F: Alameda County Social Service Agency (SSA) Workforce Development to work with Agency partners, develop trainings, workshops, skill development opportunities, and employment pipelines for those in reentry and/or who have lived experience.

- Look for and promote reentry employers.
- Look for and promote peer and community health worker positions/employers.
- Look for and promote positions that do not require a high school (HS) diploma and/or past work experience.
- Provide connections to on-the-job training, transitional, and subsidized employment.
- Provide training and connection for career and promotional positions.
- Promote living wages employment for peers and the reentry population.

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<p>Key Partners:</p> <ul style="list-style-type: none"> ● WDB ● Oakland Private Industry Council ● Other Workforce Development Boards ● Trade Industries <p>Consult with:</p> <ul style="list-style-type: none"> ● Oakland Private Industry Council ● Other Workforce Development Boards ● Trade Industries ● Other agency departments, such as Workforce & Benefits Administration, Program, Planning & Support Division. 	<ul style="list-style-type: none"> ● Expands access to and resources needed for employing and housing these individuals and families. ● Connecting individuals and families to sustainable employment, career opportunities and living wages will enhance their livability outcomes. 	<ul style="list-style-type: none"> ● Current or new employers are willing to hire the reentry population. If the relationship doesn't currently exist, issue an RFP and determine cost of administering such a program, or pursue a sole source agreement with someone with appropriate training or lived experience. ● A funding source will need to be identified; may need to start as a pilot to measure the effectiveness of such an endeavor. 	<ul style="list-style-type: none"> ● SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics. 	<ul style="list-style-type: none"> ● The creation of more apprenticeship and internship programs will also expand opportunities for skills-building and employment. This may require potential employers to identify funding in their existing budgets to bring on more formerly incarcerated individuals. ● Previous successful efforts relied on funding opportunities identified through Second Chance grants. For new strategies, the department will need to undertake aggressive funding opportunities an expand the employer pool to develop trainings and employment pipeline opportunities for formerly incarcerated individuals. ● We agree with the recommendation, but it may be more beneficial to forge stronger partnerships with CBOs, ACSO and the Probation Department to gain economies of scale.

7. Housing

7N: Target County Housing Funds to SMI/SUD/Co-occurring Clients: The County needs to demonstrate that it is focused on prioritizing housing solutions for the population that has SMI/SUD/co-occurring and/or have criminal justice system involvement. Any plans that the County is creating for housing should include a specific and explicit element dedicated to how the plan will address housing shortages and placement for this population. This is specifically important for any new funding streams that the County receives related to housing or to services for this population, e.g. MHSA and/or BHSA - Behavioral Health Services Act dollars, regional housing bond dollars, etc. The County agencies that receive the funding should collaborate with the housing department to make a specific plan for how those funds will be used to create supportive housing units, B&C, supported independent living programs, and other interim housing options for this population. The plan should include a clear assessment of need and how this plan addresses that need, and an accounting of the number of dollars and number and type of housing units that will be created for this population. Furthermore, the County should provide regular annual reporting to the public on their progress towards the goals and commitments made in that plan.

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<p>Key Partners:</p> <ul style="list-style-type: none"> ● HCD ● AC Health Housing & Homeless Division, formerly Office of Homelessness Care and Coordination ● Cities ● Housing Authorities ● CBOs <p>Consult with:</p> <ul style="list-style-type: none"> ● SSA’s Department of Workforce & Benefits Administration, Program, Planning & Support Division. 	<ul style="list-style-type: none"> ● Expands access and resources needed for housing these individuals. ● SSA has a couple of housing programs for General Assistance and CalWORKs clients with known physical and mental health disabilities. We currently contract with AC H&H, who either directly administers or subcontracts with community partners to house homeless individuals and families that fall in the recommendation category. 	<ul style="list-style-type: none"> ● The names of individuals who are identified in this category. ● The sources of funding that can be used for housing assistance for these individuals. ● Demographic information, as some funding may be applicable for different populations, i.e., former foster youth. ● Which funding sources have no restrictions that can be flexibly applied across the board. ● At this time, a specific budget is not being requested, as funding may exist, but an analysis needs to be done regarding use of funding streams. ● Some elements can be implemented immediately and others as soon as administratively possible, pending some data mining. 	<ul style="list-style-type: none"> ● SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics. 	<ul style="list-style-type: none"> ● There is not enough funding to house the unsheltered/unhoused, as a whole in Alameda County, which is further exacerbated by the current budget shortfall at the state level. Therefore, advocacy for dedicated and sustainable funding to ensure housing for the formerly incarcerated is recommended, similar to how vouchers are carved out for Veterans. ● There also needs to be some data mining to determine where duplication exists (see above) – as there may be some formerly incarcerated individuals who can be prioritized for housing because they fall into another, duplicated, category, e.g., veteran, former foster youth, etc.

10. Staff Training & Professional Development

10C: Increase opportunities for supported employment to help people get back to work who are on disability related to mental health diagnoses. This supported employment program should require regular and repeated mental health training for employment providers on early warning indicators, referral and navigation services, and other ways to support this workforce.

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<p>Key Partners:</p> <ul style="list-style-type: none"> ● ACBH <p>Consult with:</p> <ul style="list-style-type: none"> ● Workforce Development Board: Rhonda Boykin & LaToya Reed-Adjei ● Department of Workforce & Benefits Administration, Program, Planning & Support Division ● Social Security Administration 	<ul style="list-style-type: none"> ● Increase employment opportunities and outcomes for employable individuals with diagnosed mental health illness. 	<ul style="list-style-type: none"> ● The number of and names of the individuals. ● Determine if there’s a funding stream in the existing WDB and WBA budgets for assisting these individuals with current contracts or if RFPs requesting specialized services are needed or exist elsewhere in the county. 	<ul style="list-style-type: none"> ● SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics. 	<ul style="list-style-type: none"> ● Partner with the Social Security Administration to employ more SSI recipients identified with MH disabilities to work in accordance with the Social Security Act, Section 1619(b).

10D: ACBH should **enhance the availability and delivery of mental health services for individuals who are currently or previously incarcerated at Santa Rita.** Enforce mandatory and consistent service standards for individuals with diagnoses, both during custody and after release, incorporating triggers for elevated service levels for those with recurrent incarceration instances. Strengthen the collection of diagnosis types and severity, as well as clinical and service data on clients' jail-based services, to ensure appropriate support and connection to housing, psychiatry, medical care, and other supports during reentry.

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<p>Key Partners:</p> <ul style="list-style-type: none"> ● ACBH <p>Consult with:</p> <ul style="list-style-type: none"> ● Workforce & Benefits Administration, Program, Planning & Support Division. The primary contact is Antionette Burns. ● Legal Advocates who assist in moving formerly incarcerated individuals from public assistance or no income to more stable income sources, i.e., SSI. 	<ul style="list-style-type: none"> ● Will connect uninsured or underinsured current or previously incarcerated individuals to Medi-Cal benefits, and other public assistance benefits they are eligible for, some of which have housing components. ● Legal advocates ensure that medical packets are comprehensive; thereby, reducing the number of denials and wait times to receive disability-based income, i.e., SSI. 	<ul style="list-style-type: none"> ● The number and names of individuals who are eligible for, but not in receipt of these services. ● The number and names of individuals who would like to apply for and receive available public assistance benefits. ● The number of and names of individuals who were previously connected to the Social Security Administration for receipt of disability-based income, i.e., SSI ● No budget is needed. ● Can implement immediately, as structure is already in place. 	<ul style="list-style-type: none"> ● SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics. 	<ul style="list-style-type: none"> ● The SSA has been working with Wellpath for almost 2 years now. Many of the current or formerly incarcerated individuals are either already in receipt of Medi-Cal, have private insurance or choose not to enroll in either of the services. ● Otherwise, if I am misinterpreting this recommendation, there may not be a prominent role for SSA.