Care First, Jails Last Task Force
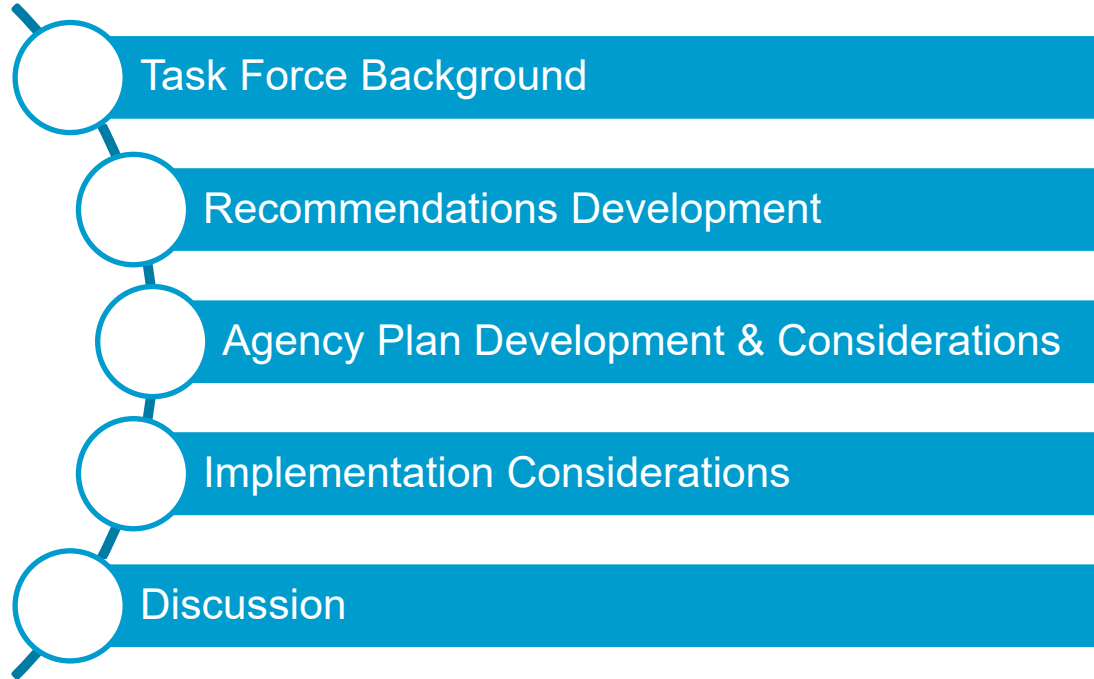
Final Report

June 26, 2024

Presentation Contents

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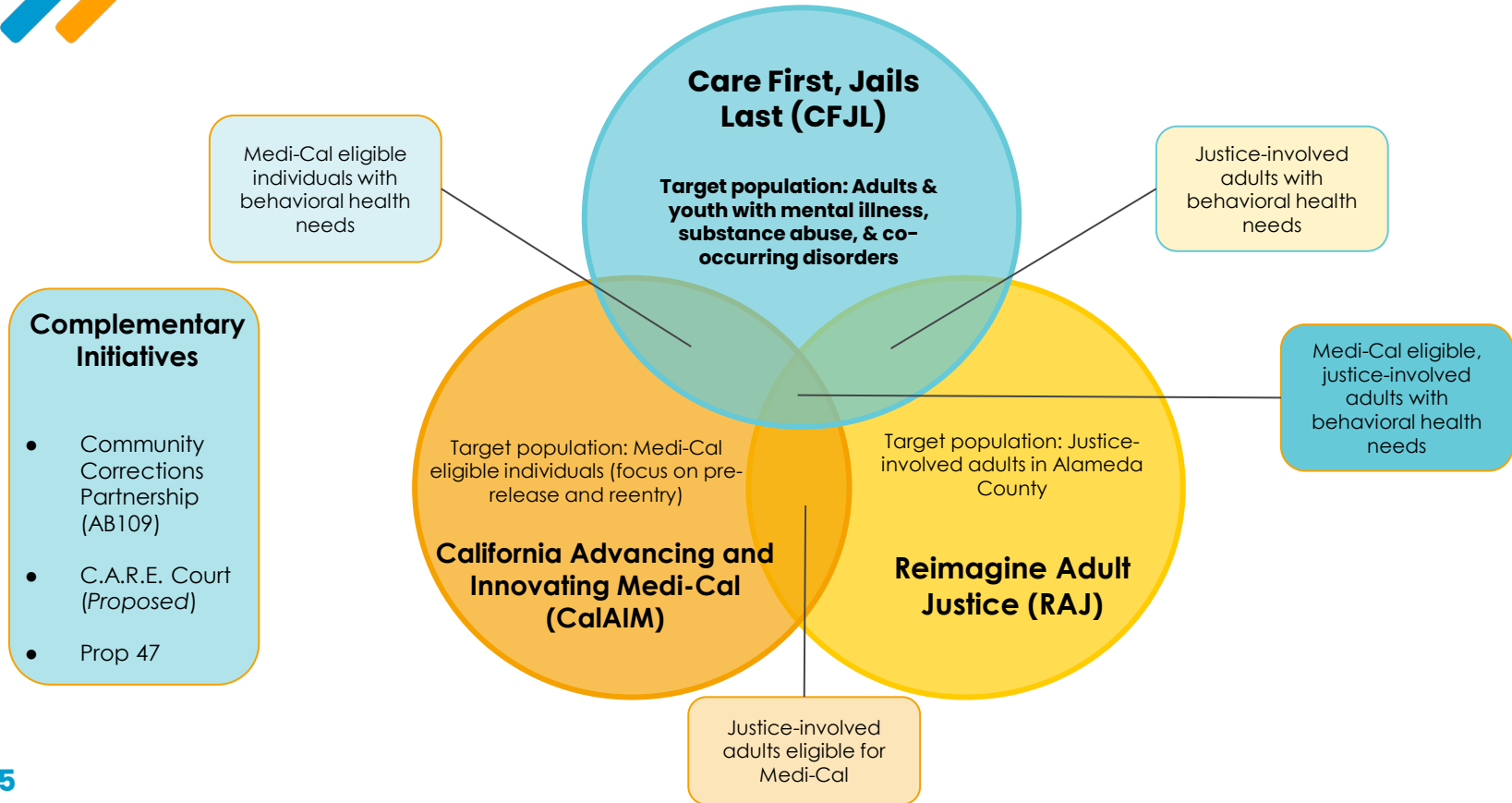
Discussion

Care First, Jails Last Task Force Background

Background

- On **May 25, 2021**, Alameda County **Board of Supervisors (BOS)** unanimously approved a **"Care Fist, Jails Last"(CFJL) Policy Resolution**

- The CFJL policy affirmed that Alameda County values a **comprehensive continuum of care** for individuals with **mental illness, substance use, and co-occurring disorders** rather than incarceration

- The CFJL policy also called for **a just and equitable transformation** of criminal justice, behavioral health, and wraparound services that **reduces the number of people with mental illness, substance use, and co-occurring disorders in Santa Rita Jail**
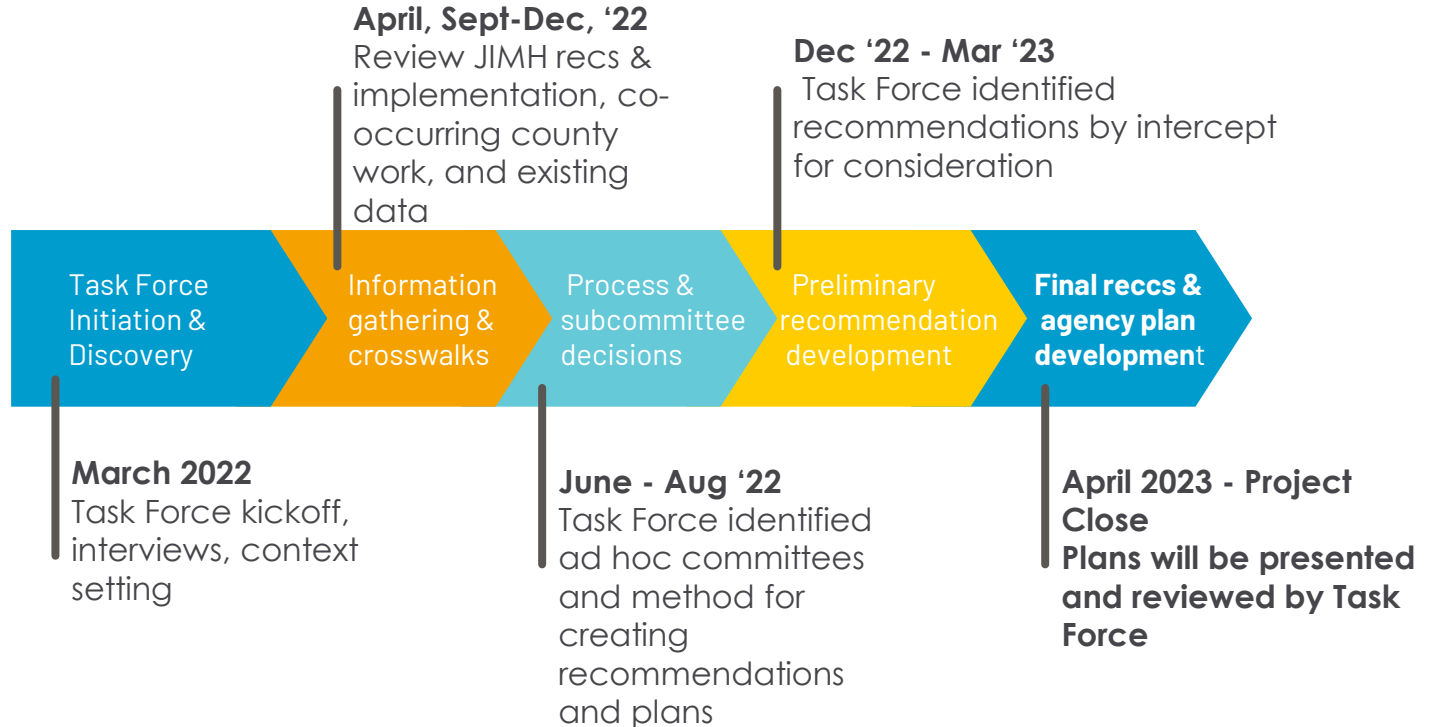
Alameda County Justice Initiatives

Care First, Jails Last (CFJL)

Target population: Adults & youth with mental illness, substance abuse, & co-occurring disorders

Medi-Cal eligible individuals with behavioral health needs

Justice-involved adults with behavioral health needs

Medi-Cal eligible, justice-involved adults with behavioral health needs

Complementary Initiatives

- Community Corrections Partnership (AB109)
- C.A.R.E. Court (*Proposed*)
- Prop 47

Target population: Medi-Cal eligible individuals (focus on pre-release and reentry)

California Advancing and Innovating Medi-Cal (CalAIM)

Target population: Justice-involved adults in Alameda County

Reimagine Adult Justice (RAJ)

Justice-involved adults eligible for Medi-Cal

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CFJL Task Force Progress Timeline

April, Sept-Dec, '22
Review JIMH recs & implementation, co-occurring county work, and existing data

Dec '22 - Mar '23
Task Force identified recommendations by intercept for consideration

| Task Force Initiation & Discovery | Information gathering & crosswalks | Process & subcommittee decisions | Preliminary recommendation development | **Final reccs & agency plan development** |

March 2022
Task Force kickoff, interviews, context setting

June - Aug '22
Task Force identified ad hoc committees and method for creating recommendations and plans

April 2023 - Project Close
Plans will be presented and reviewed by Task Force

Task Force Initiation & Discovery -
Member Interview Results
Care First Vision

EXPAND & INTERCONNECT SERVICES

- Treatment centers
- Interagency collaboration & Holistic interventions

REDUCE/ADDRESS BARRIERS TO SUCCESS

- Access to care regardless of eligibility

OUTREACH/LAW ENFORCEMENT INTERACTIONS

- More social workers for mental health calls/co-responders
- Police more responsive to community needs

PREVENTION

- Prioritize treatment outside of jail

EQUITY FRAMEWORKS

- Racial equity lens across all programs
- Trauma-informed
- Svcs responsive to persistent MH needs

CLARITY OF MISSION

- Collective vision
- County as champion of Care First model

SUSTAINABILITY OF MODEL

- Accountability
- Simplification of systems

FUNDING/BUDGET

- Reflection of priorities (funding follows needs)

Task Force Initiation & Discovery -
Member Interview Results

Areas of Expertise & Resources on Taskforce

- Profound understanding of system gaps and dysfunctions, from both system and direct/lived experience

- Diverse, intersectional perspectives

- Family perspective

- African American & POC perspective

- Cross-county & regional perspective

- Monitoring & evaluation

- Community/beneficiary perspective

- Sequential Intercept Model (SIM)

- Racial equity & disparities

- Homelessness

- Affordable housing & community development

- Diversion & peer support

- Transitional Age Youth

- Probation

- Behavioral Health

- Trauma & how it manifests

- Substance Use Disorder (SUD)

- Mental Illness

- JIMH Process

Ad-hoc Subcommittees

Data
- Brian Bloom (*chair*)
- Tiffany Danao
- Kimberly Graves
- Corrine Lee
- Doria Neff
- Peggy Sheehan-Rahman
- Mia Cooper Kahn
- Alison Monroe
- Margot Dashiell
- Myrna Schwartz
- John Lindsay-Poland

Fiscal
- Corrine Lee (*chair*)
- Kimberly Graves
- Michelle Starratt
- Greg Syren
- Kerry Abbott
- Janene Grigsby
- John Lindsay-Poland
- Joy George
- Mia Cooper Kahn
- Myrna Schwartz
- Jean Moses

Recommendations
- Kristina Bedrossian (*co-chair*)
- Mia Cooper Kahn (*co-chair*)
- Brian Bloom
- Margot Dashiell
- Joy George
- Kimberly Graves
- Corrine Lee
- John Lindsay-Poland
- Alison Monroe
- Lindsay Schachinger
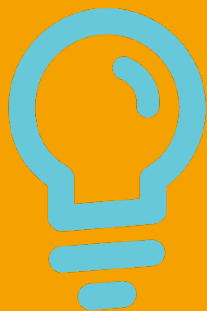- Myrna Schwartz

Community Voice

- Elected community co-chairs
  - Kimberly Graves
  - Peggy Sheehan-Rahmann
- Created ad-hoc subcommittees that enabled participation by community members including those who participate in the **Care First Community Coalition**

Recommendations Development

Preliminary Recommendations

- Studied JIMH recommendations
- Spent **4 months** gathering recommendations from Taskforce members and the public
- Recs gathered through a process of **homework** and in-meeting **brainstorming**
- Total of **178** recommendations suggested and up for discussion to be included in Agency and County plans
- Included recommendations from Care First Community Coalition
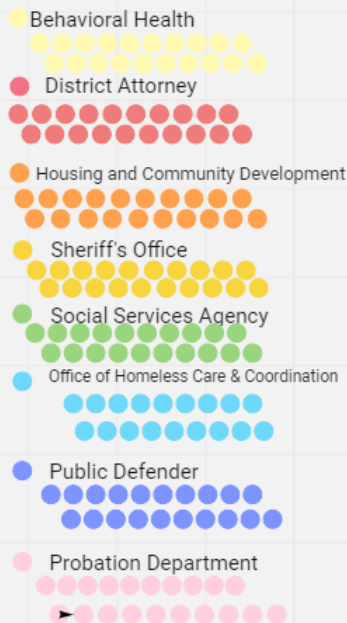
Sequential Intercept Model (SIM)

Intercept -2	Intercept -1	Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Prevention	Early Intervention	Hospital, Crisis Respite, Peer & Community Services	Law Enforcement & Emergency Services	Initial Detention & Initial Court Hearings	Jails & Courts	Reentry	Community Corrections & Community Supports

Alameda County's model extends system entry by two intercepts to include Prevention and Early Intervention

Intercept Planning Board Example
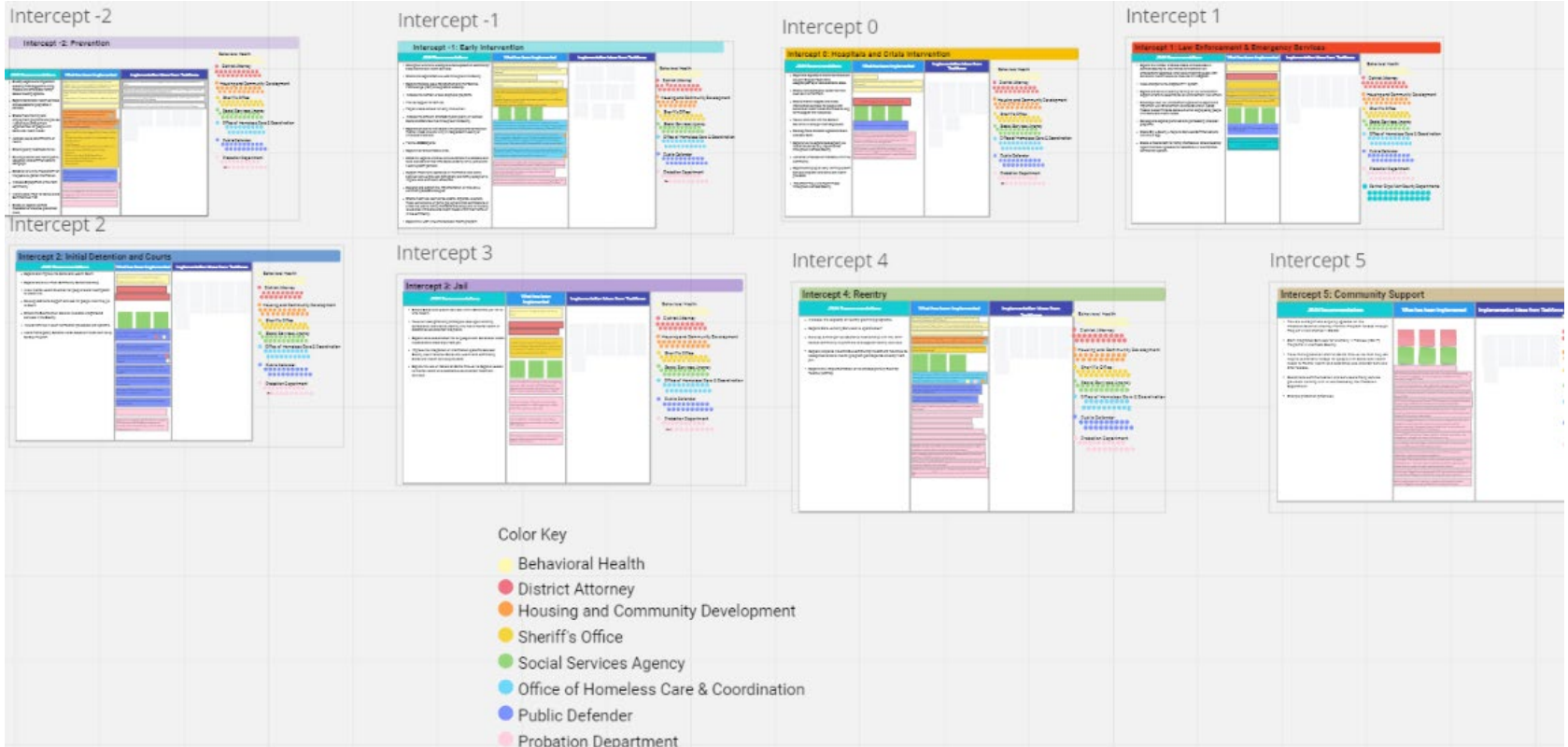

Intercept -2: Prevention

JIMH Recommendations	What has been implemented	Implementation ideas from Taskforce
• **Greatly expand and implement Housing First supportive living models and affordable family-based housing options.** • **Expand behavioral health services and educational programs in schools.** • Create more training and employment programs and provide livable-wage employment opportunities for people with behavioral health needs • Address social determinants of health. • Ensure quality healthcare for all. • Develop a behavioral health public education and communications campaign. • Establish an online mechanism for the public to gather information. • Increase Engagement of the faith community. • Work to pass Prop 15: Schools and Communities First • **Create or expand conflict mediation or violence prevention work.**	Regional Approach to South & East County Services —NEW: Axis Community Health Pilot (Pleasanton, East Cty) —NEW: Washington Hospital (Fremont, South Cty) Design Forensic, Diversion, & Re-Entry Services System of Care Create Director of Forensic, Diversion, & Re-Entry Services Position ACBH Health Equity Division Created Fund affordable housing & focus on building housing for extremely low income and special needs populations. From federal COVID-relief funding, HCD has awarded $120 million in Emergency Rental Assistance to extremely and very low-income households. Deputy Sheriff's Activity League (DSAL) Projects in Eden Area: -Circular Food Economy (with ALL IN alameda County) -Dig Deep Farms - Food Recovery -Food as Medicine (with Alameda County Health Care Alliance and federal GUSNIP grant funding) -Food Hub -Re-Entry Internships @ Dig Deep Farms -Free recreational health & fitness programs -Eden Area Business Collective -Mural Projects PD Brendon Woods chaired the Process and Evaluation Workgroup which advocated for people to be enrolled in healthcare before leaving custody, prior to CALAIM making it a requirement. Grant Funded: Alameda County Young Adult Opioid Initiative Community engagement and family-centered events to increase resources and positive community connections for ACPD clients* Health service access at the Center of Reentry Excellence (CORE)*	Identification of 16-17 year olds with MH challenges for early intervention (can be identified by DA, PD,etc) Collaboration with University/School Health Systems to identify TAY in Junior Colleges or Universities who are having MH crisis, or before they are having MH crisis Expansion of criteria for case management services, especially for TAY, as adult programs are less comprehensive than Youth/TAY programs More focus on intervention at first psychotic break, especially upon first entry into John George

Behavioral Health

District Attorney

Housing and Community Development

Sheriff's Office

Social Services Agency

Office of Homeless Care & Coordination

Public Defender

Probation Department

Intercept Planning Board

Color Key
- Behavioral Health
- District Attorney
- Housing and Community Development
- Sheriff's Office
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- Public Defender
- Probation Department

Strategy Areas

1. African American Resource Center	2. Collaboration & Case Management	3. Community-based Support, Outreach & Education
Crisis Services, 5150 & Treatment Beds	5. Diversion	6. Funding & Financial Transparency
7. Housing & Residential Facilities	8. Staff Training & Professional Development	9. Family Support

Intercept Alignment

Total Recommendations by Intercept

Intercept Number

Strategy Area	Prevention	Early Intervention	Hospitals, Crisis Respite, Peer & Community Services	Law Enforcement & Emergency Services	Initial Detention & Initial Court Hearings	Jails & Courts	Reentry	Community Corrections & Community Supports	# Cross-Cutting (3 or more intercepts)
	-2	-1	0	1	2	3	4	5	
Strategy 1	2	1							0
Strategy 2	2	2	2	1	1	1	6	2	2
Strategy 3	7	8	5	4	3	3	7	4	4
Strategy 4	2	2	4	2			1		2
Strategy 5				1	1	2			0
Strategy 6	6	6	7	4	3	4	6	4	6
Strategy 7	8	7	5	1			12	7	8
Strategy 8	3	4	3	3	3	4	3		3
Strategy 9	2	2	2	1	1	2	1	1	2

Care First, Jails Last

Agency Plan Development & Considerations

Taskforce Departmental Plan Approach
BY DEPARTMENT WITH DURATION/COST

Behavioral Health

District Attorney's Office

Housing & Community Development Dept

Sheriff's Office

Social Services Agency

Office of Homeless Care & Coordination

Public Defender's Office

Probation

Superior Court

Short Term Goals (Less than 6 Months) & Estimated Costs

↓

Medium Term Goals (6-12 Months) & Estimated Costs

↓

Long Term Goals (12+ Months) & Estimated Costs

Plan Considerations

- Some agency plans are missing funding and timeline information
  - Plans do not respond to all recommendations

- There are unknowns related to current funding and legislation
  - Prop. 1 implementation requirements
  - DHCS Round 6 Behavioral Health Continuum Infrastructure Program (BHCIP) to expand psychiatric bed availability

- Multiple program expansion efforts are in process across departments
  - Not all of these are being coordinated across agencies

- Implementation of some recommendations may be limited by CA requirements
  - Definition of TAY age range

- The lack of locked psychiatric sub-acute facilities impedes efforts to keep those who are experiencing severe mental illness (SMI) out of jail

- Timing of County budget process inhibits immediate action on new but unfunded initiatives.

Care First, Jails Last

Agency Plan Development & Process Conclusion

Consultant Recommendations

1. **Develop an integrated implementation plan** that will be executed by a special committee and overseen by the Mental Health Advisory Board (MHAB).

2. **Commission a study to identify funding sources.**

3. **Enhance efforts to coordinate across city-based and regional agencies** to create a system that holistically supports people experiencing mental illness and substance use at risk of justice system involvement.

4. **Enhance online access to information** that supports access to services as well as budget information that represents the investment in creating a Care First, Jails Last system.

5. **Enhance and expand metrics and reporting** that assess the effectiveness of system changes and investments related to creating a Care First, Jails Last system and are reported to the Board on a regular basis.

Thank you

Discussion