Care First, Jails Last Taskforce Meeting

April 27, 2023

Agenda

- Subcommittee Updates
- Review process for recommendation review and finalization
- Review and Finalize Recommendations for Cross-Cutting & Intercept - 2

Subcommittee Updates

Subcommittee 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

CFJL Taskforce System Recommendation Grid Template Review

Recc Vetting Process

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

Cross Cutting Recommendations

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.

Intercept -2 Recommendations

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)

Next Steps & Upcoming Meetings

Next Steps & Upcoming Meetings

- May Meeting
  - Finish recommendation finalization for Intercept -1 (Early Intervention)
  - Reports from Data and Finance Subcommittees
  - Begin recommendation finalization for Intercept 0 (Community Services)