

Care First, Jails Last Taskforce Meeting

January 26, 2023



January Discussion Points

Data Review & Brainstorming

- Viewing the location of the data
- Taskforce brainstorming initial recommendations by intercept
- Ad hoc subcommittees



Viewing the Location of the Data



CALIFORNIA

Highlights

Contact Us

Taskforce Members

Care First, Jails Last Proclamation

Justice Involved Mental Health (JIMH) Phase 2 Reports

CFJL Taskforce Mailing List Subscription

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CFJL Data Updates



Taskforce

On May 25, 2021, Alameda County Board of Supervisors (BOS) unanimously approved a "Care First, Jails Last" Policy Resolution. The CFJL policy affirmed that Alameda County values a comprehensive continuum of care for individuals with mental illness, substance use, and co-occurring disorders rather than incarceration. It also called for a just and equitable transformation of criminal justice, behavioral health, and wraparound services that reduce the number of people with mental illness, substance use, and co-occurring disorders in Santa Rita Jail. The time limited CFJL Taskforce was later formed and includes a twenty-five-member body charged with developing a county-wide implementation plan, subject to approval by the BOS. As a new member of the Taskforce we are grateful that you are now part of that process.

Over the next 24 months, the Taskforce will meet to expand upon existing policies to achieve a system that aims to provide treatment and services instead of arrest and jail to those in need in Alameda County. The committee will review data and existing interventions in order to develop plans to achieve this goal in accordance with the CFJL Proclamation.

Featured Updates



Care First, Jails Last Launch

Click Here







Where is the Data Located?





Resource Development Associates (RDA) RDA

Facilitation Provided by:

Members:

Abbott, Kerry
Alameda County Office of Homeless Care &
Coordination

Bedrossian, Kristina

Bloom, Brian Mental Health Advisory Board

Buchanan, Edward Building Opportunities for Self-Sufficiency

Cespedes, Guillermo

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

Louis, L.D. Alameda County District Attorney

Neff, Doria Police Agency - North County

Neideffer, Martin Alameda County Sherriff's Office

Penn, Curtis

Romero, Rachell District 2

Sheehan-Rahman, Margaret
Community Representative Co-Chair Alternate; District 1

Souza, Travis

Police Agency - South County

Starratt, Michelle
Alameda County Housing & Community Development

Syren, Greg Superior Court

Toro, Jason

Tribble, Karyn (Chair)
Alameda County Behavioral Health Care Services

Care First, Jails Last Taskforce DATA COMPONENTS & SUMMARY SHEET

Purpose: This document has been established to formally track data-related requests made through the CFJL Taskforce general meetings. Data gathered through this process will be used to inform discussion, recommendations, and decision-making guided by the Alameda County Board of Supervisors' Resolution. This document is a dynamic reference point that will be updated as needed in order to reflect the CFJL's Taskforce's current activities or requests.

Summary CFJL Data Requests:

- Who is in the Alameda County Behavioral Health Care Services (ACBH) System (Fiscal Year 2021-2022)? Mental Health & Substance Use Services & Demographic Information
- Who is served through the ACBH "ACCESS" Unit (FY 2021-2022)?
 Access Services FY 21 22
- Alameda County Involuntary Holds Data:
 - Trends by Language Group FY 20-22
 - Trends by Number of Clients FY 21 22
 - > Trends by Gender/Sex FY 21 22
 - Trends by Age FY 21 22
- Who is served through the Adult Forensic Behavioral Health System, in Santa Rita Jail (FY 2021-2022)? Mental Health AFBH Reports
- ACBH Crisis Calls and Trends (FY 2021-2022) <u>Crisis Response Mobile</u> Crisis Reports
- Data Presentation by Wendy Still, Alameda County Board of Supervisor District 2 Public Safety Advisor (December 15, 2022)
 Reimagine Adult Justice (RAJ) Presentation
- Data Set (Date/Fiscal Year) Description if needed [Link]



Brainstorm Recommendations by Intercept and Agency





-2: Prevention

Previously Submitted Recs

- 1. Provide a culturally competent safe place for African Americans that has education on health and nutrition.
- 2. Invest in recreational alternatives (e.g., little league, community centers, etc.).

Recommendations From Homework

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



-2: Prevention

Meeting Brainstorm (11/17/22)

- 1. Provide services for 16-17 year olds who are identified as at risk of becoming part of the criminal justice system.
- 2. A collaboration between ACBH and university health systems to identify and serve TAY and junior college students having acute mental health crises.
- 3. Expand the eligibility criteria for case management services.



Recommendations by Intercept -1: Early Intervention

Previously Submitted Recs

- 1. Reach communities with direct intervention and grass roots door knocking.
- 2. Provide a support liaison for under-resourced schools. Develop a job description and fund the position for multiple staff to service provide schools and resources and support.

Recommendations From Homework

- Identify and offer support services to children of system-involved youths.
- Increase support for peers and the utilization of peers in interventions
- Mental health outreach in key spaces
- Increase family training, respite, and peer support opportunities to mitigate potential conflicts and crises.
- Develop outreach teams to help support homeless individuals with forensic involvement.
- Increase/expand sub acute and acute hospital services
- Expand criteria that meets 5150
- 8. Increase 5150 response services



-1: Early Intervention

Meeting Brainstorm (11/17/22)

1. 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).



0: Community Services

Previously Submitted Recs

Add acute and subacute hospitals

- 1. Have dedicated staff organize the coordination and release of clients.
- 2. Increase CRT options for 290 registrants and those active to Probation/Parole and/or released from SRJ/CDCR.
- 3. Process for referral from these programs to ECM providers through managed care plans.
- 4. Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
- 5. Increase coordination with ACBH and JGPH during intimate hospitalizations.
- 6. Improve coordinated care.
- 7. Expand collaboration county and agency wide.
- 8. Improve communication and coordination of care across agencies upon entry into a hospital and at the point of discharge.



0: Community Services

Current Meeting Brainstorm (1/26/23)

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1:Law Enforcement

Previously Submitted Recs

- 1. Require police interacting with individuals with mental illness to have a community liaison mental health expert involved.
- 2. Create consequences for police departments that don't adhere, or violate, these protocols

- 1. Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
- 2. Expand mental health work component to services.
- 3. Mental health workers to accompany officers
- 4. Increase mental health assessments for system involved individuals.



1:Law Enforcement

Current Meeting Brainstorm (1/26/23)

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Recommendations by Intercept 2: Initial Detention/Initial Court Hearings

Previously Submitted Recs

- 1. Create consequences for discrimination in AOT process.
- 2. Assessment of effectiveness of CARES Navigation Center:
 - Based on assessment, invest more resources into similar programs
- 3. Explore using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment

- 1. Assessment of effectiveness of CARES Navigation Center. Based on assessment, invest more resources into similar programs.
- 2. Explore using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment.
- 3. Custody staff should contact community mental health providers during intake.
- 4. Central coordination between entities to avoid duplicating efforts.
- 5. Communication with public defenders about options.
- 6. Central contact point for triage and connecting clients to services.
- 7. Improve AOT capacity



2: Initial Detention/Initial Court Hearings

Current Meeting Brainstorm (1/26/23)



3: Jails/Courts

Previously Submitted Recs

- 1. Allow families to have more input
- 2. Behavioral Health Court:
 - Explore expansion beyond charge-based exclusionary policies

- Increase the capacity of BHC community-based treatment programs and other secure settings
- 2. Expand the "Collaborative Courts"
- 3. Investigate obstacles that prevent IST defendants from getting out of jail and into medically appropriate treatment.
- 4. Investigate the low participation rate for the Mental Health Diversion Statue.
- 5. Coordinated service assessment and connection to in custody services and referrals for community-based providers.
- 6. Peer training and learning opportunities within the jails.
- 7. Expand the offering and provision for mental health services for system involved individuals.



3: Jails/Courts

Current Meeting Brainstorm (1/26/23)

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Recommendations by Intercept 4: Reentry

Previously Submitted Recs

- 1. Offer programs in the community.
- 2. Provide a roadmap from ACBH to the programs and facilities providing the treatment and re-entry support.

- 1. Engage with Roots Health Center and explore how SLP can be expanded.
- 2. Give clients pre-release planning services and pre-emptive acceptance into programs.
- 3. headline
- 4. Reception center for client release.
- 5. Additional residential treatment providers and dual diagnosis providers.
- 6. Triage and outreach team.
- 7. Develop an Interagency Re-Entry team to coordinate care across systems.
- 8. Expand reentry services and programs county wide.

Recommendations by Intercept 4: Reentry

Current Meeting Brainstorm (1/26/23)

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Recommendations by Intercept 5: Community Supports

Previously Submitted Recs

1. Encourage the chances of success for individuals returning home by providing rigorous and substantial requirements from the courts, probation, and police

- 1. Find a way to effectively evaluate service delivery and incorporate feedback.
- 2. Cross-train between LEA and community programs.
- 3. Utilize community hubs as access points.
- 4. Retain mental health providers who will maintain outreach with hard-to-reach populations.
- 5. Use of community MH providers and clinical peers who will conduct street health and therapy in non-office settings.
- 6. Multigenerational, regionally specific, and other specialty family resources, tools, trainings, supports, etc. are also needed.
- 7. Increase community meetings and use community input for policy making.



5: Community Supports

Current Meeting Brainstorm (1/26/23)

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Ad Hoc Subcommittees





Previously Suggested Subcommittees

- Data
- Finance



Next Steps & Upcoming Meetings





Next Steps & Upcoming Meetings

- February Meeting
 - Finish recommendation brainstorm (if necessary)
 - Review department plan templates and discuss plan development process for 2023
 - Discuss ad hoc committee and make initial committee assignments