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Care First, Jail Last Thematic Grouping Revisions

Instructions:

The **red text** signifies the combination of multiple recommendations and any moved or reworded changes.

The **black text** signifies the recommendations that have stayed in place and not undergone changes.

The **blue text** signifies voted recommendations.

The **highlighted text** signifies recommendations that were discussed via email or Task Force meeting 09/28/23.

The **green text** signifies notes made during the 09/28/23 Task Force meeting. Wordsmith to be done in the recommendation ad-hoc committee.

The **cross-cutting intercept** was identified to include 4 or more affected intercepts.

The **(*)** markings indicate data-related recommendations (e.g., data reporting, data sharing, etc.) There are a total of **5 data-related recommendations.**

Originally, there were 175 combined recommendations. Upon revision, there are now **95 recommendations**, which is a reduction of 46%.

This document will go in order of theme with each intercept beneath. *Any missing intercepts indicates the lack of recommendations within.*

Contents

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African American Center/Specific Support (2)

Cross-Cutting (affects 4 or more intercepts)

***A.** [47] Information about the African American Center should be widely available in the African American communities across Oakland and should be shared by County and community agencies at every step of the criminal legal process (i.e., low enforcement, courts, probation, etc.).

Should be a recommendation of what should happen and be inside the building, Creating funding with specific members of the community.

-2: Prevention

A. [14, 34, 48] Create and support an African American Resource Center that provides information and culturally responsive services in the areas of education, physical health (e.g., nutrition and medical services) and mental health services (including clinical and psychiatric support, medication management, and therapy).

Should be a recommendation of what should happen and be inside the building, Creating funding with specific members of the community.

Collaboration/ Whole Person Care/ Case Management (26)

Cross-Cutting (affects 4 or more intercepts)

A. [13] ~~Double the number~~ (Double the number of people served by FSP from xx to xx people) 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.

Can our Data Subcommittee come up with this number?

B. [74, 115] Expand collaboration and coordination county and agency wide and between entities to avoid duplicating efforts.

I don't think this is specific enough. What efforts are being duplicated? What kind of collaboration or coordination do we need? Perhaps one way to phrase this: "County agencies identify specific communication strategies and workflows that support information sharing that efficiently connects people to services."

~~**C.** [25] People-first/no-wrong-door approach to behavioral health in Alameda County.~~

Omit; This is already mandated by the State. Suggest to either omit or replace with: "All agencies adopt a people first/no-wrong-door approach for connecting clients to behavioral services in Alameda County. This includes supporting people and their families in navigating to appropriate services."

-2: Prevention

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~~**A.** [17] Integrating County initiatives and WPC resources.~~
B. [31] Expand eligibility criteria for case management services.

What criteria should be expanded? What type of case management services?

0: Community Services

A. [68, 72, 75, 73] Have dedicated staff coordination and release of clients, and more coordination of care among agencies during inmate hospitalization.

I propose revising to "Assign staff who are dedicated to coordinating the release of clients after a period of hospitalization to ensure care coordination and connection to outpatient services. This should occur both for inmates and community members after hospitalization."

B. [69, 70] CRTs should have a referral process (with more options) to ECM through managed care plans.

1: Law Enforcement

A. [100] Coordinated Follow up teams in the field.

This is not clear enough. Need more detail from the LE people at our table.

***B.** [101, 102, 112, 66] Accountability reports for all law enforcement agencies to reflect referrals to CARES Navigation Center. Assessment of the CARES Navigation Center and duplication if program is successful. New CARES Navigation Center in underserved area, and fully fund existing CARES Navigation Center in Oakland.

I would recommend breaking this up into three recommendations: 1) Fully fund the CARES Navigation Center in Oakland, and evaluate its impact and success. 2) Develop a new CARES Navigation Center in other underserved area in the County. 3) Track data on all law enforcement agencies referrals to the CARES navigation center, and make this data publicly available. Hold law enforcement agencies accountable to referring to the center.

***C.** [99,106] Non-clinical public safety database at county level for high-contact individuals; LE, DA's Office, Probation / Parole communication tool.

I don't understand what the use for this is, and would like that clarified in the recommendation if I am going to vote to accept it.

2: Initial Detention/Initial Court Hearings

A. [114] Community MH providers during Custody intake.

Is the action that Clients should be connected to Community-based MH providers during custody intake?

B. [116,117] Central contact point for triage and communicating to clients and Public Defenders about services so programs don't get overbooked.

Additional clarity is needed to understand this.

3: Jails/Courts

A. [125] [develop a] Behavioral Health Court
B. [128] Expand the "Collaborative Courts."

Both should be quantified and clarified. e.g. Increase the number of people referred to BH Court and/or other Collaborative Courts from XX number to XX number. Can our Data Subcommittee come up with that number?

C. [131] Coordinated service assessment and connection to in custody services and referrals for CBO providers.
D. [133] Coordinated discharge efforts and central point of contact for CBO providers.

E. [135,136,138] Facilitate communication access (possibly a family liaison role) for families, advocates, jail personnel, and community outreach.

4: Reentry

A. [144] Provide a roadmap from ACBH to the programs and facilities providing the treatment and re-entry support.
B. [145] Engage with Roots Health Center and explore how SLP can be expanded.
C. [146,147,149] Have a triage and outreach team ready for clients offer pre-release planning services and pre-emptive acceptance into programs, along with a reception center.

D. [150,151,159] Develop and expand Interagency Re-Entry team and services county wide to coordinate care across systems. Develop it close to the jail, along with the navigation center.
E. [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.

5: Community Supports

A. [163] Rigorous and substantial requirements from the courts, probation, and police for individuals returning home.
B. [172] Expand Supported Work programs.
C. [174] Specialized probation unit for people released from SR jail with an SMI/SUD diagnosis.
D. [175] Increase housing navigation, harm reduction services, and direct housing support such as vouchers or supportive housing placements.

Community Based Support/Outreach/ Education (16)

-2: Prevention

A. [60] Education around alternatives to calling 911.

-1: Early Intervention

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A. [36,63,38,40,58,64] Develop a school liaison in most under-resourced schools with support services to children of system-involved parents and peers for emotional wellbeing and self-sufficiency. Increase training for families, respite, and opportunities to mitigate conflicts.

***B.** [37,39,41,45,46,50,51,52,57,62,18,20,21,88] Mental health outreach in key spaces (direct community outreach) that includes thoughts and ideas. Outreach should have a distribution system that has accessible reading material, information, and referral services, including health-literature and destigmatizing materials, public information campaigns (topics such as marijuana impact and street drugs). Create peer support groups for spaces in high-contact areas, addressing vicarious trauma, street outreach (in addition to collecting data on homeless community children and how to support them), and jail in-reach people.

0: Community Services

A. [35,87,89] Direct intervention and grass roots door-knocking, community events sponsored by PDs (grassroots level, regular, casual gathering), and ensure that police and sheriffs prioritize these programs.

1: Law Enforcement

A. [108] Law enforcement carries information and referral materials to share with families.

2: Initial Detention/Initial Court Hearings

A. [120] Peer led staff within the court systems to connect people/families with services.

B. [121] Significantly expand conservatorship options.

> "Significantly expand conservatorship options". I'm not sure this is categorized in the right place, and its also very broad for a very controversial topic. I think this merits discussion and more clarity for our perspective as a task force.

C. [122] Give family support with an advocate.

> Propose amending to "Expand the peer-based workforce serving clients, and utilize SB803 provision to bill MediCal for this support."

3: Jails/Courts

A. [124,132,137] Integrate family input with peer training and give learning opportunities within the jails.

4: Reentry

A. [61] Job readiness: trainings, employment specialists to help folks develop skills & reintegrate.

B. [143,154] Offer programs in the community including a hub- a "one-stop shop" to connect to multiple re-entry services with onsite case management etc.

C. [161] Create a notification system regarding 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.

5: Community Supports

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A. [166,168,169,173] Use of community hubs (containing multigenerational, regionally specific, and other specialty family resources, tools, trainings, supports, etc.) are also needed and MH providers and clinical peers who will conduct street health and therapy in non-office settings. Provide peer advocacy/counseling.

B. [170] Increase community meetings and use community input for policy making,

C. [178] Front line work can & should be done by peers (SB803 - for billing to Medi-Cal).

Need to uplift the hiring; Suggestion for a simple service recommendation; have a recommendation to move forward with the development of classification that can hire peers to validate people with lived experiences.

D. [165] Cross-train between LEA and community programs.

Crisis Services/5150s & Treatment Beds (17)

-1: Early Intervention

~~**A.** [22,23,33,42,78,91, 109] To prevent those who are in active phases of illness from arrest and incarceration, provide increased acute and sub-acute bed space and services at facilities. Re-acquire 27 subacute beds available at Villa Fairmont.~~

Already happening in Villa Fairmont.

~~**B.** [43,44, 76, 77] Expand the criteria for 5150 and its response services by providing culturally competent training for first responders to 5150 calls, CATT teams, MACRO and law enforcement.~~

Don't have the ability to make these changes.

C. [49] Residential and outpatient services to meet demand for recent substance abusers.

D. [56] Prioritize identifying and serving folks at their first mental health crisis (e.g. at John George)

Include outreach and engagement to families. Built in navigational support and advocacy so family can get appropriate support to prevent future incarceration.

E. [65] New voluntary crisis facility in underserved areas, modeled on Amber House.

0: Community Services

A. [67] + [80] Add acute and subacute hospitals.
B. [69] Increase CRT options for 290 registrants & those active to Probation/Parole.
C. [71] Dedicated crisis service teams for ACPD offices and other high contact points
D. [79] + [85] Introduction of WIC 5170 and WIC 5343 Facilities separate from MH facilities
E. [81] Develop Crisis intervention teams
F. [86] Licensed Board & Care centers -> not excluding those with felonies
G. [90] Fair pay for mobile BH crisis teams and expand 24/7 to all parts of Alameda County

1: Law Enforcement

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A. [92, 96, 95] Mental health workers to accompany officers on calls, and expand mental health work component to services
B. [94] Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
C. [97] Increase mental health assessments for system involved individuals.
D. [104] Build supportive services and mental health providers into emergency services call for people who are homeless.
E. [105] Train first responders in how to handle mental health issues.

Diversion (5)

1: Law Enforcement
A. [110, 108, 103] Point of arrest diversion access points throughout county in all law enforcement agencies, including expansion of pre-arrest and pre-booking diversion programs.

2: Initial Detention/Initial Court Hearings

A. [113] Explore using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment.

3: Jails/Courts

A. [126] Explore expansion beyond charge-based exclusionary policies.
B. [127] Increase the capacity of BHC community-based treatment programs and other secure settings.
C. [129, 130, 140] Investigate obstacles that prevent IST defendants from getting out of jail and into medically appropriate treatment, the low participation rate for the MH Diversion Statute and get these people diverted.

Funding & Accounting Transparency (8)

Cross-Cutting (affects 4 or more intercepts)
A. [6, 4] Create transparency of Alameda County's unspent state realignment funds designated for Medi-Cal services, reserves and fund balances.
B. [5] Increase and maintain Alameda County advocacy to the California and federal governments for legislation that expands funds.
C. [7] Create a public accounting of unspent funds in Santa Rita Jail.
D. [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.
E. [9,52] Fully fund the Alameda County Behavioral Health Department's countywide Forensic Plan.

-1: Early Intervention

A. [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.

0: Community Services

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A. [84] Divert funding from Hospitals and Jails to supportive housing, which has a direct impact on their ongoing operations funding.

> I don't support this recommendation in the way it's currently phrased. I think it's more important for us to affirmatively support building more supportive housing and prioritizing funding that.

3: Jails/Courts

A. [142] CalAIM - focus on justice population - one way to leverage additional funding (especially 90-day in-reach).

> Unclear.

Housing (8)

Cross-Cutting (affects 4 or more intercepts)

A. [162,54,10] 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. Build out a housing first model; develop a budget for new affordable housing.

> 1. Advocate and encourage agencies in the City to adopt similar models.
>
> 2. I think the part about a housing-first model and the budget for new affordable housing should be its own recommendation. Can our budget subcommittee come up with some numbers on what this budget should be? Too broad as it stands.

B. [12,158] [Intercepts -2, -1, 4 & 5] Allocate County funds (and increase funding to AB109 Re-Entry Housing program) 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.

> Include people eligibility to include chronic homelessness and people with mental and substance abuse disorders. Use a plan similar to an existing program to avoid as many barriers as possible of having advantage of the services for all people.

-2: Prevention

A. [26] Housing stabilization services.

B. [27, 28, 32] Implement comprehensive just-cause ordinances and new eviction protections across both Alameda County and its unincorporated areas. Sustain funding for existing eviction safeguards such as AC Housing Secure - Eviction Defense Funding to ensure continued support for tenants.

-1: Early Intervention

A. [55] fund operation subsidy

> Clarify.

0: Community Services

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A. [83] Ensure hospitals create a discharge plan for homeless and at-risk patients that includes housing support
B. [84] Redirect financial resources from correctional facilities to bolster supportive housing initiatives.

4: Reentry

A. [155,156,157,153] ACBH to require reentry plan and short-term housing placement and expand housing for reentering people with documented diagnosis. Provide 90/60/30-day pre-release housing. Assure appropriate transitional housing for SUD/co-occurring populations.

Second sentence: housing… and navigation.

Third sentence: chronic homeless, no exit location housing people included, broader inclusion of people.

Increase Access to Treatment (3)

2: Initial Detention/Initial Court Hearings

A. [118, 119, 123] Enhance Assisted Outpatient Treatment (AOT) capabilities, exploring the option of temporary non-voluntary treatment in specific situations, while concurrently advancing AOT capacity improvement efforts and evaluating the potential integration with CARE court programs.

3: Jails/Courts

***A.** [134 & 139] Broaden and enhance the availability and delivery of mental health services for individuals involved in the system. Enforce mandatory and consistent service standards for individuals with diagnoses, both during custody and after release, incorporating triggers for elevated service levels for those with recurrent incarceration instances. Strengthen the collection of diagnosis types and severity, as well as clinical and service data on clients' jail-based services.

4: Reentry

A. [148] Additional residential treatment providers and dual diagnosis providers.

Space & Services for Youth & TAY (3)

-2: Prevention

A. [30] Collaboration between ACBH & University health systems for identification of TAY with acute MH crises

-1: Early Intervention

A. [15,19,24] Create alternative recreational spaces for TAY & system-impacted individuals that include inclusive, safe environments for gathering.

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B. [29,53] Work with transition aged youth (such as at-risk 16-17 y.o.) who are homeless or at risk of homelessness on housing, workforce, and supportive services.

Staffing, Training & Professional Development (7)

Cross-Cutting (affects 4 or more intercepts)

A. [11,3] Pay equity for behavioral health community-based organization line staff and assess and evaluate the causes of staff shortages and recruit and retain BH line staff.

B. [1,2] Fund dedicated Alameda County Behavioral Health staff time and/or a consultant to conduct gap analysis to concretely measure unmet mental health needs and service gaps. Consequently, recommend county agency practices that measure those gaps.

-1: Early Intervention

A. [59] More MH training for Housing, employment, service providers

2: Initial Detention/Initial Court Hearings

A. [141,111] AOT - ensure that the person making the determination is licensed and create consequences for discrimination and other issues in the AOT process.

5: Community Supports

A. [164 & 171] Establish mechanisms for the effective evaluation of program service quality, enabling the incorporation of feedback and timely improvements. Simultaneously, conduct evaluations of Wellness Centers to assess inclusiveness and the suitability of offerings in engaging a diverse clientele, thus ensuring ongoing enhancement and relevance.
B. [167 & 176] Secure mental health providers who will consistently engage with the most challenging-to-reach population, ensuring ongoing accessibility for services and capitalizing on moments of service consent. Simultaneously, diversify the pool of therapists and implement incentives for individuals in the process of obtaining their licenses, thus fostering a wider range of skilled professionals.
C. [177] CBOs - hard time competing for therapists (in compensation).

> I would suggest the revision "Increase the County's compensation of CBOs providing behavioral health services, so that they may hire adequately trained therapists at competitive salaries."