Care First, Jails Last Taskforce Meeting

April 25, 2024

Today's Agenda

1. Plan Elements Reminder
2. Timeline
3. Assigned Recommendations
4. Next Steps

Plan Elements

- All recommendation template columns should be complete for all recommendations
- Should include a brief introduction/context for what the agency has already done/has in progress to align with the CFJL objectives
- Summary section

RDA Liaisons for Agencies

Amalia	Charlene	Jamon
• Behavioral Health	• District Attorney • Sheriff's Office • Countywide Plan	• Housing & Community Devt • Homeless Care & Coordination • Probation Office • Public Defender • Social Services Agency
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Timeline

April 25: **TASKFORCE MEETING: Interim Reports from Agencies (1/2)**

May 2: **TASKFORCE MEETING: Interim Reports from Agencies (2/2)**

April 25-May 10: Agencies complete Plans

May 10: **FINAL AGENCY PLANS DUE to RDA**

May 10-16: RDA Consolidate Plans

May 23: **TASKFORCE MEETING: Approval of Final Plans**

Recommendations by Agency (58 Total)

Alameda County District Attorney's Office

7 Recommendations

District Attorney's Office (1/8)

Collaboration/ Whole Person Care/ Case Management (*Key Partners: County, ACBH, ACPD)*

2B: Interagency Communication and Coordination:

In the interest of non-duplication of efforts and prevention of individuals falling through the cracks of services, the Taskforce recommends the following actions to increase collaboration between agencies:

- Each county agency to assign a delegate to be the inter-agency communication liaison. If it is not possible to have a dedicated staff person, then establish a communication strategy. **(All Agencies)**
- Create a central contact point for triage and communicating to clients and Public Defenders about services so programs don't get overbooked. **(ACPD)**
- Community MH providers contacted by custody staff upon intake and during service coordination to plan for possible referral to service providers for collaborative courts or appropriate discharge and service coordination. **(ACSO)**
- ACBH/AFBH, ACSO/Wellpath to implement coordinated service assessment and connection to in custody services and referrals for CBO providers.**(ACBH, ACSO)**
- ACBH/AFBH, ACSO/Wellpath to implement coordinated discharge efforts and central point of contact for CBO providers.**(ACBH, ACSO)**
- Assign personnel to family liaison roles within ACBH FSC or Alameda County Sheriff's Office (ACSO) in order that family caregivers are able to provide what can be vital information on the medical and psychiatric history and current needs of the incarcerated person. **(ACBH, ACSO)**
- Service roadmap: ACBH to develop a roadmap from Santa Rita Jail (SRJ) to the programs and facilities providing treatment and re-entry support. **(ACBH)**
- Evaluate the implementation of all elements of a No Wrong Door policy, as required by CalAIM, in Alameda County, and determine needed next steps that ensure access to care. **(ACBH)**
- Conduct a comprehensive assessment and redesign of ACBH ACCESS line that ensures access to services consistent with CalAIM, No Wrong Door policy, and clinical need. **(ACBH)**
- Non-clinical public safety database at county level of high-contact individuals; LE, DA's Office, Probation/Parole communication too. **(ACSO)**

District Attorney's Office (2/8)

Community Based Support/Outreach/ Education (*Key Partners: County, ACBH, ACSO, DAO*)

3A: Peers must be provided with adequate training, support, and compensation to serve in front line, promotional, decision-making, and leadership positions. Training/support should include:

- Specialty and diversion programs, resources, and outreach information to improve grassroots coordination including linkages in threshold languages **(all Agencies)**;
- Court operations, legal language, and making decisions **(Court, PD/DA)**;
- interventions to facilitate peer support groups, family collaboration, street outreach, and de-escalation services **(ACBH)**;
- Jail services, in-reach, and advocacy **(ACSO, ACBH)**;
- access to decision-making meetings and validate (uplift?) peer expertise **(all Agencies)**;
- Medi-Cal billing and other charting to expand peer tasks/positions **(ACBH)**;
- Support/subsidies to help peers obtain certifications, credentials, and on the job experience **(all Agencies)**;
- Fair pay for lived expertise as equitable to professional and educational experience **(County and Agencies)**.

District Attorney's Office (3/8)

Continued: Community Based Support/Outreach/ Education (*Key Partners: County, AHS, OHCC, ACSO, consult with Superior Court*)

3B: Expansion of peer workforce must include placement in key spaces and uplifting of their expertise in front-line and leadership roles. These positions/locations include:

- School liaison to support families, provide respite, and mitigate conflicts **(ACBH and Center for Healthy Schools)**;
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- Outreach in high-contact areas (e.g., hospitals, respite, etc.), community, and community hubs **(HCSA, ACBH, AHS, ACSO, ACPD)**;
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- Clinical peers to conduct street health and on first responder teams **(HCSA, ACBH, LEA)**;
- Peer inclusion at County and Agency decision-making, policy, and funding meetings **(all Agencies).**

District Attorney's Office (4/8)

Continued: Community Based Support/Outreach/ Education (*Key Partner: ACSO*)

3H: Use the District Attorney's Daylight system to generate jail release alerts to next of kin or other approved parties.

District Attorney's Office (5/8)

Diversion (*Key Partners: Public Defender, Consult With Superior Court)*

5A: Expand Point-of-Arrest Diversion:

The Board of Supervisors should commission a report by an independent body on the history and prospects of Alameda County's initiatives for diversion at the point of arrest, particularly the CARES Navigation Center. The report should gather input from the District Attorney's Office, law enforcement agencies, community-based organizations (CBOs), and others, and document and assess 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; the extent to which clients would benefit from restorative justice services from community or county agencies; and whether limiting the program to only "low-level" offenses is sensible.

In addition to this independent report, the CARES Navigation Center should provide regular public reporting, using consistent terms, on the number of people served, their demographics, outcomes (including how many completed diversion programs or were incarcerated), and numbers referred by each law enforcement agency and each law enforcement officer.

Any decision to maintain or expand the CARES Navigation Center must address obstacles to law enforcement participation and non-police means for people to receive services at the Center.

District Attorney's Office (6/8)

Diversion (*Key Partners: ACBH, Public Defender (with consult from Superior Court)*

5C: Behavioral Health Court, Collaborative Courts and a proposed Dual-Diagnosis Court: Produce data, and remove barriers and disincentives to court-based diversion.

Behavioral Health and collaborative courts present alternatives to incarceration for eligible people with behavioral health needs. Currently the Behavioral Health Court (BHC) is the main diversionary off ramp for incarcerated individuals who have serious mental illness. In addition, there are eight separate "Collaborative" Courts (two drug courts, a Veterans' court, two reentry courts, and three treatment courts in the family dependency department of the court system). These collaborative courts are nimble and have many clients with some combination of mental illness and SUD.

However, while these courts have successfully reduced recidivism and improved mental health outcomes for program participants, they do not come close to meeting the need. Many of those eligible do not participate because they are not referred to the court by county agencies, or because of perceptions that benefits are outweighed by the requirements for participation (e.g. 1 - 2 year(s) minimum participation versus shorter-term release, weekly court appearances, mandatory medication). Another reason may be an insufficient number of treatment slots or beds; increasing those could increase participation. The County also lacks a Co-Occurring Disorders Court, which could more successfully address the needs of people diagnosed with both mental illness and a substance use disorder, who may not be eligible for the BHC. It is reported that the County currently has a shortage of judges to add such a collaborative court.

The Superior Court's Office of Collaborative Courts works with an independent evaluator to collect demographic and outcomes data. However, the County does not reliably publish data on the outcomes of Behavioral Health or collaborative courts as measured by recidivism, numbers of persons offered and received services, or client health and well-being.

(**continued on next slide**)

District Attorney's Office (7/8)

Diversion (*Key Partners: ACBH, Public Defender (with consult from Superior Court)*

5C: Behavioral Health Court, Collaborative Courts and a proposed Dual-Diagnosis Court: Produce data, and remove barriers and disincentives to court-based diversion. (continued)

Key points

- ACBH, which runs the BHC, should contract with independent evaluators to analyze: numbers of persons who meet eligibility criteria for diversion,2 numbers offered and received services, data on recidivism and client health and well-being, and what evidence, if any, supports BHC's policy of exclusion of persons with serious felonies.
- Both ACBH and the Office of Collaborative Court should annually publish the results of independent evaluations, including criteria for participation, outcomes and metrics of success.
- As close as possible to time of booking, clinical staff should conduct a full assessment of behavioral health and eligibility for pretrial release, for collaborative courts/BHC referral, and for statutory diversion pursuant to California's Mental Health Diversion statute, Penal Code section 1001.36. Court and behavioral health personnel also should reach out as early as possible to families of clients for full information and to support follow-up.
- Collaborative courts and BHC should require court attendance that is the least onerous for clients and present fewest barriers to their success.
- The County should establish a Co-occurring Disorders Collaborative Court, possibly by converting an under-utilized collaborative court (reentry court).
- The Mental Health Advisory Board should analyze the reasons for non-participation of eligible persons in collaborative courts and BHC and make recommendations that the Board of Supervisors should consider and act upon in a public meeting.
- The BHC and Collaborative Courts should create a family liaison role, who participates in the Court and who, with permission of the client, can explain to families what is going on and receive information from families.

District Attorney's Office (8/8)

Diversion (*Key Partners: ACBH, ACPD (with consult from Superior Court)*)

5D: The Incompetent to Stand Trial (IST) Diversion Program:

The Task Force recommends that mental health resources go towards diverting IST defendants from the criminal-legal system and into clinically appropriate treatment in non-jail settings rather than towards restoring them to competency so they can then be prosecuted, convicted, and (in 24% of the cases statewide) sent to prison. Restoring mentally ill defendants to competency does not promote public safety. According to the Dept. of State Hospitals (DSH), 71% of ISTs who are restored to competency, prosecuted and convicted recidivate within 3 years of release. The comparable rate for non-IST defendants is 41%.

Since the enactment of Penal Code section 1001.36 (the Mental Health Diversion Act) in 2018, most ISTs are eligible to be diverted into treatment rather than restored to competency. And unlike non-ISTs who must agree to treatment before they can be diverted, IST defendants can be diverted and treated over objection (in other words, the statute provides a non-LPS mechanism for treating ISTs who are too ill to realize they are sick). If diversion is successful (ie, if the defendant stays in treatment for the requisite amount of time), the criminal case is dismissed. Alameda County has already received significant funding from the DSH to implement a Pilot IST Diversion Program. Unfortunately, of the approximately 80 felony IST defendants per year in Alameda County, only a handful have been diverted under the Pilot program. The Task Force recommends that the County learn why the IST Diversion Program, despite adequate funding from the state, continues to be so under-utilized and what obstacles exist to getting IST defendants out of jail and into treatment. If, as the Task Force suspects, it becomes evident that lack of capacity at the County's acute and sub-acute facilities is the cause of such under-utilization, appropriate investments should be made in these areas so that more IST defendants can be successfully treated in non-jail settings

Alameda County Housing and Community Development & Office of Homeless Care and Coordination

15 Recommendations

HCD & OHCC (1/9)

Collaboration/ Whole Person Care/ Case Management (*Key Partners: County, ACBH, ACPD)*

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HCD & OHCC (2/9)

Continued: Collaboration/ Whole Person Care/ Case Management (*Key Partners: ACBH, ACPD, ACSO, SSA)*

2D: The County should fund and support a low barrier interagency reception housing program that individuals can be immediately released to from SRJ regardless of Medi-Cal status.

- This housing program must incorporate dual diagnosis providers and allows for triage, outreach, and coordination across providers, Probation, ACSO, and family when available. This housing program must have the ability to triage individuals to a higher level of care, treatment, and/or other transitional housing.

HCD & OHCC (3/9)

Community Based Support/Outreach/Education (*Key Partners: County, ACBH, Court)*

3A: Peers must be provided with adequate training, support, and compensation to serve in front line, promotional, decision-making, and leadership positions. Training/support should include:

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HCD & OHCC (4/9)

Continued: Community Based Support/Outreach/Education (*Key Partners: County, ACBH, OHCC, AHS, ACPD)*

3B: Expansion of peer workforce must include placement in key spaces and uplifting of their expertise in front-line and leadership roles. These positions/locations include:

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HCD & OHCC (5/9)

Funding & Accounting Transparency (*Key Partners: County (GSA)*)

6C: Remaining funds from the County's dedication of $26.6M for the Mental Health Program Services Unit in Santa Rita Jail should be reallocated for permanent supportive housing. Include a report/plan for how this money will be spent.

Housing (*Key Partners: County (GSA)*)

7D: Eliminate Discrimination:

Ensure that the unincorporated county and County-funded affordable housing projects follow Fair Chance policies, allowing people who are formerly incarcerated/ criminalized and their families access to housing and housing stability. This would require adoption, implementation, and monitoring of Fair Chance policies in the unincorporated areas of the County and in affordable housing financed by the County. The county should advocate for other cities in the County to adopt fair chance policies as well.

Cont. : Housing (*Key Partners: HCD*)

7E: Create Deep Subsidy for people with justice involvement:

Since people with criminal histories are not eligible for Section 8 housing, the County should create operating subsidy alternatives to federally funded Section 8 Housing that will not restrict access to affordable/subsidized housing to households and families with serious mental illness and those with formerly incarcerated/criminalized backgrounds.

HCD & OHCC (6/9)

Cont. : Housing (*Key Partners: HCD, County)*

7F: Deep Subsidy for SMI/SUD/Co-occurring Disorders:

People with SMI/SUD/Co-occurring disorders and those who are formerly incarcerated are more likely to be Extremely Low Income (ELI) and homeless or at risk of homelessness. The County should provide more funding to support this population in permanent supportive housing programs and services. The County should financially support the Home Together Plan and the Alameda County Housing Plan (currently being drafted).

Cont. : Housing (*Key Partners: HCD)*

7G: Anti Displacement and Homeless Prevention System:

Create and support a strong Anti Displacement and Homeless Prevention system in the County. At minimum, this should include:

- Expanding funding and availability of legal services for low income tenants who are at risk of eviction, in conflict with their landlords, etc, with a focus on those at risk of homelessness;
- Expand upstream screening and tenancy-sustaining services for individuals at highest-risk of homelessness, and deploy tenants rights education, legal services, social services, and other money management services earlier in the process to help prevent evictions and displacement;
- Ensure that the unincorporated county and County-funded affordable housing projects follow Just Cause policies, providing protection to people with SMI/SUD/ co-occurring disorders and formerly incarcerated/criminalized and their families access to housing stability.;
- Dedicate County staff and County-funded CBO staff to facilitate return to supportive housing for persons who lose access to that housing.

HCD & OHCC (7/9)

Cont. : Housing

7H: Re-fund and revive the Independent Living Association of Alameda County (ILA-AC):

- In 2017 Dr. Robert Ratner and Healthy Homes worked to educate and support independent living home operators, service providers and tenants to improve the general living conditions of boarding homes housing many living with mental illness in substandard and dangerous living conditions. Defunded in December 2021, as of November 2021, there were 17 active operators in the ILA-AC with 33 quality member homes and 206 quality beds. These homes improved through annual inspections, operator resources and trainings. Identify MHSA or other funding to re-establish this housing support service within the SHCLA, an active agent in promoting quality of life for the most vulnerable citizens.

Cont. : Housing (*Key Partners: County)*

7I: Build and support licensed board and Care:

- Expand licensed Board-and-Care facilities, which are designed to support highly impacted persons experiencing mental illness and/or substance use disorders. This expansion should both include the creation of more facilities as well as expanding sustainability funding for these facilities by ensuring and increasing patch funding for their reimbursement rates. The county should continue to conduct a periodic needs assessment of licensed Board & Care (B&C) beds, as well as Crisis Residential Treatment bed capacity.
- To maintain and increase licensed B&C stock, state reimbursement rates will need to be increased closer to those set for facilities housing people with developmental disabilities. County and local advocacy groups should partner to advocate at the state level for increased reimbursement rates for B&Cs. In addition, as the County explores future housing bond ballot measures, B&C should be included as an eligible category for the use of funds.

HCD & OHCC (8/9)

Cont. : Housing (*Key Partners: HCD)*

7J: Create an RFP for County-owned land in the unincorporated county that would be transferred to a land trust land bank to ensure the properties remain a board and care in perpetuity.

The land trust would assemble land for new construction development opportunities.

Cont. : Housing (*Key Partners: HCD)*

7L: The County should create more skilled nursing facilities (SNFs) for people with high medical needs and serious mental illness.

The sole SNF in the County that serves this population—OakDays, a HomeKey program- is always full and has demonstrated the need for expansion of these types of facilities in the county.

Cont. : Housing (*Key Partners: HCD)*

7O: Support Innovative Models:

Expand funding and support for innovative housing models, including Community Land Trust models that hold land for the purposes of maintaining permanently affordable housing for low-income renters, and where possible, with a focus on people with serious mental health challenges, e.g. the Supportive Housing Community Land Alliance. Support capital funding for OHCC's Supportive Housing Land Trust (SHCLA) in its work to stabilize the loss of licensed board and cares with purchases of available properties. With capital funding of $5 million, SHCLA proposes to leverage additional sources to make headway in increasing the dwindling licensed Board and Care stock and stabilize it with public funding.

HCD & OHCC (9/9)

Cont. : Housing (*Key Partners: HCD*)

7K: The County should build and support more interim housing options for people who are homeless and involved in the criminal justice system. This includes expanding non-congregate shelter options and maintaining existing shelters.

Cont. : Housing (*Key Partners: HCD, OHCC, ACBH*)

7L: The County should create more skilled nursing facilities (SNFs) for people with high medical needs and serious mental illness. The sole SNF in the County that serves this population—OakDays, a HomeKey program- is always full and has demonstrated the need for expansion of these types of facilities in the county.

Alameda County Probation Department

4 Recommendations

Probation Department (1/4)

Collaboration/ Whole Person Care/ Case Management (*Key Partners: County, ACBH, ACPD)*

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Probation Department (2/4)

Community Based Support/Outreach/Education (*Key Partners: County, ACBH, Court)*

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Probation Department (3/4)

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Probation Department (4/4)

Diversion (*Key Partners: Public Defender, Consult With Superior Court)*

5B: Expand Pre-Arraignment Diversion: Support and expand on the initial Reimagining Adult Justice (RAJ) recommendation that addresses post-arrest release for the entire arrested population.1

Implementation of this recommendation applies to all persons arrested in Alameda County, including those with mental illness or substance use disorders, since it would reduce pretrial incarceration for a broad array of persons whose release does not present any substantial risk to public safety. The Pretrial Services Program features a risk assessment by a Superior Court judge within 24 hours after booking (and before arraignment) to see if the arrested individual should be released from jail, and if so, under what conditions. The Probation Department supervises those who are released from jail during the pretrial phase.

Key points:

- Alameda County should **increase its use of unsupervised and supervised pretrial release**, which is an effective method for reducing the pretrial felon population in jail systems and as a diversionary off-ramp into medically appropriate treatment and/or restorative justice services.
- The **number of people eligible** should not be determined by limits on the capacity or staffing of Probation for community supervision.
- **Community supervision** should be the least onerous for clients and present fewest barriers to their success. This can be supported with electronic reminders of upcoming court dates and, (for those without reliable housing), accompaniment to the courthouse.
- Per RAJ Final Report Recommendation #34: The Superior Court should collect data on the **current risk assessment instrument (Public Safety Assessment)** and a controlled study of its outcomes should be performed, potentially in collaboration with the Probation Department. The Court and Probation should publish data on pretrial release to consider unmet needs in this area and outcomes, including those for recidivism and client health and well-being.

Alameda County Public Defender's Office

6 Recommendations

Public Defender's Office (1/7)

Collaboration/ Whole Person Care/ Case Management (*Key Partners: County, ACBH, ACPD)*

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Public Defender's Office (2/7)

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- Fair pay for lived expertise as equitable to professional and educational experience **(County and Agencies)**.

Public Defender's Office (3/7)

Continued: Community Based Support/Outreach/ Education (*Key Partners: County, AHS, OHCC, ACSO, consult with Superior Court*)

3B: Expansion of peer workforce must include placement in key spaces and uplifting of their expertise in front-line and leadership roles. These positions/locations include:

- School liaison to support families, provide respite, and mitigate conflicts **(ACBH and Center for Healthy Schools)**;
- Family case manager/liaison for John George and Cherry Hill to respond to early MH episode situations **(ACBH in partnership with AHS)**;
- Outreach in high-contact areas (e.g., hospitals, respite, etc.), community, and community hubs **(HCSA, ACBH, AHS, ACSO, ACPD)**;
- Jail in-reach inside intake, units, and releasing **(ACSO and AFBH)**;
- Peer-led interventions in housing programs and other spaces to address vicarious trauma and practice restorative practices **(ACBH and OHCC)**;
- Placement within the court systems to help families understand processes, navigate, and connect to service **(Court and PD)**;
- Clinical peers to conduct street health and on first responder teams **(HCSA, ACBH, LEA)**;
- Peer inclusion at County and Agency decision-making, policy, and funding meetings **(all Agencies).**

Public Defender's Office (4/7)

Diversion (*Key Partners: Public Defender, Consult With Superior Court)*

5B: Expand Pre-Arraignment Diversion: Support and expand on the initial Reimagining Adult Justice (RAJ) recommendation that addresses post-arrest release for the entire arrested population.

Implementation of this recommendation applies to all persons arrested in Alameda County, including those with mental illness or substance use disorders, since it would reduce pretrial incarceration for a broad array of persons whose release does not present any substantial risk to public safety. The Pretrial Services Program features a risk assessment by a Superior Court judge within 24 hours after booking (and before arraignment) to see if the arrested individual should be released from jail, and if so, under what conditions. The Probation Department supervises those who are released from jail during the pretrial phase.

Key points:

- Alameda County should **increase its use of unsupervised and supervised pretrial release**, which is an effective method for reducing the pretrial felon population in jail systems and as a diversionary off-ramp into medically appropriate treatment and/or restorative justice services.
- The **number of people eligible** should not be determined by limits on the capacity or staffing of Probation for community supervision.
- **Community supervision** should be the least onerous for clients and present fewest barriers to their success. This can be supported with electronic reminders of upcoming court dates and, (for those without reliable housing), accompaniment to the courthouse.
- Per RAJ Final Report Recommendation #34: The Superior Court should collect data on the **current risk assessment instrument (Public Safety Assessment)** and a controlled study of its outcomes should be performed, potentially in collaboration with the Probation Department. The Court and Probation should publish data on pretrial release to consider unmet needs in this area and outcomes, including those for recidivism and client health and well-being.

Public Defender's Office (5/7)

Diversion (*Key Partners: ACBH, Public Defender (with consult from Superior Court)*

5C: Behavioral Health Court, Collaborative Courts and a proposed Dual-Diagnosis Court: Produce data, and remove barriers and disincentives to court-based diversion.

Behavioral Health and collaborative courts present alternatives to incarceration for eligible people with behavioral health needs. Currently the Behavioral Health Court (BHC) is the main diversionary off ramp for incarcerated individuals who have serious mental illness. In addition, there are eight separate "Collaborative" Courts (two drug courts, a Veterans' court, two reentry courts, and three treatment courts in the family dependency department of the court system). These collaborative courts are nimble and have many clients with some combination of mental illness and SUD.

However, while these courts have successfully reduced recidivism and improved mental health outcomes for program participants, they do not come close to meeting the need. Many of those eligible do not participate because they are not referred to the court by county agencies, or because of perceptions that benefits are outweighed by the requirements for participation (e.g. 1 - 2 year(s) minimum participation versus shorter-term release, weekly court appearances, mandatory medication). Another reason may be an insufficient number of treatment slots or beds; increasing those could increase participation. The County also lacks a Co-Occurring Disorders Court, which could more successfully address the needs of people diagnosed with both mental illness and a substance use disorder, who may not be eligible for the BHC. It is reported that the County currently has a shortage of judges to add such a collaborative court.

The Superior Court's Office of Collaborative Courts works with an independent evaluator to collect demographic and outcomes data. However, the County does not reliably publish data on the outcomes of Behavioral Health or collaborative courts as measured by recidivism, numbers of persons offered and received services, or client health and well-being.

(**continued on next slide**)

Public Defender's Office (6/7)

Diversion (*Key Partners: ACBH, Public Defender (with consult from Superior Court)*

5C: Behavioral Health Court, Collaborative Courts and a proposed Dual-Diagnosis Court: Produce data, and remove barriers and disincentives to court-based diversion. (continued)

Key points

- ACBH, which runs the BHC, should contract with independent evaluators to analyze: numbers of persons who meet eligibility criteria for diversion,2 numbers offered and received services, data on recidivism and client health and well-being, and what evidence, if any, supports BHC's policy of exclusion of persons with serious felonies.
- Both ACBH and the Office of Collaborative Court should annually publish the results of independent evaluations, including criteria for participation, outcomes and metrics of success.
- As close as possible to time of booking, clinical staff should conduct a full assessment of behavioral health and eligibility for pretrial release, for collaborative courts/BHC referral, and for statutory diversion pursuant to California's Mental Health Diversion statute, Penal Code section 1001.36. Court and behavioral health personnel also should reach out as early as possible to families of clients for full information and to support follow-up.
- Collaborative courts and BHC should require court attendance that is the least onerous for clients and present fewest barriers to their success.
- The County should establish a Co-occurring Disorders Collaborative Court, possibly by converting an under-utilized collaborative court (reentry court).
- The Mental Health Advisory Board should analyze the reasons for non-participation of eligible persons in collaborative courts and BHC and make recommendations that the Board of Supervisors should consider and act upon in a public meeting.
- The BHC and Collaborative Courts should create a family liaison role, who participates in the Court and who, with permission of the client, can explain to families what is going on and receive information from families.

Public Defender's Office (7/7)

Diversion (*Key Partners: ACBH, ACPD (with consult from Superior Court)*)

5D: The Incompetent to Stand Trial (IST) Diversion Program:

The Task Force recommends that mental health resources go towards diverting IST defendants from the criminal-legal system and into clinically appropriate treatment in non-jail settings rather than towards restoring them to competency so they can then be prosecuted, convicted, and (in 24% of the cases statewide) sent to prison. Restoring mentally ill defendants to competency does not promote public safety. According to the Dept. of State Hospitals (DSH), 71% of ISTs who are restored to competency, prosecuted and convicted recidivate within 3 years of release. The comparable rate for non-IST defendants is 41%.

Since the enactment of Penal Code section 1001.36 (the Mental Health Diversion Act) in 2018, most ISTs are eligible to be diverted into treatment rather than restored to competency. And unlike non-ISTs who must agree to treatment before they can be diverted, IST defendants can be diverted and treated over objection (in other words, the statute provides a non-LPS mechanism for treating ISTs who are too ill to realize they are sick). If diversion is successful (ie, if the defendant stays in treatment for the requisite amount of time), the criminal case is dismissed. Alameda County has already received significant funding from the DSH to implement a Pilot IST Diversion Program. Unfortunately, of the approximately 80 felony IST defendants per year in Alameda County, only a handful have been diverted under the Pilot program. The Task Force recommends that the County learn why the IST Diversion Program, despite adequate funding from the state, continues to be so under-utilized and what obstacles exist to getting IST defendants out of jail and into treatment. If, as the Task Force suspects, it becomes evident that lack of capacity at the County's acute and sub-acute facilities is the cause of such under-utilization, appropriate investments should be made in these areas so that more IST defendants can be successfully treated in non-jail settings

Alameda County Sheriff's Office

6 Recommendations

Sheriff's Office (1/5)

Collaboration/ Whole Person Care/ Case Management (*Key Partners: County, ACBH, ACPD)*

2B: Interagency Communication and Coordination:

In the interest of non-duplication of efforts and prevention of individuals falling through the cracks of services, the Taskforce recommends the following actions to increase collaboration between agencies:

- Each county agency to assign a delegate to be the inter-agency communication liaison. If it is not possible to have a dedicated staff person, then establish a communication strategy. **(All Agencies)**
- Create a central contact point for triage and communicating to clients and Public Defenders about services so programs don't get overbooked. **(ACPD)**
- Community MH providers contacted by custody staff upon intake and during service coordination to plan for possible referral to service providers for collaborative courts or appropriate discharge and service coordination. **(ACSO)**
- ACBH/AFBH, ACSO/Wellpath to implement coordinated service assessment and connection to in custody services and referrals for CBO providers.**(ACBH, ACSO)**
- ACBH/AFBH, ACSO/Wellpath to implement coordinated discharge efforts and central point of contact for CBO providers.**(ACBH, ACSO)**
- Assign personnel to family liaison roles within ACBH FSC or Alameda County Sheriff's Office (ACSO) in order that family caregivers are able to provide what can be vital information on the medical and psychiatric history and current needs of the incarcerated person. **(ACBH, ACSO)**
- Service roadmap: ACBH to develop a roadmap from Santa Rita Jail (SRJ) to the programs and facilities providing treatment and re-entry support. **(ACBH)**
- Evaluate the implementation of all elements of a No Wrong Door policy, as required by CalAIM, in Alameda County, and determine needed next steps that ensure access to care. **(ACBH)**
- Conduct a comprehensive assessment and redesign of ACBH ACCESS line that ensures access to services consistent with CalAIM, No Wrong Door policy, and clinical need. **(ACBH)**
- Non-clinical public safety database at county level of high-contact individuals; LE, DA's Office, Probation/Parole communication too. **(ACSO)**

Sheriff's Office (2/5)

Community Based Support/Outreach/Education (*Key Partners: County, ACBH, Court)*

3A: Peers must be provided with adequate training, support, and compensation to serve in front line, promotional, decision-making, and leadership positions. Training/support should include:

- Specialty and diversion programs, resources, and outreach information to improve grassroots coordination including linkages in threshold languages (all Agencies);
- Court operations, legal language, and making decisions **(Court, PD/DA)**;
- interventions to facilitate peer support groups, family collaboration, street outreach, and de-escalation services **(ACBH)**;
- Jail services, in-reach, and advocacy **(ACSO, ACBH)**;
- access to decision-making meetings and validate (uplift?) peer expertise **(all Agencies)**;
- Medi-Cal billing and other charting to expand peer tasks/positions **(ACBH)**;
- Support/subsidies to help peers obtain certifications, credentials, and on the job experience **(all Agencies)**;
- Fair pay for lived expertise as equitable to professional and educational experience **(County and Agencies)**.

Sheriff's Office (3/5)

Continued: Community Based Support/Outreach/Education (*Key Partners: County, ACBH, OHCC, AHS, ACPD)*

3B: Expansion of peer workforce must include placement in key spaces and uplifting of their expertise in front-line and leadership roles. These positions/locations include:

- School liaison to support families, provide respite, and mitigate conflicts **(ACBH and Center for Healthy Schools)**;
- Family case manager/liaison for John George and Cherry Hill to respond to early MH episode situations **(ACBH in partnership with AHS)**;
- Outreach in high-contact areas (e.g., hospitals, respite, etc.), community, and community hubs (HCSA, ACBH, AHS, ACSO, ACPD);
- Jail in-reach inside intake, units, and releasing (**ACSO and AFBH)**;
- Peer-led interventions in housing programs and other spaces to address vicarious trauma and practice restorative practices **(ACBH and OHCC)**;
- Placement within the court systems to help families understand processes, navigate, and connect to service **(Court and PD)**;
- Clinical peers to conduct street health and on first responder teams **(HCSA, ACBH, LEA)**;
- Peer inclusion at County and Agency decision-making, policy, and funding meetings **(all Agencies)**.

Sheriff's Office (4/5)

Housing

7A: Connect People to Housing Before Reentry:

- The Sheriff should be required to formulate a housing-focused reentry plan, with an emphasis on supportive housing, for people leaving the jail who have a documented behavioral health diagnosis. The plan should require immediate post-release housing placement and housing navigation services. This reentry plan should begin with 90/60/30-day pre-release housing support, and should assure that people are matched to appropriate transitional housing for SMI/SUD/co-occurring populations immediately upon release.

- For people who are spending less than 30 days in Santa Rita Jail, and have a documented behavioral health diagnosis, the Sheriff should ensure pre-release connection to the County's (HCSA) housing navigation services. The purpose would be for the County's housing navigators to connect with people before release to see if they have housing to go to; if not, then they should connect people to housing (including bridge housing options) and get them into the coordinated entry system to get assessed for permanent supportive housing.

Sheriff's Office (5/5)

Continued: Housing

7B: Coordinated Entry at Santa Rita:

- Alameda County should establish a coordinated entry access point at Santa Rita Jail. This would allow County navigators to get people assessed for permanent supportive housing before exit to the community.

Continued: Housing (*Key Partners: ACPD, County)*

7C: Expand realignment supports:

- Alameda County should create and financially support a realignment system that supports people leaving the jails with sufficient time to gain the job training, job placement and housing navigation support to become sustainably housed at the end of their support period. At minimum, this would require expanding the length of time for realignment support services from six months to two years

Alameda County Social Services Agency

7 Recommendations

Social Services Agency (1/6)

Collaboration/ Whole Person Care/ Case Management (*Key Partners: County, ACBH, ACPD)*

2B: Interagency Communication and Coordination:

In the interest of non-duplication of efforts and prevention of individuals falling through the cracks of services, the Taskforce recommends the following actions to increase collaboration between agencies:

- Each county agency to assign a delegate to be the inter-agency communication liaison. If it is not possible to have a dedicated staff person, then establish a communication strategy. **(All Agencies)**
- Create a central contact point for triage and communicating to clients and Public Defenders about services so programs don't get overbooked. **(ACPD)**
- Community MH providers contacted by custody staff upon intake and during service coordination to plan for possible referral to service providers for collaborative courts or appropriate discharge and service coordination. **(ACSO)**
- ACBH/AFBH, ACSO/Wellpath to implement coordinated service assessment and connection to in custody services and referrals for CBO providers.**(ACBH, ACSO)**
- ACBH/AFBH, ACSO/Wellpath to implement coordinated discharge efforts and central point of contact for CBO providers.**(ACBH, ACSO)**
- Assign personnel to family liaison roles within ACBH FSC or Alameda County Sheriff's Office (ACSO) in order that family caregivers are able to provide what can be vital information on the medical and psychiatric history and current needs of the incarcerated person. **(ACBH, ACSO)**
- Service roadmap: ACBH to develop a roadmap from Santa Rita Jail (SRJ) to the programs and facilities providing treatment and re-entry support. **(ACBH)**
- Evaluate the implementation of all elements of a No Wrong Door policy, as required by CalAIM, in Alameda County, and determine needed next steps that ensure access to care. **(ACBH)**
- Conduct a comprehensive assessment and redesign of ACBH ACCESS line that ensures access to services consistent with CalAIM, No Wrong Door policy, and clinical need. **(ACBH)**
- Non-clinical public safety database at county level of high-contact individuals; LE, DA's Office, Probation/Parole communication too. **(ACSO)**

Social Services Agency (2/6)

Community Based Support/Outreach/Education (*Key Partners: County, ACBH, Court)*

3A: Peers must be provided with adequate training, support, and compensation to serve in front line, promotional, decision-making, and leadership positions. Training/support should include:

- Specialty and diversion programs, resources, and outreach information to improve grassroots coordination including linkages in threshold languages (all Agencies);
- Court operations, legal language, and making decisions **(Court, PD/DA)**;
- interventions to facilitate peer support groups, family collaboration, street outreach, and de-escalation services **(ACBH)**;
- Jail services, in-reach, and advocacy **(ACSO, ACBH)**;
- access to decision-making meetings and validate (uplift?) peer expertise **(all Agencies)**;
- Medi-Cal billing and other charting to expand peer tasks/positions **(ACBH)**;
- Support/subsidies to help peers obtain certifications, credentials, and on the job experience **(all Agencies)**;
- Fair pay for lived expertise as equitable to professional and educational experience **(County and Agencies)**.

Social Services Agency (3/6)

Continued: Community Based Support/Outreach/Education (*Key Partners: County, ACBH, OHCC, AHS, ACPD)*

3B: Expansion of peer workforce must include placement in key spaces and uplifting of their expertise in front-line and leadership roles. These positions/locations include:

- School liaison to support families, provide respite, and mitigate conflicts **(ACBH and Center for Healthy Schools)**;
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- Clinical peers to conduct street health and on first responder teams **(HCSA, ACBH, LEA)**;
- Peer inclusion at County and Agency decision-making, policy, and funding meetings **(all Agencies)**.

Social Services Agency (4/6)

Continued: Community Based Support/Outreach/ Education

3F: Alameda County Social Service Agency (SSA) Workforce Development to work with Agency partners, develop trainings, workshops, skill development opportunities, and employment pipelines for those in reentry and/or who have lived experience.

- Look for and promote reentry employers.
- Look for and promote peer and community health worker positions/employers.
- Look for and promote positions that do not require a high school (HS) diploma and/or past work experience.
- Provide connections to on the job training, transitional, and subsidized employment.
- Provide training and connection for career and promotional positions.
- Promote living wages employment for peers and the reentry population.

Social Services Agency (5/6)

Housing (*Key Partners: HCD*)

7N: Target County Housing Funds to SMI/SUD/Co-occurring Clients:

The County needs to demonstrate that it is focused on prioritizing housing solutions for the population that has SMI/SUD/co-occurring and/or have criminal justice system involvement. Any plans that the County is creating for housing should include a specific and explicit element dedicated to how the plan will address housing shortages and placement for this population. This is specifically important for any new funding streams that the County receives related to housing or to services for this population, e.g. MHSA and/or BHSA - Behavioral Health Services Act dollars, regional housing bond dollars, etc. The County agencies that receive the funding should collaborate with the housing department to make a specific plan for how those funds will be used to create supportive housing units, B&C, supported independent living programs, and other interim housing options for this population. The plan should include a clear assessment of need and how this plan addresses that need, and an accounting of the number of dollars and number and type of housing units that will be created for this population. Furthermore, the County should provide regular annual reporting to the public on their progress towards the goals and commitments made in that plan.

Social Services Agency (6/6)

Staff Training & Professional Development (*Key Partners: ACBH)*

10C: Increase opportunities for supported employment to help people get back to work who are on disability related to mental health diagnoses.

This supported employment program should require regular and repeated mental health training for employment providers on early warning indicators, referral and navigation services, and other ways to support this workforce.

Continued: Staff Training & Professional Development (*Key Partners: ACBH)*

10D: ACBH should enhance the availability and delivery of mental health services for individuals who are currently or previously incarcerated at Santa Rita.

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, to ensure appropriate support and connection to housing, psychiatry, medical care, and other supports during reentry.

Alameda County Behavioral Health

18 Recommendations

Behavioral Health (1/12)

Collaboration/ Case Management/ Reentry

2A: There are several initiatives in motion to increase the number of Full Service Partnerships (FSP) in Alameda County (Disability Rights California/Department of Justice Settlement, Forensic Plan Implementation, Proposition 1/MHSA reform). The DRC settlement requires assessment of the number of FSPs by November 2024. Based on the DRC mandated assessment, the recommendation to ACBH is to:

- ensure that the **number of FSPs available in Alameda County meet the demand/needs of the community**.
- make any **unused FSP slots available to/filled by individuals who need them**.
- provide a **monthly report to the community on the number and type of available FSPs, including the number that are unused.**

Behavioral Health (2/12)

Collaboration/ Whole Person Care/ Case Management (*Key Partners: County, ACBH, ACPD)*

2B: Interagency Communication and Coordination:

In the interest of non-duplication of efforts and prevention of individuals falling through the cracks of services, the Taskforce recommends the following actions to increase collaboration between agencies:

- Each county agency to assign a delegate to be the inter-agency communication liaison. If it is not possible to have a dedicated staff person, then establish a communication strategy. **(All Agencies)**
- Create a central contact point for triage and communicating to clients and Public Defenders about services so programs don't get overbooked. **(ACPD)**
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- ACBH/AFBH, ACSO/Wellpath to implement coordinated discharge efforts and central point of contact for CBO providers.**(ACBH, ACSO)**
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- Conduct a comprehensive assessment and redesign of ACBH ACCESS line that ensures access to services consistent with CalAIM, No Wrong Door policy, and clinical need. **(ACBH)**
- Non-clinical public safety database at county level of high-contact individuals; LE, DA's Office, Probation/Parole communication too. **(ACSO)**

Behavioral Health (3/12)

Cont. : Collaboration/ Case Management/ Reentry (*Key Partners: ACSO)*

2C: 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. ACBH should engage with Roots Health Center and explore how SLP can be expanded to:

- Provide services 24/7;
- Operate out of a permanent structure; and
- Have a presence inside the jail so staff have an opportunity to engage with incarcerated individuals prior to their release.
- Provide Emergency Medication Screening and Prescription & Physical medications

Behavioral Health (4/12)

Community Based Support/Outreach/ Education (*Key Partners: County, ACSO)*

3A: Peers must be provided with adequate training, support, and compensation to serve in front line, promotional, decision-making, and leadership positions. Training/support should include:

- Specialty and diversion programs, resources, and outreach information to improve grassroots coordination including linkages in threshold languages (**all Agencies**);
- Court operations, legal language, and making decisions (**Court, PD/DA**);
- interventions to facilitate peer support groups, family collaboration, street outreach, and de-escalation services (**ACBH**);
- Jail services, in-reach, and advocacy (**ACSO,** ACBH);
- access to decision-making meetings and validate (uplift?) peer expertise (**all Agencies**);
- Medi-Cal billing and other charting to expand peer tasks/positions (**ACBH**);
- Support/subsidies to help peers obtain certifications, credentials, and on the job experience (**all Agencies**);
- Fair pay for lived expertise as equitable to professional and educational experience (**County and Agencies**).

Behavioral Health (5/12)

Community Based Support/Outreach/ Education (*Key Partners: County, AHS, ACPD, OHCC, ACSO, Consult w/ Center for Healthy Schools)*

3B: Expansion of peer workforce must include placement in key spaces and uplifting of their expertise in front-line and leadership roles. These positions/locations include:

- **School liaison to support families**, provide respite, and mitigate conflicts (**ACBH** and Center for Healthy Schools);
- **Family case manager/liaison for John George and Cherry Hill** to respond to early MH episode situations (**ACBH** in partnership with AHS);
- **Outreach in high-contact areas** (e.g., hospitals, respite, etc.), community, and community hubs (HCSA**, ACBH**, AHS, ACSO, ACPD);
- **Jail in-reach** inside intake, units, and releasing (**ACSO** and AFBH);
- **Peer-led interventions in housing program**s and other spaces to address vicarious trauma and practice restorative practices (**ACBH** and OHCC);
- **Placement within the court systems** to help families understand processes, navigate, and connect to service (Court and **PD**);
- **Clinical peers to conduct street health** and on first responder teams (HCSA, **ACBH**, LEA);
- **Peer inclusion at County and Agency decision-making**, policy, and funding meetings (**all Agencies**).

Behavioral Health (6/12)

Cont. : Community Based Support/Outreach/ Education (*Key Partners: County)*

3D: Alameda County Public Information Campaign with loved ones, caretakers, school personnel and neighbors being the primary audience.

Information must be provided about:

- Peers, the work of peers, where/how to find them, and how to become a peer;
- Community centers, local resources, and how to find them;
- Alternatives to calling police and crisis intervention teams;
- Community meeting and advisory boards.

Cont. : Community Based Support/Outreach/ Education (*Key Partners: County)*

3E: ACBH/HCSA to identify a staff or team responsible for engaging with Law Enforcement Agencies regarding MH diversion and interventions. The team will:

- Develop, update, and disseminate literature to law enforcement agency (LEA);
- Facilitate training/informational meetings with LEA about available options;
- Evaluate LEA on their crisis intervention team (CIT) training.

Behavioral Health (7/12)

Cont. : Community Based Support/Outreach/ Education

3J:Develop a service training program and collaboration between ACBH & local university, community college, and school-based (middle & high) health systems for early identification of mental illness among older youth and transitional age youth (TAY).

This service training program would train school-based mental health counselors on proper family notification, expedited referral pathways from school-based health systems to ACBH programs, and awareness about early warning indicators for other campus staff (residential advisors, educators, etc).

Cont. : Community Based Support/Outreach/ Education (*Key Partners: Consult with Felton Institute)*

3K: Assess the capacity of providers who work with TAY (such as at-risk 16-17 year olds) who are homeless or at risk of homelessness on their ability to connect youth to housing, workforce, and supportive services, and fund them as appropriate to increase and scale services to meet any unmet needs.

Behavioral Health (8/12)

Cont. : Community Based Support/Outreach/ Education (*Key Partners: Consult with Felton Institute)*

3L: First Episode Psychosis:

The standard of care for treatment of first episode psychosis (FEP) is Coordinated Specialty Care (CSC) – a team based, person-centered approach offering case management, recovery-oriented psychotherapy, medication management, family support and education, and supported education and employment.[1] Felton Institute runs two integrated CSC-FEP programs serving TAY-aged youth who have Alameda County MediCal or are MediCal eligible. The re(Mind) program specializes in schizophrenia-spectrum disorders, the BEAM program in bipolar and other mood disorders. Located in the City of Alameda, these programs have a combined capacity of 100 individuals. By one estimate, the need for specialty FEP care in Alameda County's MediCal-served population is 1,000 individuals per year [2] -- 10 times Felton's capacity. Felton's targeting of youth aged 15 - 25, while well-justified, misses a large number of individuals whose initial presentation of psychosis appears later. Their location in the City of Alameda likely poses barriers to potential participants.

Recommendations:

A. **Program evaluation –** Felton participates in U.C. Davis' statewide evaluation of FEP programs. Evaluation of Felton's Alameda program is expected toward the end of the year.[3] Felton and ACBH should make this evaluation public and available to the group designated to monitor the CFJL implementation.

B. **Public awareness -** Develop a public information campaign to promote awareness of Felton's FEP programs. Rationale: The program is currently under-enrolled by 50 percent and among the general groupings of experienced volunteer family advocates and family organizational leaders, there's little awareness of families who've utilized its services.

C. **Expand participation** - Age restriction and program location should be studied as limits or barriers to participation. The possibility of opening a second location, closer to areas of greatest need, should be considered .

Behavioral Health (9/12)

Cont. : Community Based Support/Outreach/ Education

3M: ACBH should review its on-line directory of services for its accessibility to an average citizen, reading at a 6 grade level. Change language and description of services as needed for ease of navigation for both those with elementary reading skill and those who are reading proficient. Also, while ACCESS and the on-line directory are current and important services, the general public, and some providers, report being unaware of them. Initiate a public awareness campaign to make visible these critical resources.

4.5 Treatment Beds

4.5A:The Task Force recommends that Alameda County create more psychiatric treatment beds, especially at the sub-acute level, to reach the numerical levels set forth above.

Treatment Beds

4.5B: The Task Force recommends that the County assess the unmet needs of individuals with serious mental illness to determine how many psychiatric treatment beds, at all levels of acuity, are needed in the County.

Because the issues are so interrelated, this “Bed Assessment” should happen at the same time as the County is already doing the Full Service Partnership Assessment and the Mobile Crisis Assessment pursuant to the settlement of the Disability Rights lawsuit.

Behavioral Health (10/12)

Staff Training & Professional Development (*Key Partners: ACSO)*

10D: ACBH should enhance the availability and delivery of mental health services for individuals who are currently or previously incarcerated at Santa Rita.

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, to ensure appropriate support and connection to housing, psychiatry, medical care, and other supports during reentry.

Cont. : Staff Training & Professional Development

10E: Culturally competent countywide training for first responders in MH crisis services and 5150 assessments:

In order to address equity gaps and race-based discrimination in first crisis response, the Taskforce recommends multiple actions specifically for crisis and first responders countywide.

1. **Conduct an evaluation of the current Crisis Intervention Training (CIT) curriculum to identify levels of inclusivity** in regard to racial realities and cultural responsiveness. Based on this analysis, the Task force recommends:
   - Any assessment to include a criteria checklist (including a racial equity lens, a
   - concern for decarceration, and success metrics).
   - **ACBH to make quarterly reports to the Health Committee** of the Board of Supervisors on the progress (capacity of treatment and training).
2. **Pay Equity throughout the county**
   - Align pay to staff and contractors for mobile behavioral health crisis team (CATT and MCT) staff with County compensation structures
   - 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.Several reports indicate that persons who staff the County’s crisis response teams are not paid adequately and work in unsustainable conditions.

Behavioral Health (11/12)

Family Supports

11A: Assign a case manager or family navigator to any patient/family experiencing an early illness episode.

This applies to anyone with Severe Mental Illness or Co-occurring Disorder (designated number 3 or 4 level of care in the jail) and/or exiting hospital on a psychiatric hold.

Cont. : Family Supports

11B:Involve families starting with the first mental health (MH) crisis (for example, at John George or Santa Rita) by doing the following:

- Assigning a caseworker or advocate to the family;
- Requesting a broad HIPAA Release of Information from the client as early as possible;
- Recruiting family advocates for crisis and outreach teams;
- Recruiting family advocates and giving them peer certification training;
- Having an office for family advocates (*for example Bev Bergman's office at John George*);
- Providing a culturally informed advice line for families and clients;
- Endeavoring to assign a psychiatrist and therapist to follow a client throughout their experience with the system and with medications.

Behavioral Health (12/12)

Cont. : Family Supports

11C: Implement an Advice Line, broadly available (hours to be determined) and modeled after the Kaiser Advice Nurse line, and available to family caregivers, concerned family members, friends and consumers of psychiatric and substance abuse services.

Success of service will depend on well organized public introduction of its availability.

- **Site of Service**: Recommend ACBH Psychiatry Department, under Chief Medical Officer, Aaron Chapman, MD, and Department's Deputy Director, Angela Coombs, MD, an African American psychiatrist with a specialty in first episode psychosis. The ACBH Psychiatry Department also houses Mobile Crisis Services.
- **Rationale**: The Department of Psychiatry is arguably the best equipped to train and oversee an Advice Line staff, which will require a range of competencies in signs and symptoms of serious mental illness, psychiatric medications and the range of its side effects, equity issues including tendencies to over-medicate African American men and the complex service system.
- **Expected Impact**: This service should be particularly helpful in supporting a wide range of families and consumers who invariably face challenging circumstances and decisions in supporting family members or themselves in search of recovery.

Alameda Countywide

20 Recommendations

Countywide (1/14)

African American Resource Center (*Key Partners: ACBH)*

1A: Create and support ongoing funding of an African American Resource Center (the Center) that provides information and culturally responsive services in the areas of education, physical health (e.g., nutrition, meal services, and medical services) and mental health services (including psychiatric support, medication management, and individual and group therapy).

In order to support the Center in community responsiveness, the County should develop an African American advisory committee with minimum 50% representation of people with lived experience, including family members, with the goal of identifying necessary services, culturally responsive resources, and to support the expansion and dissemination of funds relative to the Center.

Cont. : African American Resource Center (*Key Partners: ACBH)*

1B: Information about the African American Resource Center should be widely available in the African American communities across Alameda County

and should be shared by County and community agencies, including at every step of the criminal legal process (e.g., law enforcement, courts, probation, etc.).

Countywide (2/14)

Collaboration/ Whole Person Care/ Case Management (*Key Partners: County, ACBH, ACPD)*

2B: Interagency Communication and Coordination:

In the interest of non-duplication of efforts and prevention of individuals falling through the cracks of services, the Taskforce recommends the following actions to increase collaboration between agencies:

- Each county agency to assign a delegate to be the inter-agency communication liaison. If it is not possible to have a dedicated staff person, then establish a communication strategy. **(All Agencies)**
- Create a central contact point for triage and communicating to clients and Public Defenders about services so programs don't get overbooked. **(ACPD)**
- Community MH providers contacted by custody staff upon intake and during service coordination to plan for possible referral to service providers for collaborative courts or appropriate discharge and service coordination. **(ACSO)**
- ACBH/AFBH, ACSO/Wellpath to implement coordinated service assessment and connection to in custody services and referrals for CBO providers.**(ACBH, ACSO)**
- ACBH/AFBH, ACSO/Wellpath to implement coordinated discharge efforts and central point of contact for CBO providers.**(ACBH, ACSO)**
- Assign personnel to family liaison roles within ACBH FSC or Alameda County Sheriff's Office (ACSO) in order that family caregivers are able to provide what can be vital information on the medical and psychiatric history and current needs of the incarcerated person. **(ACBH, ACSO)**
- Service roadmap: ACBH to develop a roadmap from Santa Rita Jail (SRJ) to the programs and facilities providing treatment and re-entry support. **(ACBH)**
- Evaluate the implementation of all elements of a No Wrong Door policy, as required by CalAIM, in Alameda County, and determine needed next steps that ensure access to care. **(ACBH)**
- Conduct a comprehensive assessment and redesign of ACBH ACCESS line that ensures access to services consistent with CalAIM, No Wrong Door policy, and clinical need. **(ACBH)**
- Non-clinical public safety database at county level of high-contact individuals; LE, DA's Office, Probation/Parole communication too. **(ACSO)**

Countywide (3/14)

Community Based Support/Outreach/ Education (*Key Partners: County, ACSO)*

3A: Peers must be provided with adequate training, support, and compensation to serve in front line, promotional, decision-making, and leadership positions. Training/support should include:

- Specialty and diversion programs, resources, and outreach information to improve grassroots coordination including linkages in threshold languages (**all Agencies**);
- Court operations, legal language, and making decisions (**Court, PD/DA**);
- interventions to facilitate peer support groups, family collaboration, street outreach, and de-escalation services (**ACBH**);
- Jail services, in-reach, and advocacy (**ACSO,** ACBH);
- access to decision-making meetings and validate (uplift?) peer expertise (**all Agencies**);
- Medi-Cal billing and other charting to expand peer tasks/positions (**ACBH**);
- Support/subsidies to help peers obtain certifications, credentials, and on the job experience (**all Agencies**);
- Fair pay for lived expertise as equitable to professional and educational experience (**County and Agencies**).

Countywide (4/14)

Community Based Support/Outreach/ Education (*Key Partners: County, AHS, ACPD, OHCC, ACSO, Consult w/ Center for Healthy Schools)*

3B: Expansion of peer workforce must include placement in key spaces and uplifting of their expertise in front-line and leadership roles. These positions/locations include:

- **School liaison to support families**, provide respite, and mitigate conflicts (**ACBH** and Center for Healthy Schools);
- **Family case manager/liaison for John George and Cherry Hill** to respond to early MH episode situations (**ACBH** in partnership with AHS);
- **Outreach in high-contact areas** (e.g., hospitals, respite, etc.), community, and community hubs (HCSA**, ACBH**, AHS, ACSO, ACPD);
- **Jail in-reach** inside intake, units, and releasing (**ACSO** and AFBH);
- **Peer-led interventions in housing program**s and other spaces to address vicarious trauma and practice restorative practices (**ACBH** and OHCC);
- **Placement within the court systems** to help families understand processes, navigate, and connect to service (Court and **PD**);
- **Clinical peers to conduct street health** and on first responder teams (HCSA, **ACBH**, LEA);
- **Peer inclusion at County and Agency decision-making**, policy, and funding meetings (**all Agencies**).

Countywide (5/14)

Community Based Support/Outreach/ Education (*Key Partners: Central HR*)

3C: Modify County HR process to increase reentry hiring and inclusion of those with lived experience (e.g., hiring of those with past felonies and/or MH/SUD service consumers) in various roles and positions.

- **Add lived expertise (including that of family caregivers) as a criteria for evaluation** in a way that is equitable to professional and educational experience.
- **Expand Reentry Hiring Initiative** and require County agencies to hire the reentry community in relevant positions.
- **Felony is not an exclusionary factor** unless it conflicts with the position being applied for.
- **Prioritize development and reentry/peer hiring of positions** listed in "Peer Recommendations Umbrellas" above.
- **Training of HR Techs on biases** and objectively evaluating lived expertise.

Community Based Support/Outreach/ Education (*Key Partners: ACPD*)

3G: County-wide investment in the Center of Reentry Excellence (CORE) as Alameda County's reentry center. Inter-Agency support and collective impact will:

- Ensure access to services beyond AB 109;
- Prioritize reentry population in accessing County resources;
- Increase community and improve service connection for reentry population and their supporters (e.g. families and/or caregivers);
- Expand to regional satellite location(s) through a unified model;
- Embed peers and community health workers at the CORE to conduct outreach, service connection, advocacy, etc.

Countywide (6/14)

Crisis Services/5150 (*Key Partners: ACBH)*

4A:The Taskforce recommends expansion of 24/7 city and county crisis response teams to all parts of Alameda County;

and to address the full range of mental health crises, substance use, and other nonviolent disputes that otherwise would only be addressed by law enforcement. The Task Force strongly encourages Alameda County to create a fully integrated approach across mental health and Substance Use Disorder (SUD) delivery systems in which a single mobile crisis service infrastructure serves the entire County, and is aggressive about police training in anti-bias behavior and de-escalation approaches. This program should include a triage system for those taking 911 calls, as well as training to assess calls on what level of intervention is needed, so that using law enforcement in mental health crisis calls is a last resort.

Countywide (7/14)

Cont. : Crisis Services/5150 (*Key Partners: ACBH)*

4B:The Task Force recommends that the County make the necessary investments in the types of post-crisis care services that will effectively treat these individuals and serve the unmet needs of this population. The Task Force further recommends that Mobile Crisis Teams include the following best practices:

- **Peer involvement**: It is considered a national best practice to include individuals with lived experience (including family caregivers) as members of MCTs. Since Peer Support Services is a distinct service type under Medi-Cal, a certified Peer Support Specialist (PSS) should participate as an MCT member;
- **Follow-up check-ins**: Within 72 hours of the initial mobile crisis response, a member of the MCT should make a follow-up check-in to support continued resolution of the crisis, provide additional referrals, check on the status of appointments and support scheduling;
- **Coordination with other delivery systems:** A mobile crisis response indicates that the beneficiary needs additional services or that the current array of services is insufficient or inappropriate. Accordingly, if the MCT learns that a beneficiary is already receiving services from a provider (FSP, Case Management Team, Social Worker, etc.), a team member should alert the beneficiary's care provider within 24 hours of a mobile crisis response and provide basic information about the encounter and coordinate referrals and follow-up care;
- **Response times**: There must be sufficient mobile crisis response capacity in Alameda County so that an MCT arrives at the location where a crisis occurs within 30 minutes of the call;
- **Community engagement:** Mobile crisis response can only be successful when it is well-known throughout the community how to request mobile crisis services. Accordingly, the mobile crisis service system must conduct outreach about the availability of mobile crisis services and educate community members about how to request help when someone is in need;
- **Explicit policy on 5150 decisions**: ACBH or the appropriate agency should issue standard guidance for how teams and police responders interpret the criteria for 5150. For example, how imminent should the danger be, how should family experience be taken into account, how should the availability of beds be taken into account? Katy Polony of In Home Outreach Team (IHOT) has explained that 5150s have become difficult for reasons that are not clear. A 5150 can be a desirable outcome because for some it is the only path to a higher level of care;
- **Law Enforcement**: Law enforcement agencies should create and publish policies to refer persons eligible for crisis response services to MCTs. Unless specified safety concerns are present, it is considered a best practice for the mobile crisis response team to respond without law enforcement accompaniment. When safety concerns are present, the police who respond should be trained in de-escalation techniques and in understanding implicit bias, as may be covered elsewhere in the Task Force recommendations;
- **Documentation:** All follow-up check-ins, alerts to the beneficiary's current care providers, and response times must be documented and included in all evaluations of the mobile crisis response system.

Countywide (8/14)

Cont. : Crisis Services/5150 (*Key Partners: ACBH)*

4C:Pursuant to the recent settlement of the Disability Rights California (DRC) lawsuit, Alameda County must, within one year, complete a public-facing assessment of needs and gaps in mobile crisis coverage that is designed to determine the amount and number of MCTs needed to effectively serve the entire county.

The Task Force recommends that as soon as reasonably possible and before its completion, the Mobile Crisis Assessment be presented to the public for input and comment.

Countywide (9/14)

Funding & Accounting Transparency (*Key Partners: CAO*)

6A: The CAO must transparently report the funds that are available, earmarked, budgeted, allocated, etc. to support the CFJL population and make this information publicly viewable by website. This includes:

- Funding source, amount of allocation, intention for funds, and Agency receiving the funding provided with all reporting
- Realignment/reentry funding that comes from and/or goes into general funds, reserves, or other pots of funding
- Tracking of CalAIM funds including PATH and other reimbursements
- Funding available for reinvestment and cost-savings must remain within CFJL population
- Unspent funds and funding balances in reported accounts
- Unspent funds in Santa Rita Jail for County and Contractor staff including Agency allocations, overtime, unfilled staff positions
- Funding allocated to address Babu settlement
- Updating the information every 6mo after initial report

Countywide (10/14)

Cont. : Funding & Accounting Transparency (*Key Partners: CAO)*

6B: Increase and maintain Alameda County advocacy to the California and federal governments for legislation that expands funds. Continue to seek new resources as programs are created.

Cont. : Funding & Accounting Transparency (*Key Partners: CAO)*

6D: Create transparency for the Babu settlement with information accessible through Alameda County website including:

- Budget report on allocation of funds
- Spending and funding source used to address Babu settlement terms
- Outcomes and impact including reducing deaths in the jail
- Site monitor reports

Countywide (11/14)

Cont. : Funding & Accounting Transparency (Key Partners: ACBH)

6E: Fully fund ACBH's countywide Forensic Plan.

- Six CATT MCTs. Estimated cost: $6.6M, general fund.
- Crisis 24-hour dispatch service. Estimated cost: $2.2M, general fund.
- Expand voluntary residential treatment beds countywide. Estimated cost: $16.5M, reserves.
- New board and care facilities. Estimated cost: $2.2M, reserves.
- Facility for co-occurring mental illness/substance treatment. Estimated cost:$1.05M, reserves.
- Hospital beds (25-bed subacute facility, 16-bed acute facility). Estimated cost: $9.5M, reserves.
- Expand satellite urgent care clinic services. Estimated cost: $2M, general fund.
- Re-entry support teams. Estimated cost: $1.08M, general fund.
- Peer respite for persons from Santa Rita Jail, on probation, at risk. Estimated cost: $1M, general fund.

Countywide (12/14)

Cont. : Funding & Accounting Transparency (*Key Partners: ACBH, Consult w/ BOSS, Felton institute, La Familia, BH Collaborative)*

6F: Improve recruitment and retention for crisis and community mental health teams and ensure pay equity and parity between County, private sector, and community-based organizations. This would include:

- Writing living wage compensation into County RFP/RFQ and contracts
- Provide hazard pay
- Provide paid time off and wellness benefits

Cont. : Funding & Accounting Transparency (*Key Partners: ACBH, Consult w/ CAO)*

6G: Produce an annual report of estimated operating and capital costs for housing and treatment of persons with different levels of behavioral health needs.

- Include the number of persons served
- Comparison of net county costs (after reimbursements and grants are considered) for
- persons incarcerated at Santa Rita Jail with housing and treatment
- Net county costs for non-jail placements (acute care, sub-acute care, crisis residential facilities, and supportive housing)
- The report will be submitted to the Mental Health Advisory Board and to the Board of Supervisors annually in advance of annual budget hearings

Countywide (13/14)

Cont. : Funding & Accounting Transparency

6H: Cost-savings from the jail, hospitals, and unspent funds must be earmarked for CFJL populations and the reallocation should be prioritized to address other CFJL recommendations.

- Writing living wage compensation into County RFP/RFQ and contracts
- Provide hazard pay
- Provide paid time off and wellness benefits

Housing (*Key Partners: HCD*)

7M: Invest more funding in Affordable Housing and Permanent Supportive Housing for those with SMI/SUD or co-occurring illness:

- Invest a minimum of $80M annually to expand supportive housing units for this population. $80 million would represent an increase from the approximately $46 million from the County's General Fund allocated in FY 2021-2022, which accounted for about one quarter of all funds dedicated to the Home Together plan. Facilitate the conversion of existing residential stock into affordable or supportive housing for those with SMI/SUD or co-occurring illness through the dedication of flexible long term operating support.

Countywide (14/14)

Staff Training & Professional Development (*Key Partners: Consult w/ BOSS, Felton Institute, La Familia)*

10A: Increase the County's compensation of CBOs providing behavioral health services, so that their funding reflects full equity between similar pay scales at ACBH, to allow them to recruit and retain staff and managers at competitive salaries that match county compensation.

Cont. : Staff Training & Professional Development (*Key Partners: ACBH)*

10B: In order to adequately provide mental health services to the populations who are most challenging-to-engage, the County must fund a comprehensive gap analysis to better understand the existing mental health needs of the community and the corresponding service gaps in the County.

- The gap analysis should focus on the mental health workforce and its ability to meet those needs and should include recommendations for hiring and training practices that could diversify the pool of mental health workers in the sector, address compensation gaps, develop training plans, and implement incentives for individuals in the process of obtaining their licenses.

Next Steps

Next Steps