

Alameda County Social Services Agency Recommendation Template March 2024

Inclusion Criteria

- **Accuracy:** Is this recommendation factual and/or an accurate assessment of current practice?
- **Mission-Driven:** Will it reduce the number of people with mental illness in Santa Rita jail?
- **Racial Equity:** Will this recommendation help reduce the racial disparities in incarceration at Santa Rita jail?
- **High Utilizers:** Will this recommendation support people who are repeatedly touching the system, i.e. people who cycle between jail, homelessness, and other informal family supports?
- **Level of Effort:** How complete or effort-ful is the recommendation in its current state? Is there a fully fleshed out recommendation that we need to consider as a group, or is this a brief phrase or string of words?
- **Data-Driven:** Is the recommendation data-driven?
- **Actionable:** is the recommendation "actionable" or "implementation-ready"? Does the recommendation identify the people/agency/CBP/other entity that will do the work and be held accountable for the outcome? Does the recommendation set forth achievable and quantifiable metrics and a time table by which progress can be measured?
- **Avoid Net-widening:** Does this recommendation help "shrink the net" for the number of people who are falling into the CJ system?

2. Collaboration/ Whole Person Care/ Case Management

Recommendation	Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
<p>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:</p> <ul style="list-style-type: none"> ● 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) 	<p>Key Partners:</p> <ul style="list-style-type: none"> ● County ● ACBH ● ACSO ● ACPD <p>Consult with:</p> <ul style="list-style-type: none"> ● Department of Workforce & Benefits Administration, Program, Planning & Support Division ● 	<ul style="list-style-type: none"> ● Non-duplication of efforts and prevention of individuals falling through the cracks of services. 	<ul style="list-style-type: none"> ● Data to determine where duplication exists, if at all, to determine who may be falling through the cracks and why. 	<ul style="list-style-type: none"> ● SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics. 	

- 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)

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3. Community Based Support/Outreach/ Education

Recommendation	Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
<p>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:</p> <ul style="list-style-type: none"> ● 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); 	<p>Key Partners:</p> <ul style="list-style-type: none"> ● County ● ACBH ● ACSO <p>Consult with:</p> <ul style="list-style-type: none"> ● County HR ● Local 1021 / other unions 	<ul style="list-style-type: none"> ● Provides adequate training, support and compensation to serve in identified county positions. 	<ul style="list-style-type: none"> ● The number of individuals and areas of workforce interest. ● Budget and time to implement will be based on the need, existing and/or new resources that may be needed. 	<ul style="list-style-type: none"> ● SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics. 	<ul style="list-style-type: none"> ● The County currently works Local 1021 to employ Program Workers (formerly incarcerated) on their journey to permanent employment; most are placed in entry-level clerical positions.

<ul style="list-style-type: none"> Fair pay for lived expertise as equitable to professional and educational experience (County and Agencies). 					
<p>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:</p> <ul style="list-style-type: none"> 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); 	<p>Key Partners:</p> <ul style="list-style-type: none"> County ACBH ACSO ACPD OHCC <p>Consult with:</p> <ul style="list-style-type: none"> 			<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> I don't readily see SSA's role in this recommendation

<ul style="list-style-type: none"> ● 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). 					
<p>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.</p> <ul style="list-style-type: none"> ● 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. 	<p>Key Partners:</p> <ul style="list-style-type: none"> ● WDB ● Oakland Private Industry Council ● Other Workforce Development Boards ● Trade Industries <p>Consult with:</p> <ul style="list-style-type: none"> ● Oakland Private Industry Council ● Other Workforce Development Boards ● Trade Industries ● Other agency departments, such as Workforce & Benefits Administration, Program, Planning & Support Division. 	<ul style="list-style-type: none"> ● Expands access to and resources needed for employing and housing these individuals and families. ● Connecting individuals and families to sustainable employment, career opportunities and living wages will enhance their livability outcomes. 	<p>Current or new employers are willing to hire the reentry population. If the relationship doesn't currently exist, issue an RFP and determine cost of administering such a program, or pursue a sole source agreement with someone with appropriate training or lived experience.</p> <ul style="list-style-type: none"> ● A funding source will need to be identified; may need to start as a pilot to measure the effectiveness of such an endeavor. 	<ul style="list-style-type: none"> ● SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics. 	<ul style="list-style-type: none"> ● The creation of more apprenticeship and internship programs will also expand opportunities for skills-building and employment

7. Housing

Recommendation	Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
<p>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,</p>	<p>Key Partners:</p> <ul style="list-style-type: none"> ● HCD ● AC Health Housing & Homeless Division, formerly Office of Homelessness Care and Coordination ● Cities ● Housing Authorities ● CBOs <p>Consult with:</p> <ul style="list-style-type: none"> ● SSA's Department of Workforce & Benefits Administration, Program, Planning & Support Division. 	<ul style="list-style-type: none"> ● Expands access and resources needed for housing these individuals. ● SSA has a couple of housing programs for General Assistance and CalWORKs clients with known physical and mental health disabilities. We currently contract with AC H&H, who either directly administers or subcontracts with community partners to house homeless individuals and families that fall in 	<ul style="list-style-type: none"> ● The names of individuals who are identified in this category. ● The sources of funding that can be used for housing assistance for these individuals. ● Demographic information, as some funding may be applicable for different populations, i.e., former foster youth. ● Which funding sources have no restrictions that can be flexibly applied across the board. 	<ul style="list-style-type: none"> ● SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics. 	<ul style="list-style-type: none"> ●

the County should provide regular annual reporting to the public on their progress towards the goals and commitments made in that plan.

the recommendation category.

- At this time, a specific budget is not being requested, as funding may exist, but an analysis needs to be done regarding use of funding streams.
- Some elements can be implemented immediately and others as soon as administratively possible, pending some data mining.

10. Staff Training & Professional Development

Recommendation	Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
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<p>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.</p>	<p>Key Partners:</p> <ul style="list-style-type: none"> ● ACBH <p>Consult with:</p> <ul style="list-style-type: none"> ● Workforce Development Board: Rhonda Boykin & LaToya Reed-Adjei ● Department of Workforce & Benefits Administration, Program, Planning & Support Division 	<ul style="list-style-type: none"> ● Increase employment opportunities and outcomes for employable individuals with diagnosed mental health illness. 	<ul style="list-style-type: none"> ● The number of and names of the individuals. ● Determine if there's a funding stream in the existing WDB and WBA budgets for assisting these individuals with current contracts or if RFPs requesting specialized services are needed or exist elsewhere in the county. 	<ul style="list-style-type: none"> ● SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics. 	<ul style="list-style-type: none"> ●
<p>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.</p>	<p>Key Partners:</p> <ul style="list-style-type: none"> ● ACBH <p>Consult with:</p> <ul style="list-style-type: none"> ● Workforce & Benefits Administration, Program, Planning & Support Division. The primary contact is Antionette Burns. ● Legal Advocates who assist in 	<ul style="list-style-type: none"> ● Will connect uninsured or underinsured current or previously incarcerated individuals to Medi-Cal benefits, and other public assistance benefits they are eligible for, some of which have housing components. 	<ul style="list-style-type: none"> ● The number and names of individuals who are eligible for, but not in receipt of these services. ● The number and names of individuals who would like to apply for and receive available public assistance benefits. 	<ul style="list-style-type: none"> ● SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics. 	<ul style="list-style-type: none"> ● The SSA has been working with Wellpath for almost 2 years now. Many of current or formerly incarcerated individuals are either already in receipt of Medi-Cal, have private insurance or choose not to enroll in either

	<p>moving formerly incarcerated individuals from public assistance or no income to more stable income sources, i.e., SSI.</p>	<ul style="list-style-type: none"> • Legal advocates ensure that medical packets are comprehensive; thereby, reducing the number of denials and wait times to receive disability-based income, i.e., SSI. 	<ul style="list-style-type: none"> • The number of and names of individuals who were previously connected to the Social Security Administration for receipt of disability-based income, i.e., SSI • No budget is needed. • Can implement immediately, as structure is already in place. 		<p>of the services.</p>
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