



Alameda County Mental Health Advisory Board

Care First, Jails Last Implementation Report

BOARD OF SUPERVISORS JOINT HEALTH & PUBLIC PROTECTION
COMMITTEES

MAY 22, 2025

Background

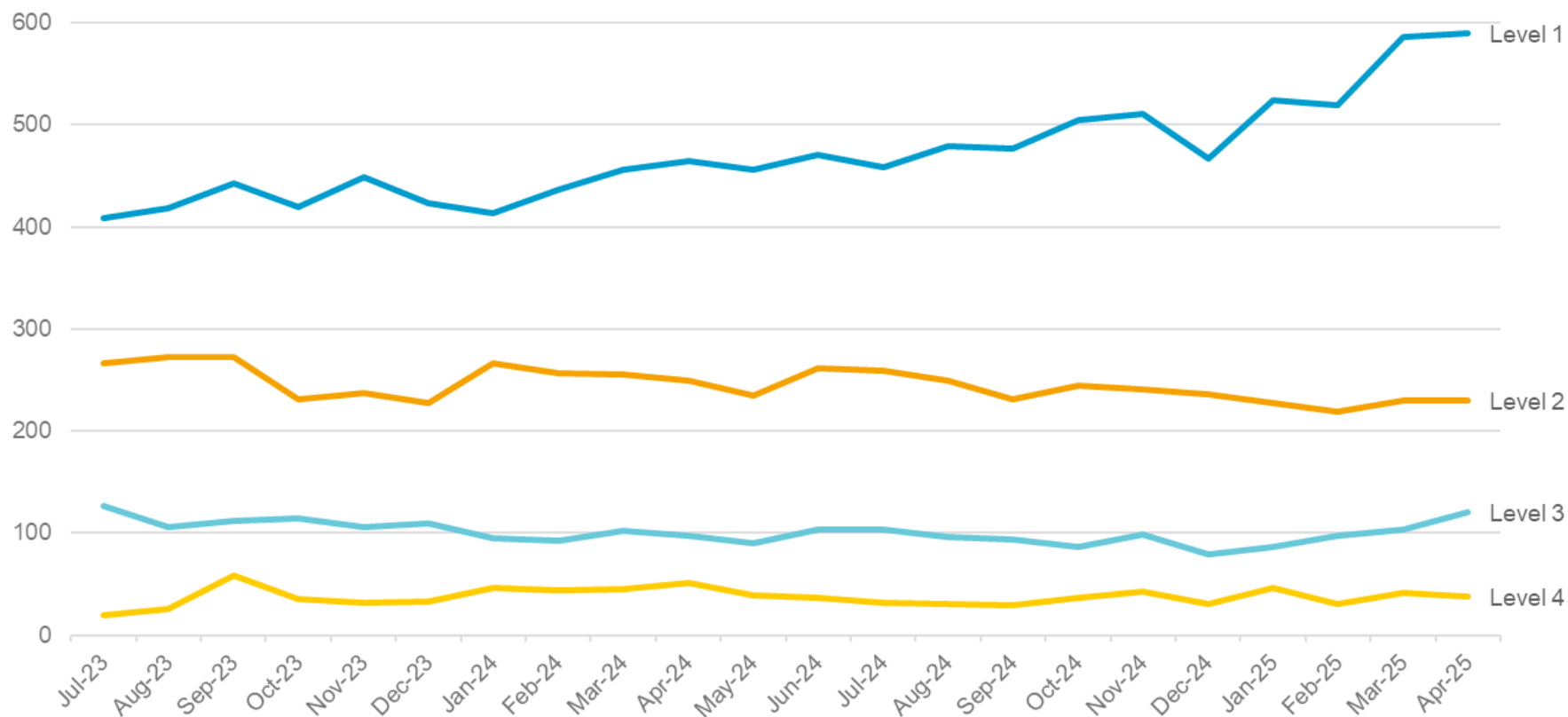
Board Resolution

- Passed unanimously in April 2021
- Focused on both upstream & downstream interventions

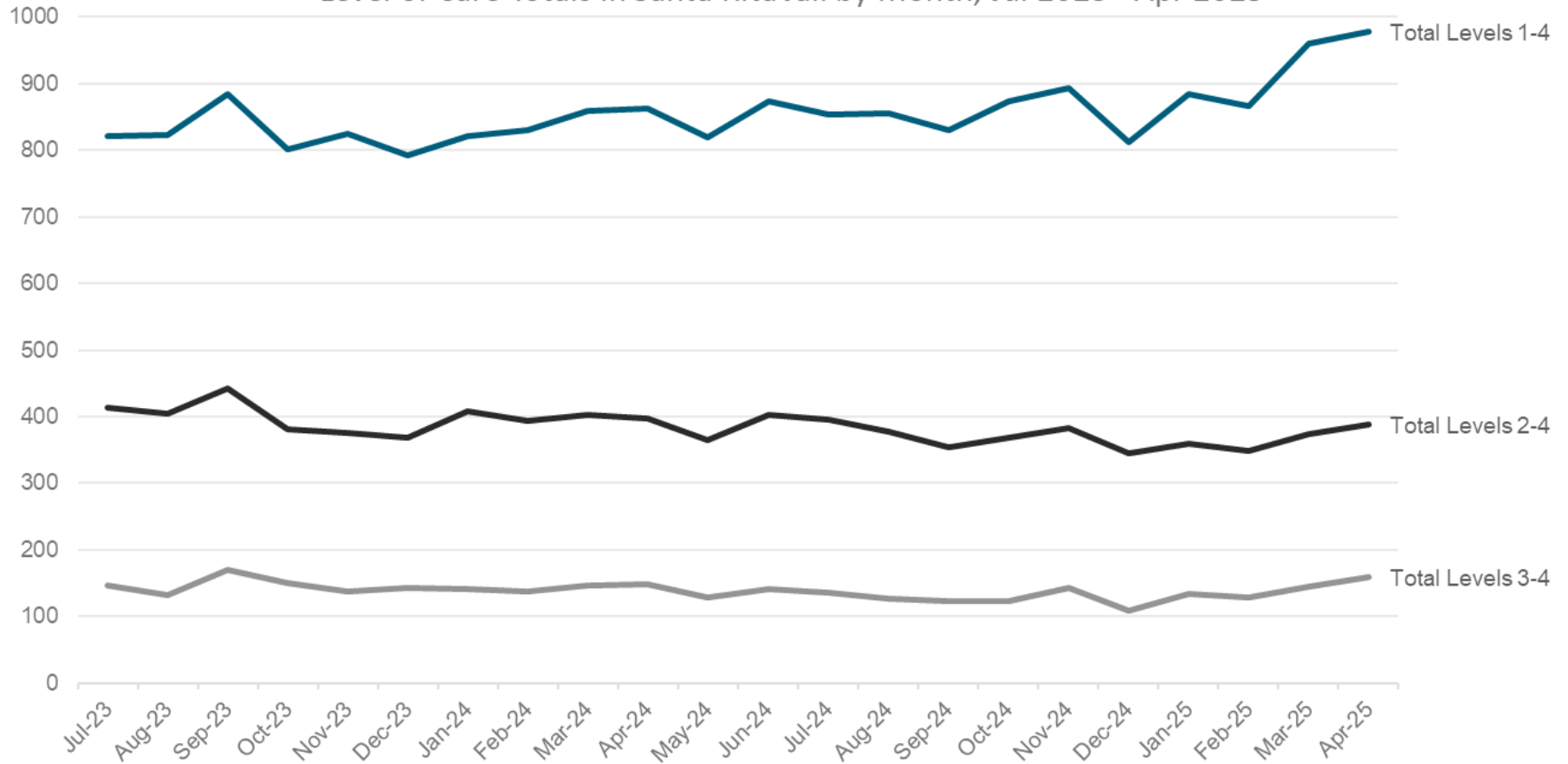
Measuring Need & Impact

- One measurement:
 - Jail population with Serious Mental Illness (SMI)
- Question remains:
 - How to measure unmet need

Individuals with Level of Care Designation in Santa Rita Jail by Month, Jul 2023 - Apr 2025



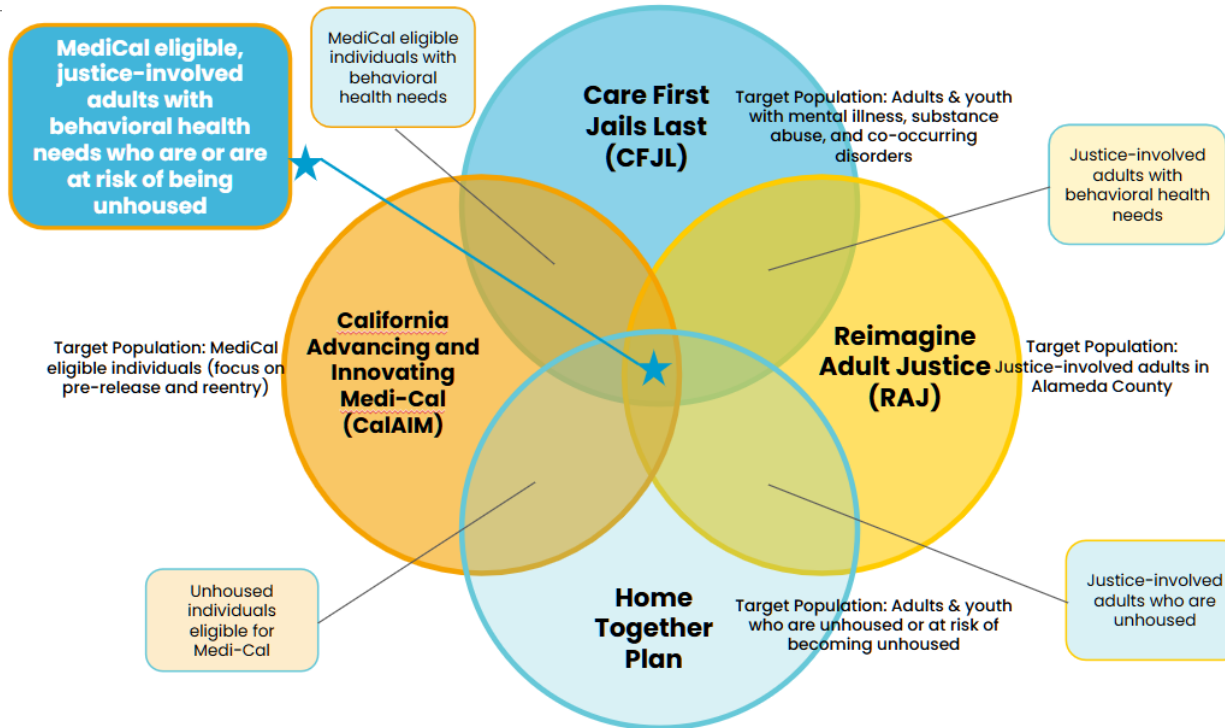
Level of Care Totals in Santa Rita Jail by Month, Jul 2023 - Apr 2025



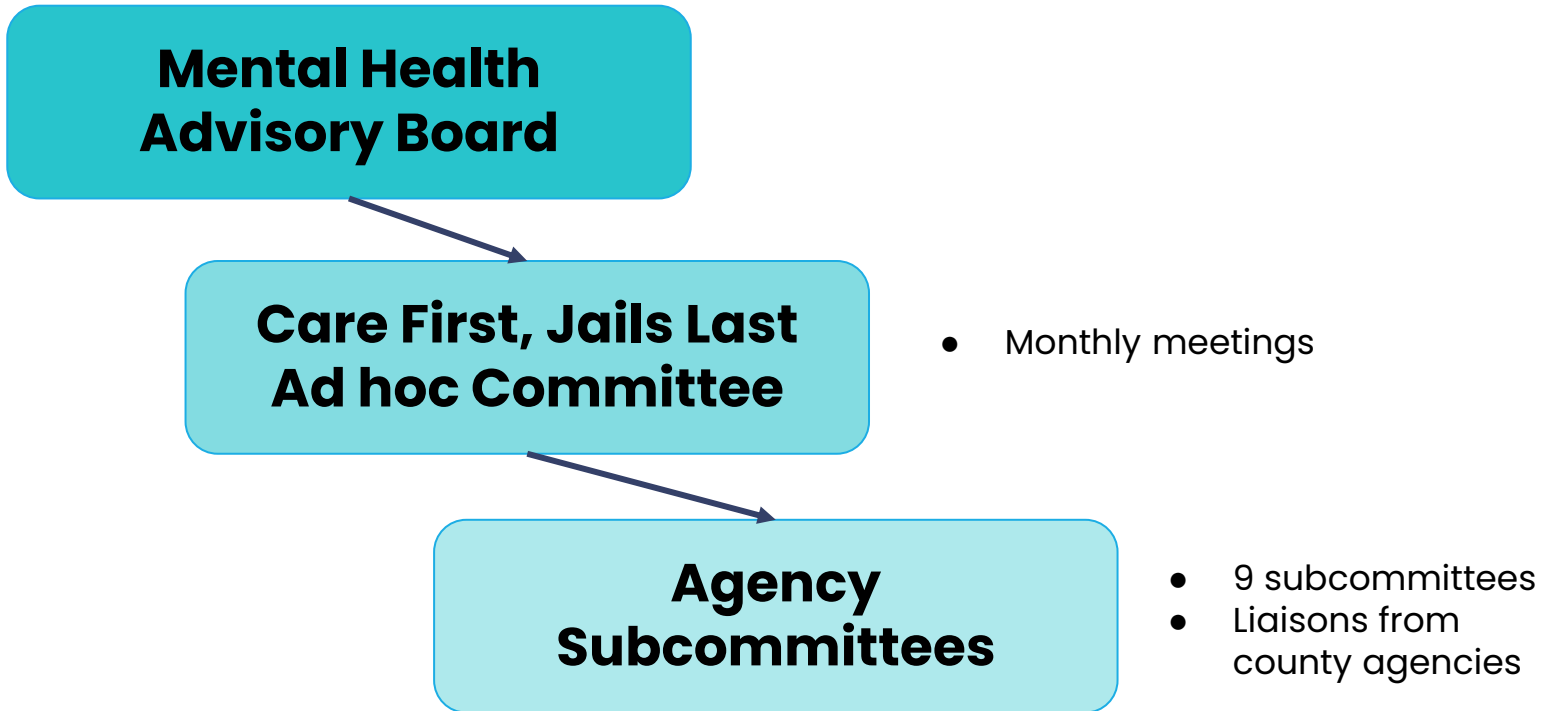
Care First, Jails Last Task Force

- January 2022 to June 2024
- Recommendations - 58
 - ☐ Systems change focus
 - ☐ Integration with other initiatives:
 - Reimagine Adult Justice (RAJ) Initiative
 - Justice Involved Mental Health (JIMH) Task Force
- Final Report:
 - ☐ Presented June 2024
 - ☐ Accepted by Full Board August 2024

Related Initiatives



Monitoring by MHAB



Implementation Report

PROGRESS TO DATE

Selected Recommendations

Safe Landing Project (2C)

Increase subacute beds (4D + 4E)

Expand Point-of-Arrest Diversion, CARES Navigation Center
(5A)

Court-Based Diversion (5C)

African American Resource Center (1A)

First Episode Psychosis (3L)

Board and Care Facilities, Land Trust, & Innovative Housing
Models (7I, 7J, 7O)

Deep Housing Subsidies (7E & 7F)

Budget transparency (6A)

Safe Landing Project (2C)

Progress:

- Currently operating 7 days per week
- Has served 10,906 individuals
- Expansion of shuttle service
- Evaluation reports are available for entire pilot project period (2020-2024)

Obstacles:

- Lack of permanent location for modular building
- Evaluations for subsequent years are not available to the public
- County has postponed implementation date for CalAIM, which allows Medi-Cal reimbursement of pre-release in reach

Request for action:

- Require responsible parties to provide a permanent place for the modular structure
- Insist that the county leverage available federal money through CalAIM Justice Involved Re-entry Initiative to help fund Roots' effort to provide pre-release planning

Increase and assess the need for subacute beds (4D + 4E)

Progress:

- The county continues to create more sub-acute treatment beds with money from the state's Behavioral Health Care Infrastructure program (BHCIP), the Prop. 1 Bond, and the Dept. of State Hospitals (DSH).

Obstacles:

- We need an assessment of the unmet need for all types of treatment beds in the system, including subacute beds.

Request for action:

- Direct BHD to make available its current assessment of the unmet need for subacute beds or to conduct such assessments if necessary.

Assess & Expand Point-of-Arrest Diversion: CARES Navigation Center (5A)

Progress:

- Oct 2024: State awarded \$6M grant to expand to East and South County
- Independent evaluation scheduled for 2026

Obstacles:

- Low use and limited law enforcement referrals
- Narrow eligibility limits under Prop 47 (current funding stream) and DAO policy

Requests for Board Action:

Give Direction to DAO:

- Address the lack of law enforcement participation
- Explore pre-arrest diversion options for those ineligible under current rules

Expand Court-based Diversion (5C)

Progress:

- Strong support from court officials, agency liaisons, and DAO—even during leadership transition
- Mental Health Diversion Court has become County's most effective diversion path for individuals with SMI, SUD, or both (200+ docket)
- Felony Drug Court operates near full capacity, serving many with co-occurring disorders
- Judge Della-Piana advancing in-custody assessments for BHC within 2 weeks
- Planned Pretrial Services expansion aims to speed referrals and lower barriers

Obstacles:

- Cross-agency collaboration needed to improve data sharing and tracking
- No dedicated staff/resources for MH Diversion Court; relies heavily on Public Defender's Office
- Shortage of treatment beds, especially for co-occurring SMI/SUD and crisis residential care
- Lack of centralized information creates confusion and navigation issues for clients and providers

Request for Board Action:

- Direct ACBHD to assess unmet needs for beds and treatment capacity, aligned with BHCIP-funded facility planning
- Direct collaborative court partners and ACSO to coordinate efforts to identify key performance and outcome metrics and create plan for cross-agency collaboration
- Instruct Public Safety Partners & CAO to deliver the Pretrial Services funding plan without delay

African American Resource Center (1A)

Progress:

- BOS & ACBH have secured location and funding for construction of new building
- Correspondence and meeting with BHS leadership and ad hoc committee member has transpired.
- Commitment to ongoing meetings to achieve clarity on Center's wellness services

Next Steps:

- Share plan to incorporate psychiatry & medication management into Center's service plan
- Develop an advisory committee with 50% people with lived experience including family caregivers of people with SMI and/or SUD
- Share interim community service plan while building is under construction and field test/evaluate service model

Request for Board Action:

- Help in locating sustainable funding for vital Center navigational and supportive services
- Once open, help promote awareness of Center's services in BOS Districts

Establish a First Episode Psychosis Program (3L)

Progress:

- ACBH is one of 36 counties that has publicly committed to implement the Early Psychosis Intervention-CAL (EPI-CAL) model for first episode psychosis (FEP) care

Obstacles:

- Unable to find evaluation of the current program, operated by Felton Institute
- The Felton program lacks frequent psychiatric contact and family involvement, both of which are vital for successful outcomes.
- Current plans to expand FEP through Full Service Partnerships (FSPs) are problematic, as FSPs target a different population and do not prioritize early intervention or family involvement.

Request for Board Action:

- Create a new EPI-CAL–modeled FEP program in Alameda County and expand eligibility to include individuals up to age 30.

Expand Licensed Board and Care Facilities through Land Trusts and Innovative Housing Models (7I, 7J, 7O)

Progress:

- County supports 17 existing board-and-cares through Housing Support Program and BHSA/MHSA funding

Obstacles:

- Little data on unmet need for Board and Cares
- No funding for expansion of Board and Cares

Request for Board Action:

- Call for analysis in Home Together plan to support needs of those with SMI, SUD, and co-occurring disorders, as well as the justice-involved population.
- Use Measure W funding to fund the \$350 million proposal HHS presented to the Board of Supervisors on December 9, 2024
- Direct Measure W funding to expansion of Board and Cares

Increase Deep Housing Subsidy for Individuals with JI and SMI (7E,7F)

Progress:

- Proposed Flex Pool to add 2900 permanent housing options
- HHS has proposed use of Measure W funds
- HHS is working to instate a Forensic Access Point

Obstacles:

- Need for more permanent supportive housing
- Need for long-term operating funds

Requests for Board Action:

- Direct Measure W funding towards the Home Together Plan
- Home Together plan should specifically call out the need for an analysis to support people with SMI/SUD/Co-Occuring/Justice-Involved population
- Ensure that our County's Coordinated Entry System prioritizes housing services to people with serious behavioral health needs, and those who are justice-involved

Transparent public reporting on funds allocated to Care First population (6A)

Progress:

- Subcommittee has reached out to County Administrator's Office six times
- Care First liaison in CAO has been identified

Obstacles:

- As of April 2025, the CAO has not followed up to assist the Ad Hoc Committee monitor progress toward these objectives.

Request for Board Action:

- Give direction to the CAO to fully implement the Care First recommendations assigned to the Office, and meet with representatives of the Ad Hoc Committee to discuss progress to that end.

Care First Data

Policy Intent (2021 Care First Resolution):

County agencies must share data with ACBH to:

1. Coordinate justice, behavioral health & social services
2. Identify and measure unmet needs & service outcomes
3. Reduce incarceration of individuals with mental health or substance use disorders

Data Progress and Gaps

Progress:

- Level of Care data from Santa Rita shared - key indicator
- Some reports and limited justice data shared via direct and PRA requests
- Dashboards with limited data posted by ACBH, ACSO, DAO

Key Gaps:

- Incomplete public data on unmet needs and outcomes
- No comprehensive tracking of collaborative court results
- Delayed, incomplete response from DAO for charging data
- Financial data required for budget transparency recommendations not published

Data Action Needed

Request for Board Action:

- Direct relevant agencies to coordinate efforts to identify key performance and outcome metrics, share current data-gathering practices and create a plan for cross-agency collaboration.
- Direct County Administrator to publish financial data on Care First allocations, spending & reserves

Requests for Board Action

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Increase & Assess need for Subacute Beds (4D + 4E):

- Direct BHD to make available current assessment of unmet need for subacute beds or to conduct such assessments if necessary.

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Create & Support an African American Resource Center (1A + 1B):

- Help in locating sustainable funding for vital Center navigational and supportive services
- Once open, help promote awareness of Center's services in BOS Districts

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Q&A
