CFJL Taskforce DRAFT Recommendations – RUNNING LIST FOR DISCUSSION ONLY

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Purpose: This document has been established to provide a list of recommendations for discussion only. This "running list" includes informal ideas and recommendations made by the Care First, Jails Last (CFJL) Taskforce. **The following is for transparency and informational purposes ONLY and will be informed through data review and analysis, Ad Hoc subcommittee work, community input, discussion, and formal action by the Alameda County CFJL Taskforce.** Draft recommendations will be updated accordingly and removed as directed by the CFJL Taskforce. For example, if a draft recommendation is not fully supported by the Taskforce, if a recommendation no longer applies given current/historical data trends; or the draft recommendation is formally adopted by the Taskforce. *If adopted, an item will be **removed** from this list and tracked elsewhere.*

→ Intercept (-2): Prevention

Previously Submitted Non-Agency Recommendations:

1) Provide a culturally competent safe place for African Americans that has education on health and nutrition.
    a. In the 70's many of the black owned businesses in their neighborhood began to shut down. In the 80's crack was rampant, drive by shootings death and trauma was the norm while their fathers were being swooped up into mass incarceration. In the 90's there was a mass exodus from their neighborhood seeking reprieve, causing a loss of family property and EQUITY. In the 21st century many little league baseball, basketball, track, and football programs suffered creating a void of activities that would normally provide opportunity to teach unity, team building, discipline and core values leading to success.
    b. My suggestion is to provide a safe space in the community that give AA a place of refuge that is for them, the new buzz word today is a place that is culturally competent. It needs to be a space that is able to give back much of what I suggest was stripped from them over the past 50 years. A place that they feel a since of belonging. A place that they know the people in the space understand them.

2) Invest in recreational alternatives (e.g., little league, community centers, etc.).
    a. We should invest in programs that bring back to the community the recreational alternatives such as little league and community centers giving the youth a safe space to interact and enjoy their youth prior to drug dealers and gang members recruiting them into a life of turmoil.

Dec. 2022 CFJL Meeting Draft Recommendations:

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.

CFJL "Homework" Submission Recommendations:

1) Restorative community building opportunities to reduce barriers between affected communities.
    a. Restorative community building opportunities to reduce barriers between reentry population, those with SMI, and broader community. Reduce stigma/isolation and improve community reception through town halls and cross-cultural meeting opportunities related to restorative justice and community building rather than retributive and punitive responses (address fear and stigma by increasing understanding, creating commonalities, emphasizing community, and providing practical tools to the community).

2) Integrating County Initiatives and Whole Person Care resources to achieve joint goals.
    a. Integration of County Initiatives and Whole Person Care resources leverage joint goals and promotion for broader community; organized community events with multiple County and community agencies to align initiatives and direct resources in high need areas (e.g., Town Nights; Ashland/Cherryland EJ Collective).

3) Outreach to promote mental health resources.
    a. Informational campaigns and dedicated outreach to promote MH resources, information, and tools (e.g., May is MH Month, June is Men's Health Month).

4) Invest in recreational spaces for TAY and systems-impacted individuals.
    a. Invest in recreational options for TAY and systems impacted individuals. Increase spaces for youths where their physiological, social, spiritual, and mental health needs can be met such as Wellness Centers, Trauma Recovery Centers, and Mental Health Supports.

→ Intercept (-1): Early Intervention

Previously Submitted Non-Agency Recommendations:

1) Reach communities with direct intervention and grass roots door knocking.
    a. Reach the communities through grassroots door knocking and direct intervention.

2) 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.
    a. Provide a support liaison inside the most impoverished schools to reach those most likely to need the support. Through ACBH develop a job description and fund the position for multiple people to service the schools (that are) providing resources and support to the youth and their families.

Dec. 2022 CFJL Meeting Draft Recommendations:

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).

CFJL "Homework" Submission Recommendations:

1) Identify and offer support services to children of system-involved youths.
    a. Identify and offer enhanced support services to children of parents currently on Probation/Parole including family therapy, access to school-based supports, recreational opportunities, and other resources to mitigate ACES related to justice involvement.

2) Increase support for peers and the utilization of peers in interventions.

a. Increase identification, training, leadership development, job placement, and utilization of peers. Support opportunities for peer-led interventions and require supports to address vicarious trauma. Support placement of peers in key programs and areas across all intercepts.

3) Mental health outreach in key spaces
   a. MH outreach and workshops in key spaces including de-escalation training and MH tools to on-site providers. Especially important for housing programs, reentry hubs, and spaces that support families.

4) Increase family training, respite, and peer support opportunities to mitigate potential conflicts and crises.

5) Develop outreach Teams to help support homeless individuals with forensic involvement.

6) Increase/expand sub-acute and acute hospital services.

7) Expand criteria that meets 5150.

8) Increase 5150 response services.

→ Intercept 0: Community Services

Previously Submitted Non-Agency Recommendations:

1) Add acute and subacute hospitals.

CFJL "Homework" Submission Recommendations:

1) Have dedicated staff organize the coordination and release of clients.
   a. The onus must be on the system to ensure discharge coordination for clients who are utilizing hospitals/crisis. Need dedicated staff/provider/position to ensure coordination and release between hospitals, Probation, listed community providers, and crisis services. Currently this responsibility falls on the client/their family.

2) Increase CRT options for 290 registrants and those active to Probation/Parole and/or being 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.
    a. Dedicated crisis services team/staff that will respond to ACPD offices, contracted housing programs, Parole sites, and other high contact points. This team requires the ability to de-escalate, assess, recommend 5150 evaluation, and transport.

5) Increase coordination with ACBH and JGPH during inmate 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.

→ Intercept 1: Law Enforcement

Previously Submitted Non-Agency Recommendations:

1) Require police interacting with individuals with mental illness to have a community liaison mental health expert involved.
    a. Create the requirement that if a police officer is involved with a mentally ill individual, he/she is required to have a community liaison mental health expert involved.

2) Create consequences for police departments that do not adhere, or violate, these protocols.
    a. Make it a consequence to the department that does not adhere to whatever changes they agree to make. For instance, for each time they are found to violate and ignore the protocol the department is required to take from their budget to support the effort they chose to ignore. If the

person is mentally ill look for family members to support and facilitate with the decisions and care needed for their loved one. Again, if a person that knows and love the person the most is involved the outcome has a much higher chance of being a success.

CFJL "Homework" Submission Recommendations:

1) Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
    a. Dedicated crisis services team/staff that will respond to ACPD offices, contracted housing programs, Parole sites, and other high contact points. This team requires the ability to de-escalate, assess, recommend 5150 evaluation, and transport.

2) Expand mental health work component to services.

3) Mental health workers to accompany officers.

4) Increase mental health assessments for system involved individuals.

→ Intercept 2: Initial Detention/Initial Court Hearings

Previously Submitted Non-Agency Recommendations:

1) Create consequences for discrimination in AOT process.
    a. Remove the opportunity for discrimination in who is given AOT, Community Conservatorship, Behavioral court by creating a consequence for the numbers clearing indicating that the department is clearly being biased. My concern is that the unfairness of over prosecution of AA is why we are the majority of homeless the majority of the inmates in Santa Rita. It is not a coincidence it is deliberate choices of bias and discrimination. Unless there is a penalty for this bias and systemic racism it will NEVER stop!

CFJL "Homework" Submission Recommendations:

1) Assessment of effectiveness of CARES Navigation Center. Based on assessment, invest more resources into similar programs.
    a. The C.A.R.E.S. Navigation Center, located in the Fruitvale district of Oakland and in operation since mid-2021, is currently the only point-of-arrest diversion program in Alameda County. Operated by La Familia Counseling Services, it is designed to redirect individuals arrested for "low-level" offenses into supportive services, behavioral health treatment and away from incarceration and the criminal-legal system. The task force should analyze all aspects of the Navigation Center to understand, among other things, how well it is meeting its goals; why some police departments don't use the Navigation Center, how client engagement can be improved; whether one Navigation Center for the entire county is sufficient; what are the rates of engagement with services as well as rates of recidivism; and whether limiting the program to only "low-level" offenses is sensible. Based on this assessment, investing more resources into point-of-arrest diversion programs like the Navigation Center (and LEAD [Law Enforcement Assisted Diversion] programs as well) would further the goals of Care First, Jail Last.

2) Explore using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment.
    a. The Pretrial Services Program, managed by the Probation Department, assesses recently arrested individuals within 24 hours after booking (and before arraignment) to see if they should be released from jail, and if so, under what conditions. The program also supervises those who are released from jail during the pretrial phase. In September 2022, Alameda County Superior Court …gave a presentation to the Public Protection Committee of the Board of Supervisors about the county's pretrial release program. The presentation included a brief discussion about diverting people with behavioral health challenges from jail at this juncture (post- arrest/booking but pre-arraignment). Using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment should be explored further. Again, such an endeavor should be based on a deep dive into the data surrounding pretrial release to consider the unmet needs in this area. Incorporating an evidence-based behavioral health assessment into the pretrial release program could result in more mentally ill incarcerated individuals being released from custody and into the treatment they need and deserve.

3) Custody staff should contact community mental health providers during intake.
    a. Community MH providers contacted by custody staff upon intake and during service coordination to plan for appropriate discharge and service coordination.

4) Central coordination between entities to avoid duplicating efforts.
    a. Direct communication is needed between AFBH discharge planning and Public Defenders, Probation, community providers, etc. There needs to be a central coordination entity to reduce duplication of referrals/services and wasting resources.

5) Communication with Public Defenders about options.
    a. Communication with Public Defenders regarding realistic options including residential treatment options, referrals, and connection. Clients are being ordered and OR'd to programs that cannot accept them, which results in extended incarceration and/or release with no services.

6) Central contact point for triage and connecting clients to services.
    a. Pre-trial release, collaborative courts, and diversion courts also need to have knowledge of a central contact point to triage and support connection to referred/existing services.

7) Improve AOT capacity.

→ Intercept 3: Jails/Courts

Previously Submitted Non-Agency Recommendations:

1) Allow families to have more input.

2) Behavioral Health Court

3) Explore expansion beyond charge-based exclusionary policies.

CFJL "Homework" Submission Recommendations:

1) Increase the capacity of BHC community-based treatment programs and other secure settings

a. Currently the Behavioral Health Court (BHC) is the main diversionary offramp for incarcerated individuals who have mental illness. While the BHC has successfully reduced recidivism and improved mental health outcomes for program participants, it does not come close to meeting the current demand. The BHC is underutilized due to lack of capacity in community-based treatment programs and other, more secure, settings. In addition, the task force should explore what evidence, if any, supports the program's charge-based exclusionary policy (the BHC, with some exceptions, only allows participation from defendants charged with non-serious felonies).

2) Expand the "Collaborative Courts"
   a. In addition to the BHC, there are eight separate "Collaborative" Courts two drug courts, a Veterans' court, two re-entry courts, and three treatment courts in the family dependency department of the court system). These collaborative courts, like the BHC, have proven successful in reducing recidivism, increasing positive health outcomes, and re-unifying families. The task force should learn how these courts can be expanded so that they are able to divert and treat more individuals.

3) Investigate obstacles that prevent IST defendants from getting out of jail and into medically appropriate treatment.
   a. The I.S.T. Diversion Programs diverts in-custody felony defendants who have been found by the court to be Incompetent to Stand Trial (IST). According to data compiled by the Department of State Hospitals (DHS) 88 felony defendants in Alameda County were found IST in FY 2021-22. These individuals currently languish in jail for six months or longer waiting for a treatment bed at the State Hospital. To help alleviate this problem, DHS has provided significant funding to Alameda County so that these individuals can be diverted into local treatment. However, very few of the in-custody defendants in Alameda County who are eligible for this program have actually been diverted. The task force needs to learn why this is so and specifically what obstacles exist to getting IST defendants out of jail and into medically appropriate treatment. The task force should consider whether additional capacity at our county's sub-acute facilities, namely Villa Fairmont, would allow the IST Diversion program to successfully treat more of these individuals.

4) Investigate the low participation rate for the Mental Health Diversion Statue.
   a. The Mental Health Diversion statute (Penal Code section 1001.36), the primary vehicle the state has created to divert mentally ill defendants, is

hardly used in Alameda County as a diversionary exit ramp. According to the California Judicial Council, from 2020 when the Mental Health Diversion statute was enacted through the first quarter of 2022, just 15 defendants in Alameda County were diverted under the statute (9 of them successfully). The task force needs to understand what accounts for such a low participation rate and what can be done about it.

5) Coordinated service assessment and connection to in custody services and referrals for community-based providers
    a. Coordinated service assessment and connection to in custody services and referrals for community-based providers if not currently connected. This should include family coaching if the individual is likely to return home and the family is open.

6) Peer training and learning opportunities within the jails.
    a. Peer training and learning opportunities within the jails. This could include restorative justice/practice programming similar to those available at San Quentin. Individuals should have the opportunity to earn peer support credential while in custody and opportunity to facilitate peer-led groups. Pathway to employment for these individuals once released.

7) Coordinated discharge efforts and central point of contact for CBO providers.
    a. Coordinated discharge efforts and central point of contact for CBO providers to ensure clients are connected to care prior to and upon release. This includes CBO's calling into SRJ to coordinate handoff/continuity for their clients entering custody.

8) Expand the offering and provision for mental health services for system involved individuals.

→ Intercept 4: Re-entry

Previously Submitted Non-Agency Recommendations:

1) Offer programs in the community.
    a. Offer programs in the community most familiar to the person so they will have a sense of belonging and support. Give a clear direct roadmap from ACBH to direct the programs and facilities providing the treatment and

reentry support. This allows for consistency and ability to measure and compare outcomes.

2) Provide a roadmap from ACBH to the programs and facilities providing the treatment and re-entry support.

CFJL "Homework" Submission Recommendations:

1) Engage with Roots Health Center and explore how SLP can be expanded.
    a. The Safe Landing Project (SLP), located in a recreational vehicle parked on the grounds just outside of Santa Rita Jail and operated by Roots Community Health Center, provides re-entry support services to just-released incarcerated individuals. The SLP seeks to connect individuals leaving Santa Rita with a variety of services, including transportation to appropriate treatment facilities. The task force should engage with Roots Health Center and explore how SLP can be expanded to: (1) provide services 24/7; (2) operate out of a permanent structure; and (3) have a presence inside the jail so staff have an opportunity to engage with incarcerated individuals prior to their release.

2) Give clients pre-release planning services and pre-emptive acceptance into programs.
    a. Pre-release planning services and pre-emptive acceptance into programs whenever possible. Clients are being turned away from services due to inactive/out of County Medi-Cal. Clients need access to immediate services upon discharge regardless of insurance type, with dedicated staff to assist with Inter-County transfers.

3) Reception center for client release.
    a. Reception center or highly resources housing program that clients can be released to. Low barrier housing with high supervision and direct onsite supports.

4) Additional residential treatment providers and dual diagnosis providers.
    a. Additional residential treatment providers and dual diagnosis providers that can serve as a transitional housing point at release. This should also be used as an alternative to incarceration for those with active Probation/Parole.

5) Triage and outreach team.

a. Triage and outreach team is needed to ensure connection to referred services. This team must also help coordination across providers, Probation, and Sheriffs, as needed.

6) Develop an Interagency Re-Entry team to coordinate care across systems.
   a. Develop an Inter-agency Re-Entry Team to help coordinate care across systems upon release from SRJ. Team not only provides support upon release but follows up post-release to ensure individual remains connected to services; and/or has continued access to healthcare, MediCal/Insurance resources, employment/vocation referrals, and housing.

7) Expand reentry services and programs county wide.

→ Intercept 5: Community Supports

Previously Submitted Non-Agency Recommendations:

1) Encourage the chances of success for individuals returning home by providing rigorous and substantial requirements from the courts, probation, and police.
   a. Continue to provide rigorous and substantial requirements from the courts, probation and police buy in to encourage the success of the person returning home.

CFJL "Homework" Submission Recommendations:

1) Find a way to effectively evaluate service delivery and incorporate feedback.
   a. Need ability to effectively evaluate the quality of program service delivery and mechanism to incorporate feedback and make timely program improvements/adjustments.

2) Cross-train between LEA and community programs.
   a. Cross-training between LEA and community programs so there is more cohesion and hand off to services. This includes Whole Person Care initiatives.

3) Utilize community hubs as access points.

a. Use of community hubs and centers to provide non-threatening access point. Use this space to provide family education and additional support to mitigate impacts of justice involvement.

4) Retain mental health providers who will maintain outreach with hard-to-reach populations. ○ MH providers who will maintain outreach with our hardest to connect population and keep them open to provide services as needed/capitalize on moments of service consent.

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.