

Care First, Jails Last Taskforce Meeting

July 27, 2023

Agenda

- Ad-hoc committee Updates:
 - Data Committee:
 - Data Request (Action Item)
 - Letter to Board of Supervisors (Action Item)
 - Finance Committee
- Review Process for Recommendation Finalization
- Review and Finalize Recommendations (Action Item):
 - Cross-Cutting
 - Intercept 2
 - Intercept -1



Subcommittee Updates





Subcommittees

- Data
 - Brian Bloom (Chair)
 - Corrine Lee
 - Kimberly Graves
 - Tiffany Danao
 - Doria Neff
 - PeggySheehan-Rahman

- Finance
 - Corrine Lee (Chair)

 - Greg Syren
 - Kimberly Graves



Data Ad-hoc Committee Update

- Data Request to county agencies
- Proposed letter to Board of Supervisors on behalf of Taskforce



>>> Finance Ad-hoc Committee Update

- Presentation from CURYJ
- Other Updates



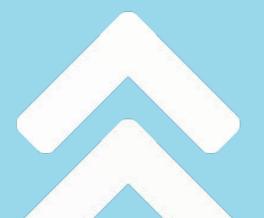
CFJL Taskforce System Recommendation Grid Template Review





- We will review & discuss each rec 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 recs (See template)







GAP ANALYSES

- [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.



RECRUIT AND RETAIN STAFF

- [3] Assess and evaluate the causes of staff shortages and outcomes of efforts to recruit and retain behavioral health line staff in Alameda County.
- [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.



TRANSPARENT ACCOUNTING

- [4] Create transparency around the County's reserves and fund balances.
- [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.



INCREASE ACCESS TO CARE

- [9] Fully fund the Alameda County Behavioral Health Department's countywide Forensic Plan.
- [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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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.
- [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.



LOBBYING FOR FUNDING

- [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.

Review & Finalize Recommendations Intercept -2



AFRICAN AMERICAN CENTER:

- [14.] Provide a culturally competent safe place for African Americans that includes:
 - education on health and nutrition.
- [34.] Endorsement of AA center with inclusion of:
 - clinical and psychiatric support
 - medical care,
 - culturally competent.
 - All services in-house.



COMMUNITY BUILDING/OUTREACH/AWARENESS

- [16.] Restorative community building opportunities to reduce barriers between affected communities (reentry population, those with SMI & broader community) such as:
 - town halls and cross-cultural meeting opportunities related to restorative justice and community building
- [18.] Outreach to promote mental health resources.
- [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.



TREATMENT BEDS

- [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.
- [33] Increasing bed space at psych facilities.



SPACE & SERVICES FOR YOUTH & TAY

- [15.] Invest in recreational alternatives (e.g., little league, community centers, etc.).
- [19.] Invest in recreational spaces for TAY and systems-impacted individuals, such as:
 - Wellness Centers,
 - Trauma Recovery Centers, and
 - Mental Health Supports.
- [24] Provide an inclusive environment that is safe for youth and young adults to gather for education and curriculum regarding emotional support, etc.
- [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.



HOUSING:

- [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.
- [32.] Eviction protections.



CASE MANAGEMENT/WHOLE PERSON CARE/COLLABORATION

- [17.] Integrating County Initiatives and Whole Person Care resources to achieve joint goals.
- [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).
- [31.] Expand the eligibility criteria for case management services.

Review & Finalize Recommendations Intercept-1



COMMUNITY BASED SUPPORT/OUTREACH/AWARENESS

- [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.
 - [63] School liaison: esp in most impoverished schools.
- [37] Identify and offer support services to children of system-involved parents.
- [39] Mental health outreach in key spaces



COMMUNITY BASED SUPPORT/OUTREACH/AWARENESS

- [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.
- [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.



COMMUNITY BASED SUPPORT/OUTREACH/AWARENESS

- [50] Direct community outreach and include the community thoughts and ideas of early intervention.
- [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.



IDENTIFY PEOPLE AT-RISK

- [53] Work with transition aged youth who are homeless or at risk of homelessness on housing, workforce, and supportive services.
- [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).
- [62] Homeless community: collect data on their children & how to support them.



UTILIZE PEER SUPPORTS

- [38] Increase support for peers and the utilization of peers in interventions.
- [51] Increase peer counselor positions for street outreach and jail in-reach people who can serve as advocates for clients and their family members
- [57] Peer supports: spaces in high-contact areas, investment. Including addressing vicarious trauma.



INCREASE ACCESS TO CARE

- [42] Increase/expand sub acute and acute hospital services.
- [43] Expand criteria that meets 5150.
- [44] Increase 5150 response services.
- [49] For recent substance abusers, both with and without co-occurring disorders, assess need for residential and outpatient services to meet demand.
- [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.



AFRICAN AMERICAN SPECIFIC SUPPORT

- [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.



HOUSING

- [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.



COMMUNITY & FAMILY EDUCATION/TRAINING

- [58] More family training, respite, peer support for families themselves.
- [60] Community education around alternatives to calling 911.
- [61] Job readiness: trainings, employment specialists to help folks develop skills & reintegrate.
- [64] Supported work programs can be expanded, for emotional wellbeing & self-sufficiency.



STAFF TRAINING

 [59] Housing, employment, service providers asking for more mental health training → de-escalation. equip them to deal with mental health crises.





Next Steps & Upcoming Meetings





Next Steps & Upcoming Meetings

- July Meeting
 - Reports from Data and Finance Subcommittees
 - Finish recommendation finalization for the current intercept
 - Begin recommendation finalization for the next set of intercept