# Care First, Jails Last
## TABLE of Thematic Groupings

| | Cross-Cutting | -2: Prevention | -1: Early Intervention | 0: Community Services | 1: Law Enforcement | 2: Initial Detention/Initial Court Hearings | 3: Jails/Courts | 4: Reentry | 5: Community Supports |
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| **African American Center/Specific Support** | | [14] AA center: education on health & nutrition<br>[34.]AA center with: clinical and psychiatric support, medical care, culturally competent. | [47] Make information on the African American Family Support Group widely available for African American families<br>[48] AA mental health center | | | | | | |
| **Collaboration/ Whole Person Care/ Case Management** | [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. | [17] Integrating county initiatives and WPC resources<br>[25] people-first/no-wrong-door approach to behavioral health in Alameda County<br>[31] Expand eligibility criteria for case management services | | [68] Have dedicated staff organize the coordination and release of clients.<br>[70] Process for referral from CRT [69] programs to ECM providers<br>[72] + [75] Increase coordination across agencies during inmate hospitalizations.<br>[73] Improve coordinated care.<br>[74] Expand collaboration county and agency wide. | [99] Non clinical Public Safety database; LE, DA's Office, Probation / Parole communication tool.<br>[100] Coordinated Follow up teams in the field.<br>[101] CARES Navigation Center.<br>[102] Accountability reports for all law enforcement agencies to reflect referrals to CARES Navigation Center.<br>[106] Non-clinical public safety database at county level for high-contact individuals. | [112] CARES Navigation Center assessment and duplication.<br>[114] CommunityMH providers during Custody intake.<br>[115] Central coordination between entities to avoid duplicating efforts.<br>[116] Communication with Public Defenders<br>[117] Central contact point for triage and connecting clients to services. | [125] Behavioral Health Court<br>[128] Expand the "Collaborative Courts."<br>[131] Coordinated service assessment and connection to in custody services and referrals for CBO providers.<br>[133] Coordinated discharge efforts and central point of contact for CBO providers.<br>[135] Facilitate communication access for families/advocates and jail personnel.<br>[136] Develop communication mechanisms, like a family liaison role for families/advocates<br>[138] Allow more community agencies to outreach within the jail | [144] Provide a roadmap from ACBH to the programs and facilities providing the treatment and re-entry support.<br>[145] Engage with Roots Health Center and explore how SLP can be expanded.<br>[146] Give clients pre-release planning services and pre-emptive acceptance into programs.<br>[147] Reception center for client release.<br>[149] Triage and outreach team.<br>[150] Develop an Interagency Re-Entry team to coordinate care across systems.<br>[151] Expand reentry services and programs county wide.<br>[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<br>[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 | [163] Rigorous and substantial requirements from the courts, probation, and police for individuals returning home<br>[172] Expand Supported Work programs.<br>[174] Specialized probation unit for people released from SR jail with an SMI/SUD diagnosis.<br>[175] Increase housing navigation, harm reduction services, and direct housing support such as vouchers or supportive housing placements. |
| **Community Based Support/Outreach/ Education** | | [16] Restorative community building opps<br>[18] Outreach to promote MH resources<br>[20] Public information campaign for families<br>[21] Public information campaigns on impact of marijuana and street drugs | [35] Direct intervention and grass roots door-knocking<br>[36] & [63] School liaison in most under-resourced schools<br>[37] support services to children of system-involved parents<br>[38] Increase support for peers in interventions.<br>[39] MH outreach in key spaces<br>[40] Increase family training, respite, and peer support opportunities to mitigate conflicts .<br>[41] Outreach teams to help support homeless individuals<br>[45] Distribution system for information and referral services.<br>[46] Accessible reading material<br>[50] Direct community outreach - Include community thoughts and ideas<br>[51] Increase peer counselor positions for street outreach and jail in-reach people<br>[52] Create health-literature and destigmatizing materials to improve service uptake<br>[57] Peer supports: spaces in high-contact areas, investment. Including addressing vicarious trauma.<br>[58] More family training, respite, peer support for families themselves.<br>[60] Education around alternatives to calling 911<br>[61] Job readiness: trainings, employment specialists to help folks develop skills & reintegrate.<br>[62] Homeless community: collect data on their children & how to support them.<br>[64] Expansion of supported work programs: emotional wellbeing & self-sufficiency. | [87] More community events, sponsored by PDs (grassroots level, regular, casual gathering)<br>[88] Public information campaigns<br>[89] Ask that police & sheriffs prioritize these [rec 87] sorts of programs. | [108] Law enforcement carries information and referral materials to share with families | [120] Peer led staff within the court systems to connect with services.<br>[121] Significantly expand conservatorship options,<br>[122] Give family support with an advocate | [124] + [137] Allow families to have more input.<br>[132] Peer training and learning opportunities within the jails. | [143] Offer programs in the community.<br>[154]Hub within the communities - a "one-stop shop" to connect to multiple re-entry services with onsite case management etc.<br>[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 | [165] Cross-train between LEA and community programs.<br>[166] Utilize community hubs as access points.<br>[168] Use of community MH providers and clinical peers who will conduct street health and therapy in non-office settings.<br>[169] Multigenerational, regionally specific, and other specialty family resources, tools, trainings, supports, etc. are also needed.<br>[170] Increase community meetings and use community input for policy making<br>[173] Peer advocacy/counseling.<br>[178] Front line work can & should be done by peers (SB803 - for billing to Medi-Cal). |

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| **Crisis Services/5150s & Treatment Beds** | | [22] To prevent those who are in active phases of illness from arrest and incarceration, provide adequate acute and sub-acute beds.<br>[23] Increase bed space to extend treatment times for stabilization.<br>[33] Increase bed space at psych facilities. | [42] Increase/expand sub acute and acute hospital services.<br>[43] Expand criteria that meets 5150.<br>[44] Increase 5150 response services.<br>[49] Residential and outpatient services to meet demand for recent substance abusers.<br>[56] Prioritize identifying and serving folks at their first mental health crisis (e.g. at John George)<br>[65] New voluntary crisis facility in underserved areas, modeled on Amber House.<br>[66] New CARES Navigation Center in underserved area, and fully fund existing CARES Navigation Center in Oakland. | [67] + [80] Add acute and subacute hospitals.<br>[69] Increase CRT options for 290 registrants & those active to Probation/Parole.<br>[71] Dedicated crisis service teams for ACPD offices and other high contact points<br>[76] + [77] culturally competent training for first responders to 5150 calls, CATT teams, MACRO and law enforcement.<br>[78] Assess current demand, increase availability of acute and sub-acute beds to meet the demand.<br>[79] + [85] Introduction of WIC 5170 and WIC 5343 Facilities separate from MH facilities<br>[81] Develop Crisis intervention teams<br>[86] Licensed Board & Care centers -> not excluding those with felonies<br>[90] Fair pay for mobile BH crisis teams and expand 24/7 to all parts of Alameda County<br>[91] Re-acquire 27 subacute beds available at Villa Fairmont. | [92] + [96] Mental health workers to accompany officers.<br>[94] Dedicated crisis service teams that will respond to ACPD offices and other high contact points.<br>[95] Expand mental health work component to services.<br>[97] Increase mental health assessments for system involved individuals.<br>[104] Build supportive services and mental health providers into emergency services call for people who are homeless.<br>[105] Train first responders in how to handle mental health issues.<br>[109] Need additional long-term care beds. | | | | |
| **Diversion** | | | | | [103] Expand pre-arrest and pre-booking diversion programs.<br>[107] Point of arrest diversion in all law enforcement agencies.<br>[110] Point of arrest diversion access points throughout county | [113] Explore using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment. | [126] Explore expansion beyond charge-based exclusionary policies.<br>[127] Increase the capacity of BHC community-based treatment programs and other secure settings.<br>[129] Investigate obstacles that prevent IST defendants from getting out of jail and into medically appropriate treatment.<br>[130] Investigate the low participation rate for the MH Diversion Statute.<br>[140] (re: [129] & [130]) - not only investigate, but then let's do something about it → get those folks diverted | | |
| **Funding & Accounting Transparency** | [4] Create transparency around the County's reserves and fund balances.<br>[5] Increase and maintain Alameda County advocacy to the California and federal governments for legislation that expands funds<br>[6] Create transparency of Alameda County's unspent state realignment funds designated for Medi-Cal services.<br>[7] Create a public accounting of unspent funds in Santa Rita Jail.<br>[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.<br>[9] Fully fund the Alameda County Behavioral Health Department's countywide Forensic Plan. | | | [84] Divert funding from Hospitals and Jails to supportive housing, which has a direct impact on their ongoing operations funding<br>[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. | | | [142] CalAIM - focus on justice population - one way to leverage additional funding (especially 90-day in-reach). | [152] Fully fund the ACBH Forensic Plan with new money. | |

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| **Housing** | [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.<br>[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. | *[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.*<br>[26] housing stabilization services<br>[27] Continue funding of AC Housing Secure - Eviction Defense Funding<br>[28] Just Cause ordinances: unincorporated Alameda Co & all Cities<br>[32] eviction protections | *[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.*<br>[54] budget for new affordable housing<br>[55] fund operation subsidy | [83] Ensure hospitals create a discharge plan for homeless and at risk patients that includes housing support<br>[84] Divert funding from hospitals/jails to supportive housing | | | | *[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.*<br>[153] Assure appropriate transitional housing for SUD/co-occuring populations<br>[155] Require reentry plan and short-term housing placement for all those with documented diagnoses<br>[156] ACBH to expand housing for reentering people with documented diagnoses<br>[157] Provide 90/60/30 day pre-release housing<br>[158] Increase funding to AB109 Re-Entry Housing program<br>[162] Build out a housing first model | [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. |
| **Increase Access to Treatment** | | | | | | [118] Improve AOT capacity.<br>[119] Some temporary non-voluntary treatment in certain circumstances.<br>[123] (re: improve AOT capacity #118) & CARE court consideration. | [134] Expand the MH services for system involved individuals.<br>[139] Require and enforce minimum levels of service for people with diagnoses who are in custody and out of custody. | [148] Additional residential treatment providers and dual diagnosis providers. | |
| **Space & Services for Youth & TAY** | | [15] Recreational alternatives<br>[19] Recreational spaces for TAY & system-impacted individuals<br>[24] Inclusive, safe environment for gathering re: emotional support<br>[29] Services for at-risk 16-17 year olds<br>[30] Collaboration between ACBH & University health systems for identification of TAY with acute MH crises | [53] Work with transition aged youth who are homeless or at risk of homelessness on housing, workforce, and supportive services. | | | | | | |
| **Staffing, Training & Professional Development** | [1] Identify and recommend ongoing county agency practices that measure unmet needs and service gaps.<br>[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.<br>[3] Assess and evaluate the causes of staff shortages and recruit and retain BH line staff.<br>[11] Pay equity for behavioral health community-based organization line staff. | | [59] More MH training for Housing, employment, service providers | | | [111] Create consequences for discrimination in AOT process. | [141] Examination for AOT - ensure that the person making the determination is licensed | | [164] Find a way to effectively evaluate service delivery and incorporate feedback.<br>[167] Retain mental health providers who will maintain outreach with hard-to-reach populations.<br>[171] Evaluate the Wellness Centers for inclusiveness, appropriateness of offerings to engage diverse clientele<br>[176] Diversify pool of therapists - have incentives for those in the process of being licensed.<br>[177] CBOs - hard time competing for therapists (in compensation). |